

Shouldering on

The older shoulder experiences the pain of wear and tear

For many seniors it's not, "Oh, my aching back," it's, "Oh, my aching shoulder." What is commonly referred to as the "shoulder" is actually several joints that combine with tendons and muscles to allow a wide range of motion in the arm.

Common complaints

The most common ailments reported are tendonitis of the rotator cuff and biceps tendon; arthritis of the acromioclavicular or AC joint and shoulder glenohumeral joint; bursitis — inflammation of the bursae, small fluid filled sacs in shoulder joints; and trauma due to falls resulting in broken bones, says Dr. Taijoon Baxamusa, a spokesman for the American Academy of Orthopaedic Surgeons (AAOS), and clinical assistant professor of Orthopaedic Surgery affiliated with the University of Illinois at Chicago and Illinois Bone & Joint Institute.

The tendon is also at risk for tears. In the majority of complete tears, the tendon is pulled away from its attachment to the bone. Rotator cuff and biceps tendon injuries are among the most common of these injuries.

Occurring less frequently, in about 2 percent of the population between the ages of 40 and 60 is "frozen shoulder" — pain and stiffness in the shoulder that over time makes it hard to move.

Ailments and pain, those not due to slips and falls, are typically caused by "a combination of tendons rubbing on bones or pinching, as well as intrinsic factors in the tendons such as aging, wear and tear, loss of elasticity/hydration and muscular imbalance," says Baxamusa.

Baxamusa advises "seek a physician right away if there is trauma with bruising, swelling, acute pain or loss of motion. If nontraumatic, you can try icing, over the counter medications, and rest first."

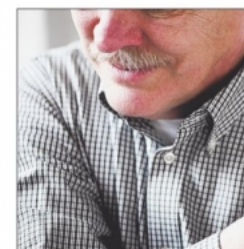
With nontraumatic conditions, if symptoms persist after one to two weeks of conservative self-treatment Baxamusa says a visit with the doctor is in order.

How to treat

In general, treatment for shoulder pain falls into three categories: activity changes, medications and less often, surgery. Ninety percent of patients will respond to altering activities, rest, exercise and medication before surgery is indicated, according to AAOS.

"Often non-steroidal anti-inflammatories (NSAIDs) help to decrease pain and inflammation," says Baxamusa. "Ice is a natural pain reliever and anti-inflammatory. Physical therapy (helps) for stretching, range of motion, strengthening of rotator cuff and scapular stabilizing muscles, and muscular balancing."

Certain types of shoulder problems may not benefit from exercise. In these cases, surgery



can be recommended fairly early. Surgery can involve minimally invasive arthroscopy to remove scar tissue or repair torn tissues, or traditional open surgical procedures for larger reconstructions or shoulder replacement.

Baxamusa says surgery is indicated in more acute rather than chronic situations. "If there is continued pain, especially at night, weakness or dysfunction with activities that is an indication for further imaging such as MRI to see if there is a surgically correctable lesion. Shoulder replacement surgery is a last resort. It is much less often performed in comparison to hip and knee replacements."

Ask the EXPERT

Highly trained skilled care needed for those living with Parkinson's der

Q: Both of my parents have Parkinson's and my father has additionally been diagnosed with Parkinson's dementia. In recent years, they have declined and are no longer able to live by themselves. All my siblings, including myself, live out of state. How can we make sure they stay safely at home and also maximize their quality of life?

A: When elderly parents need assistance to continue to lead safe and fulfilling lives, both non-medical in-home care and medical home health care are there to help improve lives while providing much needed relief for both the elderly parents and their children. Your parents need both types of services. While similar sounding, they are completely different. Licensed

bathe clients, provide needed medication reminders, and so much more. Care is round the clock. Home health care companies provide skilled services such as nursing, physical therapy, occupational therapy, speech therapy and medical social work. Together, they work seamlessly to ensure seniors function safely in the comfort of their homes. Non-medical home care is paid for by the client or their long-term care insurance policy. Home health is a Medicare covered benefit.

Your specific question includes Parkinson's dementia, which occurs to many but not all people with Parkinson's. Your father needs helpers who understand how to cope with occasional delusions, hallucinations, and

their independence at home. It is very important to recognize and work with companies equipped with the right training and appropriate programs for this condition specifically to achieve desired outcomes.

A few things to consider when choosing the right care for someone with Parkinson's:

1. **Seek a home health provider who has:**
 - Knowledge of the TULIPS approach to Parkinson's care, Parkinson's training toolkit designed for use by senior residential facilities.
 - Lee Silverman Voice Treatment or LSVT is an intensive program

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therapist. Ask the hospital's social worker about home health agencies in your area offering LSVT.

2. **Seek a non-medical home care provider who:**
 - Has TULIPS training
 - Is employed by a state licensed firm.
 - Has excellent references, a clear background check, and specific experience with Parkinson's clients

Beware of hiring a "friend of a friend" or anyone else who is not trained or working for a licensed