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Arm Yourself Against Rotator Cuff Injury

By Pamela Honeyman, Registered Physiotherapist



Shoulder problems affect young and old and are often due to overuse injuries from sporting activities. Shoulder pain however, is not reserved for the swimmer, weight lifter, tennis player or golfer alone. If you use a computer, snow shovel, garden or sleep on your side, you're at risk for shoulder pain as well.

ANATOMY AND SHOULDER MECHANICS

A major culprit of shoulder pain is injury to the rotator cuff. The rotator cuff is a series of four muscles and their tendons that surround the shoulder. These muscles help to stabilize the ball – the top of the arm bone (the humeral head) in the socket (the glenoid fossa). The glenoid fossa is quite shallow so the shoulder needs to be further stabilized by the rotator cuff muscles and additional ligaments and soft tissue which surround the socket.

The four rotator cuff muscles originate from the scapula (shoulder blade) and insert on the 'ball' in the front of the shoulder creating a cuff-like structure – hence the name. The muscles allow for optimal gliding of the ball within the socket which enable complex motions to occur such as the shoulder moving through a tennis serve. The muscles also help to elevate and move the arm to and away from the body.

ROTATOR CUFF INJURY

A rotator cuff injury is characteristically manifested by the sensation of pain around the shoulder which may radiate into the upper arm area, shoulder stiffness, weakness and sometimes instability.

An injury to the rotator cuff may be due to:

- overuse (i.e. a pitcher throwing too repetitively)
- trauma (a fall on a outstretched hand causing injury to the shoulder)
- a stooped posture (i.e. poor posture at the computer)
- degenerative changes which can occur in the rotator cuff tendons of someone over the age of 55.

It is important to note that degenerative rotator cuff pain can come on insidiously without a result of an injury. There are generally three ways to describe a rotator cuff

injury – a tendinosis or tendinitis (inflammation of the tendons), or a partial or complete tear of the rotator cuff. The injury depends obviously on the severity of the injury.

SIGNS AND SYMPTOMS

Common symptoms of a rotator cuff injury are trouble putting on a jacket or bra, difficulty reaching forward, upward or behind, sleeping on the shoulder is painful and lifting items especially over one's head or reaching forward onto a shelf.

The symptoms and length of time to a full or partial recovery will vary with individuals. Seek medical attention if your symptoms persist for more than a few days or weeks and if your discomfort or lack of function escalates.

TREATMENT

Physiotherapists are trained to accurately assess the signs and symptoms of a rotator cuff injury and determine the optimal treatment for this shoulder injury. Physios will ask you about your pain levels, evaluate your posture (important when looking at a shoulder injury!), examine your shoulder range of motion and strength and do particular tests to rule in or out a rotator cuff impairment. The physio will also ask you about your daily routine and how it is affected by your injury.

Physios use a variety of treatments to address a rotator cuff injury. Frictions, myofascial release and massage techniques are used to loosen tight surrounding neck and shoulder muscles and for pain relief. Modalities such as ultrasound and interferential current help reduce pain levels and facilitate quicker healing times. Physios are also trained to provide appropriate and comprehensive exercises to promote rotator cuff strength, maximize appropriate muscle balance of the rotator cuff and the numerous muscles around the neck and shoulder, to ensure optimal shoulder movement and strength. Taping of the shoulder and or shoulder blade helps with posture and positioning of the shoulder joint. Comprehensive patient and posture education is provided to explain the injury, shoulder positions to avoid, the recovery process and how to prevent re-injury.

For more information, please contact Pam Honeyman or Mark McFadden, Physiotherapists at the Adelaide Health Clinic.

Sexually Transmitted Infections

By Dr. Gaurav Bhardway, MD

Sexually Transmitted Infections (STIs) are transmitted through sexual contact (oral, vaginal or anal) with an infected individual. Rates of STIs are once again on the rise after decades of steady decline in Canada. Approximately 1.5 million cases of STIs are reported annually in Canada. There are more than 20 diseases that are transmitted through sexual activity. The most common STIs in Canada are chlamydia, gonorrhoea, syphilis, genital herpes, human papillomavirus, HIV, hepatitis B, trichomoniasis, and bacterial vaginosis. Adolescents and young adults are the age groups at the greatest risk for acquiring an STI. However, STIs represent a health risk that transcends race, gender, sexual orientation and age.

The most common presentation of STIs include, unusual discharge from the penis or vagina, burning sensation when urinating, pain in the genitals or lower abdomen, itching, sores or bumps in the genital area, unusual bleeding or bleeding after intercourse. Unfortunately, all too frequently many people never exhibit any overt symptoms, especially men. Health problems from STIs tend to be more severe for women. Some STIs can cause pelvic infections that may lead to future infertility for women. Many STIs are treatable, but effective cures are lacking for others, such as HIV and hepatitis C. Prevention and education are important safeguards against the spread of STIs. All forms of sexual

contact, from simple kissing to intercourse carry some risk. Condoms are commonly thought to protect against STIs. Condoms are useful in decreasing the spread of certain infections, such as HIV, chlamydia and gonorrhoea; however, they do not fully protect against other infections such as genital herpes, genital warts and syphilis.

STIs represent a sensitive subject for all parties involved and the spectrum of severity is wide, from a simple nuisance to life-ending. Our health and well being are often determined by the choices we make, good and bad. Ideally, when embarking on a new relationship both partners should get tested for STIs before initiating sexual contact, or before resuming contact if a partner engaged in contact outside the relationship. Regardless of the circumstances surrounding a possible infectious encounter, it is often more important to be tested by a healthcare professional using appropriate testing methods. A positive or negative diagnosis can have profound repercussions on ongoing and future relationships. In general, if you have or have had a STI, had multiple partners or engage in unprotected sex, then you should be tested for STIs approximately once a year. All others, who do not fit the three most common risk factors above should consult their healthcare provider and discuss your concerns with him/her regarding STIs and when to get tested.




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