

Elderly Shoulders' PainWhen it is due to Arthritis...

Joints are the areas where bones come together. They allow the skeleton to be flexible for movement. In a joint, bones do not directly contact each other. Instead, they are cushioned by cartilage, membranes, and fluid.

The joints become stiffer and less flexible with age. Fluid in the joints may decrease, and the cartilage may begin to rub together and erode. Minerals may deposit in some joints (calcification). This is common in the shoulder.

The most movable joint in the body, the shoulder is also one of the most potentially unstable joints. As a result, it is the site of many common problems. They include sprains, strains, dislocations, separations, tendinitis, bursitis, torn rotator cuffs, frozen shoulder, fractures, and arthritis.

Almost all elderly people are affected by joint changes, ranging from minor stiffness to severe arthritis.

Shoulder pain due to arthritis can be of three major types:

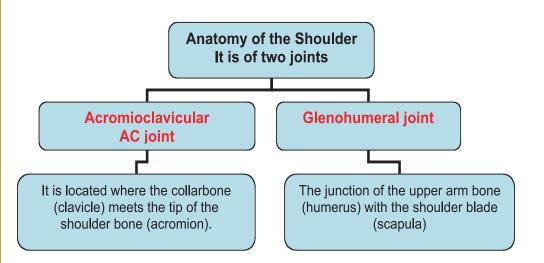
 Osteoarthritis, or "wear-and-tear" arthritis, is a degenerative condition that destroys the smooth outer covering (articular cartilage) of bone. It is more common in the AC joint than in the glenohumeral shoulder joint.

- Rheumatoid arthritis is a systemic inflammatory condition of the joint lining. It can affect people of any age and usually affects multiple joints on both sides of the body.
- Posttraumatic arthritis is a form of osteoarthritis that develops after an injury such as a fracture or dislocation of the shoulder.

Symptoms

If the glenohumeral shoulder joint is affected, the pain is centered in the back of the shoulder and may intensify with changes in the weather. The pain of arthritis in the AC joint is focused on the front of the shoulder.

It may become more difficult to lift your arm to comb your hair or reach up to a shelf. As the disease progresses, any movement of the shoulder causes pain, night pain is common and sleeping may be difficult.



Diagnosis

A physical examination and X-rays are generally needed to properly diagnose arthritis of the shoulder.

- Medical history The patient tells the doctor about any injury or other condition that might be causing the pain.
- * Physical examination The doctor examines the patient to feel for injury and to discover the limits of movement, location of pain, and extent of joint instability.

- Tests

- Standard x ray a familiar procedure in which low-level radiation is passed through the body to produce a picture called a radiograph
- * Ultrasound a noninvasive, patient-friendly procedure in which a small, hand-held scanner is placed on the skin of the shoulder
- * MRI (magnetic resonance imaging) a noninvasive procedure in which a machine with a strong magnet passes a force through the body to produce a series of cross-sectional images of the shoulder.

Treatment and Lifestyle Approaches

Each kind of arthritis is handled a little differently, but there are some common treatment choices. Rest, exercise, medications, eating a healthy, well-balanced diet, and learning the right way to use and protect your joints are keys to living with any kind of arthritis:

- * Rest or change activities to avoid provoking pain; you may need to modify the way you move your arm to do things.
- * Take medications to reduce inflammation as prescribed by the doctor. Be aware of drug interaction.
- * Ice the shoulder for 20 to 30 minutes two or three times a day to reduce inflammation and ease pain.
- Find gadgets to help you open jars and bottles or to turn the door knobs in your house more easily

If medicines treatment does not reduce pain, there are surgical options. Surgical treatment of arthritis of the shoulder is generally very effective in reducing pain and restoring motion.

Along with taking the right medicine and properly resting your joints, exercise is a good way to stay fit, keep muscles strong, and control arthritis symptoms. Daily exercise, such as walking or swimming, helps keep joints moving, lessens pain, and makes muscles around the joints stronger.

