by G. Scott Dean, MD
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Do you have a question related to this column or a general orthopedic question you would like to have answered in a future issue? Send an e-mail to AskPiedmont-Ortho @sosbonedocs.com.

Q. I was painting the ceiling in my bedroom this weekend, and the side of my shoulder started hurting. I haven't had problems with my shoulder before. What do you think it could be? What can I do?

A. It sounds like you may have impingement bursitis. Impingement bursitis is an inflammation of the bursa, which is a structure located between the rotator cuff and the bone at the tip of your shoulder called the acromion. The bursa is usually thin, like a Ziploc bag, and allows for smooth gliding of the rotator cuff muscle between your arm bone, the humerus and the acromion. With overhead activity such as your painting, that bursal sac can become swollen and inflamed. With continued activity, the bursa is pinched between the bones, hence the term impingement. This can give you the dull aching pain you now have in your shoulder. The pain usually worsens with overhead activity.

Other conditions that can cause the pain you describe include: referred pain from a pinched nerve in your neck, a rotator cuff tear, acromioclavicular (collarbone) arthritis or biceps tendonitis.

Initial treatment of impingement bursitis includes rest and anti-inflammatories to help with the pain and swelling of the bursa. If this does not help, the next step may include a steroid injection into the bursal sac followed by below-shoulder-level rotator cuff strengthening exercises. The rotator cuff centers the head of the humerus into the shoulder socket. The stronger the rotator cuff muscles are, the better they can work to center the humeral head into the socket and avoid the upward motion of the humerus that pinches the bursa. A steroid shot can directly reduce the swelling and inflammation of the bursal sac. Typically, it takes two or three days to feel some relief.

Surgery is a last resort and usually not required for this condition. However, if your symptoms continue for 3-4 months despite these measures, surgery may be indicated. Surgery for this problem is performed arthroscopically. Small instruments are inserted into the space above the rotator cuff and below the acromion to remove the bursa and any bone spurs that may be involved. Recovery from this procedure usually takes 4-6 weeks.

Q. My 16-year-old son dislocated his shoulder playing football. It was manipulated back into position in the emergency room. He is concerned that it will happen again once he returns to football. What are our options?

A. Shoulder instability can be a significant problem in young athletes. Studies have shown that the younger the patient is at the time of the first dislocation, the higher the chance of repeat dislocations, especially in contact sports.

One option for your son is a return to football after 2 weeks of rest followed by 2-4 weeks of comprehensive physical therapy. However, your son probably has a 75-80% chance of dislocating his shoulder again based on his age and chosen sport.

A second option is surgery to stabilize the shoulder. There has been a recent trend toward early shoulder stabilization surgery in younger athletes with instability. When a shoulder is dislocated traumatically, the capsule that surrounds the ball and socket joint stretches and is stripped off of the socket in the front of the shoulder. This structure can be repaired arthroscopically to prevent future dislocations. The recurrence rate after this surgery is 5-10%. Patients typically can resume sports activities in 3-6 months.