"Who has time for pain?"

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Mrs. Brown, a 53-year-old mother of three, comes to your office complaining of right shoulder pain that she has had for the past few weeks. She is unable to site the reason for her pain and could not remember a precipitating event. She does indicate to you that she has recently been under an inordinate amount of stress, as she is currently trying to start a new business. Her pain is at its worst when she lifts her right arm to the side, which is also an issue during the night time as she cannot lie on the right side (she is right handed). Mrs. Brown has also explained that the pain seems to be worse when she goes running.

Having heard the majority of her story, there are a few more questions you would like to ask her:

- What's the type and quality of the pain?
- Does the pain radiate anwhere?,
- What aggravates the pain?
- What alleviates the pain?
- What does the pain stop her from doing?
- Does she have to take any medicine for the pain and if so, which ones?

Mrs. Brown thinks carefully before answering. The pain is a strong ache in her right shoulder along with a hint of pain in her neck. She doesn't make this connection and therefore, focuses on her right shoulder. Both the abduction and forward flexion positions are most painful for her.

It appears to you that it is the rotator cuff muscle and that she is experiencing a tendonopathy. You give the basic instructions of:

- modified activity,
- icing,
- non-steroidal anti-inflammatory drugs and
- physical therapy.

Everything makes sense to her and she follows your instructions precisely. She agrees to return in three weeks time for follow-up.

At the follow-up appointment, Mrs. Brown reports that she has not been improving and in fact, her pain gotten worse.

Her pain is at its worst when she lifts her right arm to the side

Her symptoms are not just isolated to the right shoulder, as she now has tension on the right side of her neck, with pains down her right arm to the fingers. Her sleep has also been terrible, as she is unable to find a comfortable position.

This illustrates the importance of follow-up appointments.

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Clearly, Mrs. Brown's symptoms are evolving and on her last visit, you only saw the beginning phase of her problem. The right shoulder pain she had wasn't just a simple rotator cuff problem. With the increased intensity of her pain, you begin to think that her symptoms are out of proportion for the rotator cuff condition that you had originally diagnosed. You decide to re-examine her, paying special attention to her right upper extremity during the neurological examination.

She adds that over the last few weeks, she moved some boxes, as well as comments on how painful her arm is when she coughs and notices that her right arm is feeling weaker.

You now piece it all together. Her problem seems to be more related to a neurological condition than a rotator cuff problem. She clearly has pain when putting tension on the radial nerve. There is weakness of the right arm (*ie*, the triceps and thumb extensor muscles) and a depressed triceps reflex. It now makes sense why she has pain down her whole arm, and why she has so much pain at night time. Bone and nerve pain are some of the worst pains to experience in medicine.

You explain to Mrs. Brown that her symptoms are coming from an irritated nerve and that the focus of treatment should change from the shoulder to the neck. You re-write the instructions for the physical therapist so that much attention is focused on relaxing the muscles of the upper back, neck and along the path of the radial nerve. You prescribe her a strong pain killer to help with her sleep. You also give her further instructions on how she should, for the time being, avoid any moderate to heavy lifting as well as hard activities.

Mrs. Brown returns four weeks later. You can clearly see some relief in her expression, predicting that her symptoms are improved. The change in direction of her treatment has paid off. She is sleeping through the night and she is much more functional during the daytime. She is not 100% better, but is well on her way. She is better rested, and has more energy, to take on the stresses of the day.

You leave her with one last thought. You explain to her that muscle tension is the most common reason for neck and back pain. If the conditions are bad enough, then the muscles can irritate the nerve, causing pain down the whole arm. Relaxation and biofeedback techniques are very helpful in relaxing the muscles and taking tension off the nerve. After all, who has time for pain these days?

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