



case studies in physical therapy

VOLUME I, NUMBER II

A SERVICE TO THE MEDICAL COMMUNITY COURTESY OF ORLAND • GRIDLEY PHYSICAL THERAPY & SPORTS MEDICINE

Etiology or pathology.

The patient is a 55-year-old male who works in the manufacturing sector. His job requires repetitive use and lifting of both arms. He was referred to Orland•Gridley Physical Therapy & Sports Medicine by an orthopedic specialist who diagnosed shoulder impingement.

He presented with bilateral shoulder pain that he rated 5/10. He also complained of nearly constant pain down the left arm to his thumb. He awakened two or three times nightly secondary to shoulder and arm pain. He also complained of neck pain and had poor posture with a forward-leaning head and internally rotated shoulders.

Methodology and diagnosis.

After taking a thorough history, we performed a comprehensive objective examination of his arms and shoulders, with emphasis on identifying the exact nature of his injury. We found that his bilateral shoulder AROM and PROM were within normal limits but painful with flexion and abduction.

His glenohumeral passive accessory motion revealed tightness in the posterior capsule. Cervical AROM was also normal but accompanied by pain at the end of his ROM. The patient's mid-to-lower cervical spine was hypermobile while his upper thoracic spine was stiff and painful with mobilization.

The patient's shoulder strength was limited in flexion, abduction and external rotation with increased neck pain.

His left wrist flexion and extension were also limited with pain into the shoulder. And he demonstrated adverse neural tissue dynamics with bias to the median nerve.

We diagnosed bilateral shoulder dysfunction and left upper extremity pain possibly caused by cervical radiculopathy.

Treatment and results.

Following our evaluation and testing, we treated the patient with mobilization of the glenohumeral joint's posterior capsule. We performed thoracic spine mobilization and cervical spine stabilization. We used nerve gliding techniques with a median nerve bias. And we instructed the patient about postural exercises and rotator cuff strengthening with scapular stabilization protocols he can perform at home.

The course of treatment lasted approximately six weeks.

The patient was discharged with generally no pain or radicular symptoms in either arm. Active range of motion was full and nearly pain-free. He continued to experience some shoulder weakness but was independent with home exercise for continued strengthening.

Two months post-treatment, the patient reported being back to work without increasing pain and "doing great."

Without PT intervention, the seriousness of this patient's injury might have gone undetected. The causes of shoulder dysfunction are often multifactorial. Without early PT intervention and proper treatment, the patient may have simply done rotator cuff strengthening without addressing the underlying causes of his pain and dysfunction.

Convenient patient care.

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- Wellness, strength & conditioning
- Patients seen only by licensed professionals
- Advanced, hands-on techniques

Convenience loved by patients:

- On-time appointments
- Most patients seen within 24 hours
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