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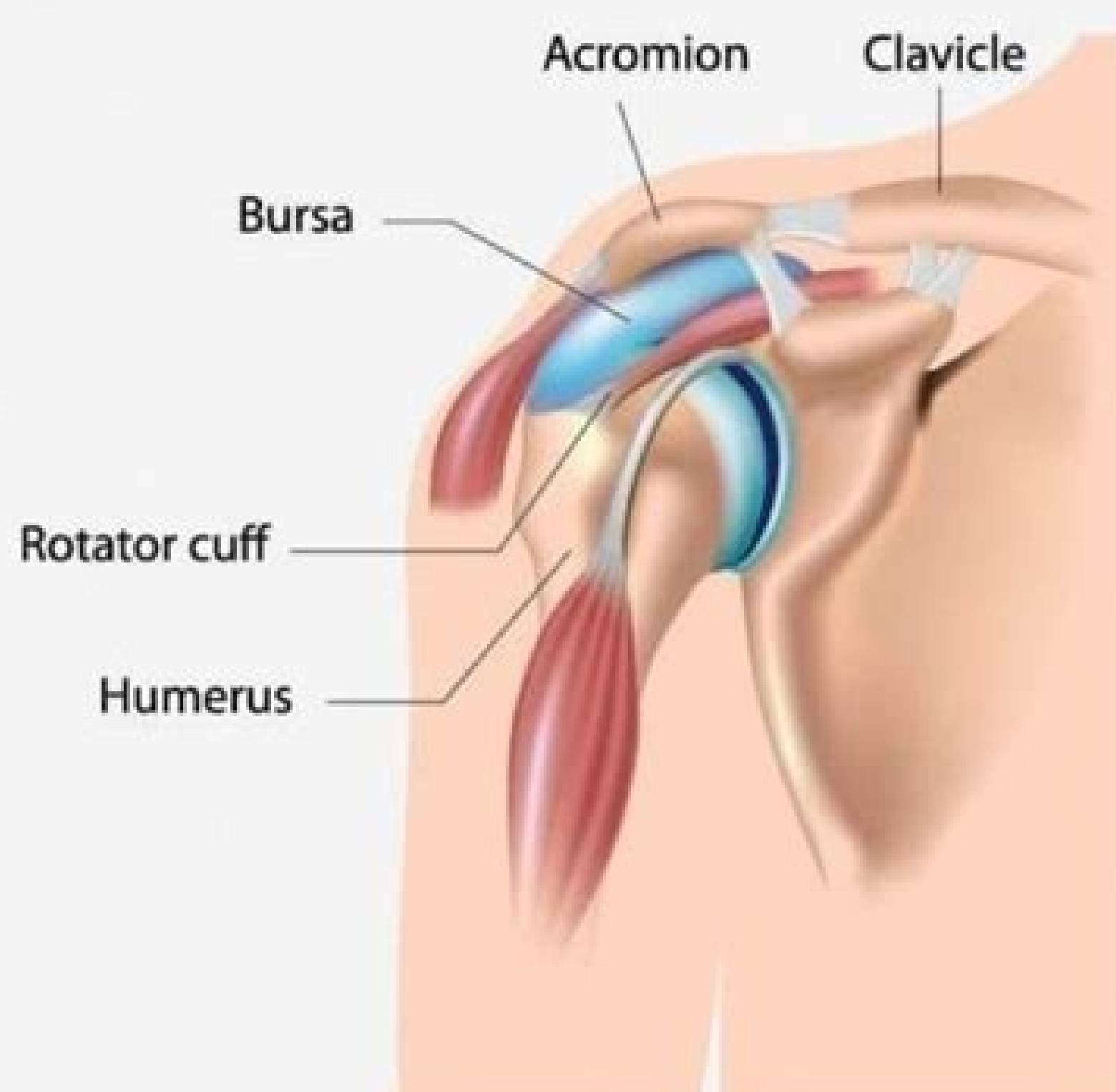
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Dr. Axe  
FOOD IS MEDICINE

## Natural Treatments for Rotator Cuff Pain

The rotator cuff is a group of tendons and muscles that are located in the shoulder and upper back area, connecting the upper arm to the shoulder blade.

The tendons of the rotator cuff provide stability to the shoulder area — keeping the arm in the shoulder socket — and the muscles allow the shoulder to rotate.



There is a network of four muscles that come together as tendons to form a covering around the head of the humerus and that is what we call the rotator cuff.

The muscles in the rotator cuff include the teres minor, the infraspinatus, supraspinatus and the subscapularis.

There is also what is known as a lubricating sac, or bursa, which is located between the rotator cuff and the bone on top of your shoulder called the acromion.

The bursa is what allows the rotator cuff tendons to freely move and glide as you engage your arm in any motion or activity.

## Fact

Chronic shoulder pain, which lasts more than a few weeks to a few months, is **the most commonly reported** upper extremity problem in athletes, both recreational and professional.

## Injury Occurrence

The rotation and ability to lift the arm comes from the rotator cuff, so as you can imagine, when it is causing pain, it can be rather debilitating and very frustrating.

When the rotator cuff tendons are injured or damaged, this bursa can also become inflamed and painful.

## Common Injuries

Rotator cuff tear

Rotator cuff tendonitis

Rotator cuff impingement

Frozen shoulder

Subacromial bursitis

## Common Symptoms



Pain at rest and at night, particularly if lying on the affected shoulder



Pain when lifting and lowering your arm or with specific activities



Weakness when lifting or rotating your arm in different directions



Crepitus, which is a grating sound or sensation produced by friction between the bone and cartilage or a cracking sensation when moving your shoulder in certain positions

## 11 Natural Treatments



Ice



Rest



Ultrasound/heat



Less time doing normal activities



Anti-inflammatory foods



Essential oils



Strengthening



Stretching



Physical therapy



Acupuncture



Transcutaneous electrical nerve stimulation

POST SURGICAL  
ROTATOR CUFF  
**PHYSICAL  
THERAPY**



# Shoulder Tendonitis Exercises



Effective treatment can help to decrease the pain, improve shoulder function, and lessen the time with which you have to manage symptoms. At this point, the tissue in the area where the calcium will develop goes through cellular changes. In the Calcific Stage, calcium comes out of the cells and forms into deposits. The usual approach is to attempt to remove some, if not all, of the calcium deposit, and clean up the inflammation surrounding the tendon. This can make the surgical recovery longer, as there may be restrictions on activity. Our courses are accredited by over 90 professional associations and national accreditation institutions including the National Academy of Sports Medicine (NASM) and National Certification Board for Therapeutic Massage and Bodywork (NCBTMB). Since 1999 Niel Asher Education has won numerous awards for education and in particular for education and services provided in the field of trigger point therapy. Treatment should always begin with some simple steps and proceed to more invasive options only if simpler treatments aren't effective. Anti-inflammatory medications: Anti-inflammatory medications can help decrease the pain associated with the calcific tendonitis. Before beginning any new medication be sure to confirm with your healthcare provider the medication is safe for you to take. doi:10.1007/s10195-015-0367-6 Supraspinatus Muscle - the most common area to find calcific deposits in most cases, calcific tendonitis can be treated using non-surgical techniques, including NAT. If you're experiencing stiffness and shoulder pain and it's making it hard for you to sleep at night, you could have Calcific Tendonitis. Certifying NAT is a valuable way to show your clients that you take continued education seriously, and to promote your skills and qualifications. Read our editorial process to learn more about how we fact-check and keep our content accurate, reliable, and trustworthy. Calcific tendonitis is seen most often in people between the ages of 30-50, and more often in women than in men. People who have diabetes are more susceptible to developing the condition. At this point, the calcium is the consistency of toothpaste. Finally, in the Post-Calcific Stage, the calcium disappears and is replaced by the normal rotator cuff. Course texts can be downloaded and printed if required. When you purchase a "Printed" edition, you will also receive free access to the download edition. Full recovery for surgical treatment can be as quick as 6 weeks but is more commonly around 3 months. Calcific tendonitis is a potential source of pain and difficulty moving the shoulder joint. There are however, gentle hands-on techniques that experienced therapists can use to help reduce the acute symptoms. Once the acute phase has settled down it doesn't mean the calcium has gone away and in fact many people are left with some shoulder stiffness as the calcium will stay in the shoulder tendons until it is removed or is slowly reabsorbed. While there is a debate about how much cortisone is safe, most agree that one or two shots are reasonable for treatment. Most items are despatched within 24 hours and shipping is FREE for all orders over US\$50. Calcific tendonitis is a common source of shoulder pain and can be a frustration given the severity of pain and the duration of symptoms. There is a Resting Phase, where you will experience no pain. With this condition, 1-2 centimeter deposits of calcium form in the tendons of the rotator cuff. If the rotator cuff requires surgical repair the recovery may be up to 6 months in duration. The treatment plan for patients with calcific tendonitis is similar to the treatment for impingement syndrome of the shoulder, with a few additional options. Calcifying tendonitis of the shoulder: midterm results after arthroscopic treatment. 2014;2(3):130-6. Shipping This trigger point therapy blog is intended to be used for information purposes only and is not intended to be used for medical diagnosis or treatment or to substitute for a medical diagnosis and/or treatment rendered or prescribed by a physician or competent healthcare professional. Specific exercises can help to improve the mechanics of the shoulder and decrease the burden on the tendons specifically affected by the problems. Reactive Calcification, on the other hand, progresses through a series of stages: In the Pre-Calcification Stage, you don't experience any symptoms. Battaglia M, Guaraldi F, Gori D, Castiello E, Arvat E, Sudanese A. doi:10.1016/j.apmr.2013.01.030 Merolla G, Singh S, Paladini P, Porcellini G. Application of heat and ice: The application of moist heat is tremendously helpful with pain relief from calcific tendonitis. Am J Sports Med. Arch Phys Med Rehabil. This treatment of calcific tendonitis can be painful and usually requires anesthesia in order for it to be tolerated by the patient. 2017;58(8):964-970. We ship Worldwide from locations in the USA, UK, and Australia. Verywell Health uses only high-quality sources, including peer-reviewed studies, to support the facts within our articles. Calcific tendonitis of the rotator cuff: state of the art in diagnosis and treatment. In addition, some surgeons recommend removing some bone to create more space for the healing tendon, called subacromial decompression. In some situations, a surgical procedure is necessary, but this is rarely the first step, and typically recommended only when simpler treatments have not been effective. Calcific tendonitis of the shoulder. This stiffness can in many cases be rapidly and effectively treated with NAT. Extracorporeal shock wave therapy: Shockwave therapy is thought to work by inducing so-called 'microtrauma' and stimulates blood flow to the affected area. For that reason, sometimes your surgeon will also have to repair the damaged rotator cuff tendon. Read Full Article Award Winning Instructors Niel Asher Healthcare course instructors have won a host of prestigious awards including 2 lifetime achievement honorees - Stuart Hinds, Lifetime Achievement Honoree, AAMT, 2015, and Dr. Jonathan Kuttner, MD, Lifetime Achievement Honoree, NAMTPT, 2014. Your surgeon will direct a large needle into the calcium deposit and attempt to aspirate or suck out, as much of the calcium deposit as possible. Most surgeons agree that a minimum of 3 months, if not closer to 6 months, of nonsurgical treatment, should be pursued before considering a more invasive option. One of the most difficult problems associated with calcific tendonitis is the development of a frozen shoulder because of pain. When muscles and tendons rub against one another over and over again, it can cause inflammation. With Degenerative Calcification, calcium accumulates in weak, run-down tendons that develop as we get older. De carli A, Pulcinelli F, Rose GD, Pitino D, Ferretti A. Calcium Deposits: Silent calcium deposits that are also common. Stages of Calcific Tendonitis Calcific tendonitis exists in two different forms. Allowing the body to run through a course of inflammation, and the gradual healing process that takes place can be a frustrating experience. Acta Radiol. The early steps and treatment are generally focused on alleviating pain and allowing the inflammation to subside. Typically an ultrasound machine can help to ensure the needle placement is directed appropriately right at the calcific deposit. doi:10.1177/0284185116678275 De carli A, Pulcinelli F, Rose GD, Pitino D, Ferretti A. While treatment often takes 3 to 6 months, there are typically improvements without having to undergo a surgical procedure. Jose Luis Pelaez Inc / Getty Images Often the greatest challenge in the treatment of calcific tendonitis is having faith that simple efforts to alleviate symptoms will, in time, lead to improvement. Injections of saline, Novocaine, or sometimes cortisone, are then made into the calcium deposit. J Orthop Traumatol. However, the news is not all bad! On a positive note, the vast majority of patients do find relief with nonsurgical treatments for this condition. Every NAT course is designed to build on what you already know, to empower you to treat more clients and grow your practice, with a minimal investment in time and money. Joints. Cortisone injections can be helpful at both reducing inflammation and also limiting pain to allow patients to work with physical therapy. Ice packs can help to reduce inflammation from the tendonitis and can be very helpful to reduce pain associated with this condition. Physical therapy/exercises: Exercises and stretching can help prevent a stiff shoulder. Most reports on this method of treatment of calcific tendonitis show guarded success—perhaps 50 to 70 percent of patients improving after one or two high-energy shockwave treatments. In fact, studies have shown about 75 percent success with simple steps for treatment. By taking and completing courses you can accumulate NAT credits to qualify for NAT certification. In some cases, the condition is resolved in about 4 weeks. The consistency of the calcium deposits are variable, but are often less like a rock and more like toothpaste. During the day, regular arm movements may shut off some of the blood flow to the supraspinatus muscle. For that reason, surgery is approached cautiously, and only considered after simpler treatment steps have been shown to not be effective in providing adequate relief. Always consult your physician if you think you need treatment or if you feel unwell. Because the calcium deposit was inside the tendon, removing it can leave a gap. Then, when you are resting or sleeping at night blood flows back into the area to compensate. Many patients find a cortisone injection helpful, and sometimes more than one is needed for successful treatment. Calcium then develops as part of the body's attempt to repair this damage. These include The National Academy of Sports Medicine, Physical Therapy Board of California, AAFA, National Certification Board for Manual Therapists and Bodyworkers, Sports Therapy Institute, and Myotherapy Australia. See Full List Niel Asher Technique Since 1999 the Niel Asher Technique for treating trigger points has been adopted by over 100,000 therapists worldwide, and has been applied to the treatment of a number of common musculoskeletal injuries. 2016;17(1):7-14. This information is designed as educational material, but should not be taken as a recommendation for treatment of any particular person or patient. Typically treatment starts with simple, noninvasive steps. In addition to national accreditation for continued education, each course that we offer includes "NAT Learning Credits". One result of the removal of the calcium deposit can be a hole or defect in the rotator cuff tendon. More About Us NAMTPT AWARD 2017 We are honored to have received the 2017 "Excellence in Education" Award from the National Association of Myofascial Trigger Point Therapists. It is not uncommon to have silent phases of 1-2 years between the acute episodes. The following are the most common areas where we find calcium deposits (Stefani 2009): Supraspinatus muscle - 80% Infraspinatus muscle - 15% Subscapularis muscle - 5% Treatment Aggressive treatment is not recommended in the acute phase (which usually lasts 3-5 days) as it can stir-up the already active condition. Additional Reading Balke M, Bielefeld R, Schmidt C, Dedy N, Liem D. Most people find effective pain relief following surgical treatment, but complications can require ongoing treatment and possibly additional surgical procedures. Read More International Students Most of our courses are available as either "Printed" or "Download" editions. At this point, the calcium looks like chalk. Your manual therapist or NAT practitioner will advise you on what you can do to prevent further episodes and reduce severity as soon as the twinges appear. Causes Calcific Tendonitis often develops as a result of overhead activities like playing tennis or house painting. Full details of all international course accreditations can be found on our website. Printed course materials and other products offered on our websites are despatched worldwide from our 3 locations in the UK (London), USA (Pennsylvania) and Australia (Melbourne). As the calcium accumulates, the area becomes very tender and it is difficult to lift your arm without experiencing pain and stiffness. The pain is typically felt around the rotator cuff muscles (usually supraspinatus) and is often misdiagnosed as frozen shoulder syndrome. During the Resorptive Phase, the pain returns and can become quite excruciating. As mentioned earlier, the vast majority of patients will find relief with nonsurgical treatment options, but there are times that patients don't find relief despite appropriate treatment steps. At this point, the pain goes away. Although there are a number of stages, it is not always a long process. If these are not successful, your healthcare provider will gradually progress your treatment. A warm washcloth is a perfect way to deliver this warmth to the shoulder. Most patients will develop a hematoma (bruising) from the treatment, but otherwise, there are few complications. The good news is that there is a very low complication rate from shockwave therapy. Surgical treatment is usually performed as arthroscopic shoulder surgery, although open surgical treatment can also be considered as an option. Surgical treatment is generally reserved for patients who don't find relief despite months of simpler treatment steps. 2013;94(9):1699-706. There are currently 3 levels of NAT certification. Established in the United Kingdom in 1999, we provide course and distance learning material for therapists and other healthcare professionals in over 40 countries. The good news is that in most cases, calcific tendonitis can be treated using non-surgical means. Clinical improvement and resorption of calcifications in calcific tendonitis of the shoulder after shock wave therapy at 6 months' follow-up: a systematic review and meta-analysis. Thanks for your feedback! What are your concerns? When you purchase a download edition, you receive immediate lifetime access to all course material. Ultrasound-guided needle lavage: Needling is a procedure that is done with local anesthetic or more general sedation. The next steps in treatment are considered minimally invasive, in that they do not require a surgical procedure, but they may require the use of a needle or specialized instruments to help address the calcific deposit. Cortisone injections: Cortisone is a powerful anti-inflammatory treatment that is delivered directly to the source of the pain (as opposed to a medication taken by mouth, that must work its way through the body to get to the shoulder). About NAT Certification Accreditation NAT courses are accredited for continuing education by over 30 professional associations in North America, United Kingdom, Australia, and European Union countries. These calcium deposits can be re-activated with overhead or vigorous activities such as swimming or tennis. The Niel Asher Technique for treating frozen shoulder was first introduced and published in 1997 and has been widely adopted by therapists and exercise professionals working within elite sports and athletics. Risks of surgical intervention include infection, wound healing problems, stiffness, difficulties with rehabilitation, and the possibility of persistent pain. doi:10.1177/0363546511430202 Ioppolo F, Tattoli M, Di sante L, et al. This cyclical pattern may cause calcific tendonitis to develop over time. No studies have shown a significant change in the time course of symptoms with these medications, but patients certainly have lessened symptoms. Location of calcium deposits Calcium is most frequently deposited in the rotator cuff of the shoulder. Poor posture is another common cause and there is a growing school of thought that some metabolic diseases of the parathyroid glands in the neck may generate extra calcium. Very often the cause is simply a cyclical process that occurs over time, leading to a build up of calcium. Help Desk About Niel Asher Education Niel Asher Education is a leading provider of distance learning and continued education courses. Links Find a Trigger Point Professional in your area NAT 5-Step Shoulder Technique Online Store Trigger Point Tools and Accessories Dry Needling for Trigger Points NAT Professional Courses Certify as a Trigger Point Therapist About NAT Courses As a manual therapist or exercise professional, there is only one way to expand your business - education! Learning more skills increases the services that you offer and provides more opportunity for specialization. Efficacy of triamcinolone acetate and methylprednisolone acetone for intrabursal injection after ultrasound-guided percutaneous treatment in painful shoulder calcific tendonitis: a randomized controlled trial. Meet the Instructors NAT Certification If you are a qualified/licensed manual therapist or exercise/fitness professional you can expand your credentials with NAT certification. 2012;40(3):657-61.

Diagnosis is made with radiographs of the shoulder revealing osteolysis, ... avoid aggravating weight-lifting exercises or modify technique. ... Type in at least one full word to see suggestions list. Return multiple choice. 1. Glenohumeral joint injection. 1% (23/3211) 2. (OBQ10.216) A 25-year-old professional baseball pitcher complains of medial elbow pain during the early acceleration phase of throwing. He has lost 10 mph on his fastball. Radiographs of the elbow are provided in Figure A. EMG studies demonstrate no entrapment of the ulnar nerve. As a world-class private hospital, we deliver fast diagnosis and treatment for adults with orthopaedic and spine problems. Working together as a multidisciplinary team, our industry-leading specialist private Consultants and orthopaedic surgeons work together to give every patient access to the very best treatments and clinical outcomes.

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