

Protecting Your Arms will keep You Moving

(Part 1 of a 2 part series)

By Julie K. Silver, MD

And

Maria H. Cole, OTR/L

Our arms are the keys to our ability to remain as mobile and independent as possible. We need them to bathe ourselves, feed ourselves, and use a telephone, computer or fax. Basically we need them to accomplish nearly everything that we have to do in a given day.

As all of us age, our arms become more susceptible to injuries. For individuals with preexisting disabilities, these injuries may occur at an earlier age and be more severe because of the increased demands that are required of the arms for day to day activities.

In order to protect our arms from injuries and when they do occur to treat them early in order to *heal* the injuries, read on...

This article will cover 4 common arm injuries that are treatable and generally curable. Keep in mind that many other types of injuries exist and that the treatment is entirely dependent on having an appropriate diagnosis made by a medical doctor. This article is written in order to encourage prevention of injuries to the arms and to encourage readers who have arm pain, weakness, numbness or tingling to seek early treatment *after* an appropriate diagnosis is made by a medical doctor.

Tendinitis

The occupational and/or physical therapist can provide a wealth of information on how to avoid poor techniques and position of our arms and how to avoid reinjury.

Tendons are the structures that are found at both sides of a muscle and are used to attach the muscles to bones. Tendons often become irritated and inflamed through overuse and because they don't have a good blood supply, can be a little tricky to heal.

Symptoms of tendon injuries generally include pain at the site of the injury. This pain is often worse with activity but may be quite severe at night when resting. *Tendon injuries do not cause numbness and tingling feelings in the arms.*

Described below are 2 common types of tendon injuries in the arms.

Shoulder Tendinitis

The rotator cuff is a group of 4 tendons that work together to stabilize the shoulder, especially when moving the arm overhead. The shoulder has more mobility than any other joint in the body, however, this makes the shoulder more unstable than other joints that can't move as freely. Therefore, the shoulder (particularly the rotator cuff) is prone to injury because of its inherent lack of stability.

Rotator cuff tendon injuries occur commonly and in the early stages are easy to treat. Long-standing inflammation of the tendons can lead to the tendons becoming weaker and in some instances tearing or rupturing. A complete tear of the rotator cuff results in an inability to lift the arm overhead. This may or may not be correctable.

Another potential complication of long standing rotator cuff tendinitis is that the lack of mobility in the shoulder may cause it to "freeze". This is commonly called a "frozen shoulder" and in medical terms is called an "adhesive capsulitis". Once again, this may or may not be permanent.

Elbow tendinitis

The tendons that attach to the bones at the elbow (medial or lateral epicondyle of the humerus) often become inflamed. In medical terms this is called *medial or lateral epicondylitis*. These tendons arise from muscles that move the wrist and since the wrist is involved in so many functions, it is not surprising that tendinitis frequently occurs in these tendons.

Tennis players who use a lot of forceful wrist movements often have tendinitis of the tendons that control wrist movement and attach to the elbow. Therefore, this medical malady is commonly termed "tennis elbow". However, tendinitis at the elbow can occur in anyone who uses his or her wrists (and hands) routinely. In fact, this injury is often seen in office workers who spend their days using the phone, fax and computer as well as filing and other repetitive activities. Elbow tendinitis can also occur when individuals place a lot of pressure on their wrists such as during transfers or when using mobility devices such as canes and crutches.

Nearly always, elbow tendinitis is treatable and usually curable.

Medical Treatment for Tendinitis

Medical treatment generally consists of rest from activities that provoke the symptoms of pain. Using ice on the inflamed tendons can be very useful (the authors recommend using an ice pack or ziplock bag of ice water applied directly to the elbow or shoulder for 20 minutes at a time, 2-3 times each day). A doctor may prescribe anti-inflammatory medications. Injections of local steroid medication (similar to "cortisone") can also help heal these injuries. Occasionally surgery is necessary and if recommended is generally successful.

Rehabilitation Management of tendinitis

Since tendinitis can impact our ability to perform everyday activities, the goal in rehabilitation is to reduce pain, increase flexibility, strengthen, and most importantly restore function.

Therefore the initial goal of the physical and/or occupational therapist is to evaluate an individual's strength, posture and flexibility as well as to determine which activities may be contributing to the injury and causing pain. The therapist then can give expert advice on how to reduce the stress placed on the tendons that will generally include proper seating and posture instruction as well as providing tips on making simple adjustments at home and at work in order to avoid aggravating activities.

As part of the treatment, the therapist may use treatment "modalities" such as ultrasound that provides deep heat to warm the tissues—improving blood flow and relieving pain.

An exercise program is usually initiated on the first visit, but is recommended in a very specific manner. Most often, the exercises include only a stretching program because strengthening is not recommended until the tendons become less inflamed and less painful.

In the case of tendinitis at the wrist, either the physician or the therapist may recommend a splint for the wrist. The splint provides rest for the tendons and relieves the pressure from the overworked muscles.

If the symptoms persist despite treatment, surgery may be an option. In the case of post-operative rehabilitation, the focus again is on reducing pain and restoring strength, flexibility and function.

Reprinted from Accent on Living—Spring, 2000