



NEUROMUSCULAR • MASSAGE  
LOW INTENSITY LASER THERAPY

# Bayswater Neuromuscular

One of Vancouver's most trusted Rehabilitative Centres  
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## TABLETALK



## Keeping Current

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Keeping Current



What's happening to  
our shoulders?  
part 1/4



What's happening to  
our shoulders?  
part 2/4

One of my basic beliefs is that keeping up to date and staying current not only benefits us as Massage Therapists but offers you, our valued clients and patients, the very best and latest in research and therapies.

Many of you have already experienced the healing properties of Laser Therapy, the value of Neuromuscular Therapy and Kinesio taping, and the diagnostic modalities such as Thermography and EMG that we have adopted within our office.

We have also embraced the power of Social Networking to pass along to you the very latest in research and development in the areas of body therapy and health in order to help you make informed decisions on your health care and what is right for you.

This newsletter will mimic our web site closely, passing along articles and information. Some areas can only be viewed online such as video exercises and educational clips. I invite you to visit our web site at [bayswater.ca](http://bayswater.ca)

**Peter Roach**, RMT, CNMT, Laser Therapist

## What's happening to our shoulders? part 1/4

# TABLETALK



Over the past few years I've been seeing an alarming increase in the number of patients with shoulder problems and pain, namely rotator cuff and labrum tears. Most of these patients are between 40-55 years of age. And not all athletes. Some are weekend warriors, other exercise regularly, some doing pilates and yoga, and still others are just doing life. But I have a theory as to why this is all happening to us at this point in our lives. I believe we are demanding much from our bodies. We workout, train, lift, garden and continue to feel like we did 20 years ago, yet our shoulder joint is beginning to break down. Poor posture, work habits at the computer and overuse may all be contributing factors, but the pain is now making us pay attention.

So what is the rotator cuff and labrum? And what can we do

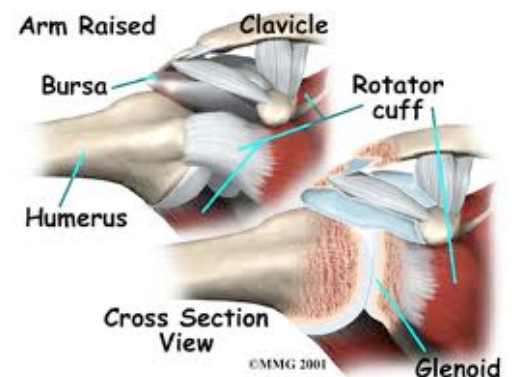
to prevent and rehabilitate ourselves?

Wikipedia describes the rotator cuff as the group of muscles and their tendons that act to stabilize the shoulder. The four muscles of the rotator cuff, along with the teres major and the deltoid, make up the six scapulohumeral (those that connect to the humerus and scapula and act on the glenohumeral joint) muscles of the human body.

Wikipedia also describes the glenoidal labrum (glenoid ligament) as a fibrocartilaginous rim attached around the margin of the glenoid cavity in the shoulder blade. The shoulder joint is considered a 'ball and socket' joint. However, in bony terms the 'socket' (the glenoid fossa

of the scapula) is quite shallow and small, covering at most only a third of the 'ball' (the head of the humerus). The socket is deepened by the glenoidal labrum.

Typically patients experience pain on the outside of the shoulder with rotator cuff injuries and deeper pain with labrum tears, along the joint line. Both types of injuries are exacerbated with overhead usage of the arm. Night pain when sleeping on the effected side is also a common symptom. Usually injuries to the shoulder in the elderly result from a slip and fall, or repetitive movements. The younger population typically injury these structures with high impact to the shoulder.



Both rotator cuff and labrum tears generally will not heal themselves. Seeing your doctor and massage therapist, and following a prescribed treatment protocol will see that the shoulder returns to somewhat pain free movement. A small percentage may need to look at surgical

# TABLETALK

intervention if the shoulder continues to be a problem after diligent exercise.

Conservative treatment is the rule of thumb when dealing with the shoulder. This consists of stretching the effected shoulder first, then strengthening. The 4 stretches and movements that I have found most effective for my patients, and for that matter, myself, are ...

**Walking up the wall**



**Walk up the Wall stretch** – Face a wall about three-quarters of an arm’s length away from it. Using only your fingers (not your shoulder muscles), raise your arm up to shoulder level. Perform sets of 10 to 20 exercises at each session.

**Cane Stretch:**



see You Tube demo at <http://youtu.be/IelSBpXW1Sg>

**Cane Stretch** – holding a cane, broom handle or doweling (stick) in both hands you will gently push the effected side away from you thereby causing an external rotation of your arm and shoulder joint.

**Towel stretch**



**Towel Stretch** – Grasp a towel behind your back with your affected side being the lower hand. Gently pull your lower hand up your back. Hold for 10 count. Repeat 5 times.

**Elbow Touches:**

see You Tube demo at



<http://youtu.be/5HqfOGd2Oxc>

**Elbow Touches** – standing with your back against the wall, hands in a fist on your

temples with thumbs down. Touch your elbows to the wall, then move them to touch your elbows together in front of your nose. Repeat 20 times, one set.

Once these can performed with a good pain free range of motion, we can progress to strengthening (see my next post).

In Health,



Peter Roach,  
RMT, CNMT,  
Laser Therapist



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Tinyurl for this post <http://tinyurl.com/27rzbqx>



**PARKING**

Remember we have parking available for \$2/ hour off the lane. Purchase something from Shoppers and get your money back!

## What's happening to our shoulders? part 2/4



Thanksgiving dinner went off without a hitch. Well, almost. Our garborator seemed to stop working. We could hear the power going to it, but it would not churn the debris. Stuck! Problem is that we never use the garborator, we compost. And as a result, having not turned on the thing in months, it stuck, rusted, failed to move. With a big screwdriver and a lot of force I managed to unstuck the insides, and once again it worked. So what does this have to do with your shoulder? When we start to experience pain, it's our natural body's reaction to decrease the movement of it, to protect the part that hurts. If we don't move it, we don't feel it! But as my garborator, if not moved after so long that part will no longer move. Frozen shoulder! Yikes!

Have a look at the clip below. Before playing the very short video what do you notice? Look at the cart. Does it look OK? Look at the wheels, how do they look. They seem fine, where they should be and in alignment. Now play the clip.

[view clip on You Tube at](#)

<http://youtu.be/hPnyj3qciel>

Did you see the difference. It's one thing to look at a part when it is stationary, but it tells a bigger story when we put the part into

movement. The biggest problem I see with new patients that come in for treatment, who have been seen by many practitioners prior, is that no one has taken the time to look at how they move their sore shoulder, their gait, if you will. A standing posture does not tell the whole story (as the still cart). If I treat a patient and send them out the door of my office, and then proceed to walk down the hall and out to the street swinging their

arm in a "wobbly" fashion as the cart wheel, then all therapy is for not. It is a dis-service to think that swinging (or not swinging) your arm in a dysfunctional pattern 1500 times a day will not have some negative affect on your shoulder.

Last week I talked about the stretches to do for your shoulder ([What's Happening to our Shoulders?](#)) Perform these first. This week I encourage you to come in a have your gait looked at. It might be the one thing that's inhibiting your healing process. I only hope the Egyptian got to his destination!

Next week we will look at strengthening our shoulders.

In Health,



Peter Roach, RMT, CNMT, Laser Therapist



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<http://tinyurl.com/2eurkzq>