

# Looking With Fresh Eyes

By Taya Countryman

"Taya, I have this pain in my left shoulder. I have been to the doctor and weeks of physical therapy and it is not getting better. I am leaving for a week long bike trip next week, and you have to fix me!"

Luckily, I was able to schedule her that same day. She explain in great detail how only certain positions caused a pain in her shoulder. I felt for several Structural Relief Therapy (SRT) points that usually are present with shoulder pain, only her second rib point was tender.

I asked her what treatments she was receiving from physical therapy and she said, "Ultrasound, heat, exercises with rubber tubing, and a swinging of the arm exercise. I have been going twice a week for several weeks and it hasn't gotten any better. I first went to my chiropractor and he thought it was some sort of tendonitis. He worked the tissues so deeply I was bruised the next day, but it did initially help the general ache but now the pain is very specific".

I began by loosening the tissues of her neck and upper back. From her past problems, I thought I would find a diminished ROM in her low neck. I did not. I expected to find tender SRT points at the AC articulation of her shoulder and subscapularis. I did not. I expected to find the 1<sup>st</sup> rib SRT point to be tender like the 2<sup>nd</sup> rib point. It was not.

I treated the 2<sup>nd</sup> rib SRT point and the medial anterior SRT points of the elbow. When I tried to treat the lateral medial anterior SRT point, the position created the pain in her shoulder. I did the "frozen shoulder" position in SRT. The pain was still there.

I began to explore other possible culprits. I tweaked the supraspinatus, biceps, and triceps, tendons and none of these were tender. I explored the deltoid muscle and tendon and found no adhesions.

The scapula moved laterally easily with abduction of the arm but the rotation of the SC joint was stiff. I found adhesions along the lower boarder of the clavicle and broke these up until the SC joint moved evenly. She still had pain.

I was running out of techniques. I knew she was very healthy and in great physical condition. She had been evaluated by a chiropractor, orthopedist and two physical therapists and they did not know what was wrong. She had showed me the positions that made it hurt and she could not rest onto her handle bars of her bike without pain. She said, "It feels like it gets hung up or stuck on something".

"Does this pain feel deep?", I asked.

"Yes!" she responded.

My inclination was to stop and look at some anatomy books and look at what I might be missing. Could it be the teres minor or the infraspinatus? I decided to stop thinking and try exploring.

Out of desperation, I try some stretches. I grabbed her wrist and internally rotated her arm and pulled it across her abdomen toward her right hip and leaned back and stretched. Next, I stretched toward her left foot and then I tried extending her arm. She said that all these stretches hurt a little. Next, while keeping it in extension, I moved it into abduction. "That feels great!", she said excitedly.

I tried the pain position and finally no pain. How did I do this? Why did I get this when those with more education had not? And, why did it work?

I consulted a DO that I trust. He suggested the head of the humerus had gotten hung up on the edge of the glenoid fossa or the lower edge of the scapula spine from a shortening of the tissue which attached to the shoulder. But the key was finding the “position of ease”.

I wonder sometimes if being too educated keeps me from just looking at the problem, asking questions, and trying the obvious. Next time a patient with similar frozen shoulder-like problem came, I tried that same stretch. I really helped. The next few times I tried it, nothing. As one of my patients said, “My physical therapist says that shoulder problems are the most complex.” She can say that again!