

By N. Michael Xu, 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 am a 42-year-old woman with right shoulder pain that seems to be getting worse. It hurts to reach back and grab my seatbelt in the car, and I can't reach all the way over my head. I don't remember doing anything to hurt my shoulder. What could this be?

A. There are several conditions that might be causing the pain you describe. Arthritis, bursitis and a rotator cuff injury are all possibilities, but the most likely one from your description is adhesive capsulitis, more commonly known as frozen shoulder. Frozen shoulder occurs when the shoulder capsule becomes inflamed and scarring develops, limiting range of motion. There usually is no injury involved.

You need to see an orthopedist. To diagnose your problem, we will take your history, perform a physical examination and possibly get an x-ray. The x-ray will not show a frozen shoulder or an early rotator cuff injury, but it will show signs of arthritis. We may also suggest an MRI scan to rule out a rotator cuff tear.

In the physical exam, we will compare your range of motion in both arms. When one arm can extend normally and the other won't go past a certain point – not from weakness but because its range of motion is limited – we typically will diagnose frozen shoulder.

Most people who have a frozen shoulder begin to improve with use of anti-inflammatory drugs combined with physical therapy. In physical therapy, you will be encouraged to do gentle stretching, range of motion exercises and strengthening. If therapy is too painful, sometime we will suggest a cortisone injection to take the edge off your pain during the exercises.

Most cases of frozen shoulder resolve within a year or two years on their own, and physical therapy can speed that process. Surgery is rarely needed.

Q. I am having the strangest problem with my left ring finger. When I straighten my fingers, my ring finger gets locked in a curled position, and I have to use my other hand to straighten it. My finger hurts and makes a popping sensation when it straightens. What is happening?

A. It sounds like you have what is commonly called a trigger finger. The name comes from the scenario you describe. The finger locks, then suddenly pops into a straight position when pushed.

An orthopedist can diagnose this problem by taking a medical history and performing a physical examination. Trigger finger often begins with a clicking sensation in the finger, then progresses. In the worst cases, the finger becomes stuck in a curled position and cannot be straightened.

Trigger finger results from inflammation in the flexor tendon and the tunnel it passes through. When you straighten your finger, the flexor tendon is supposed to enable that motion by sliding through this tunnel. When inflammation narrows the tunnel, the tendon cannot slide and becomes caught at the entrance.

The first step in treating a trigger finger usually is to have the patient take an anti-inflammatory medication and wear a splint to immobilize the finger. If that doesn't reduce inflammation sufficiently to allow free movement of the tendon through the tunnel, we can administer a cortisone injection. A properly placed injection will resolve trigger finger in 80 percent of patients. The other 20 percent may get better and then have a recurrence – or not get better at all. In those cases, we typically recommend a 15-minute outpatient procedure to widen the tunnel opening.

The good news? Nearly all patients who have trigger finger get relief from one of the treatments above.