GET RID OF
NECK & SHOULDER PAIN

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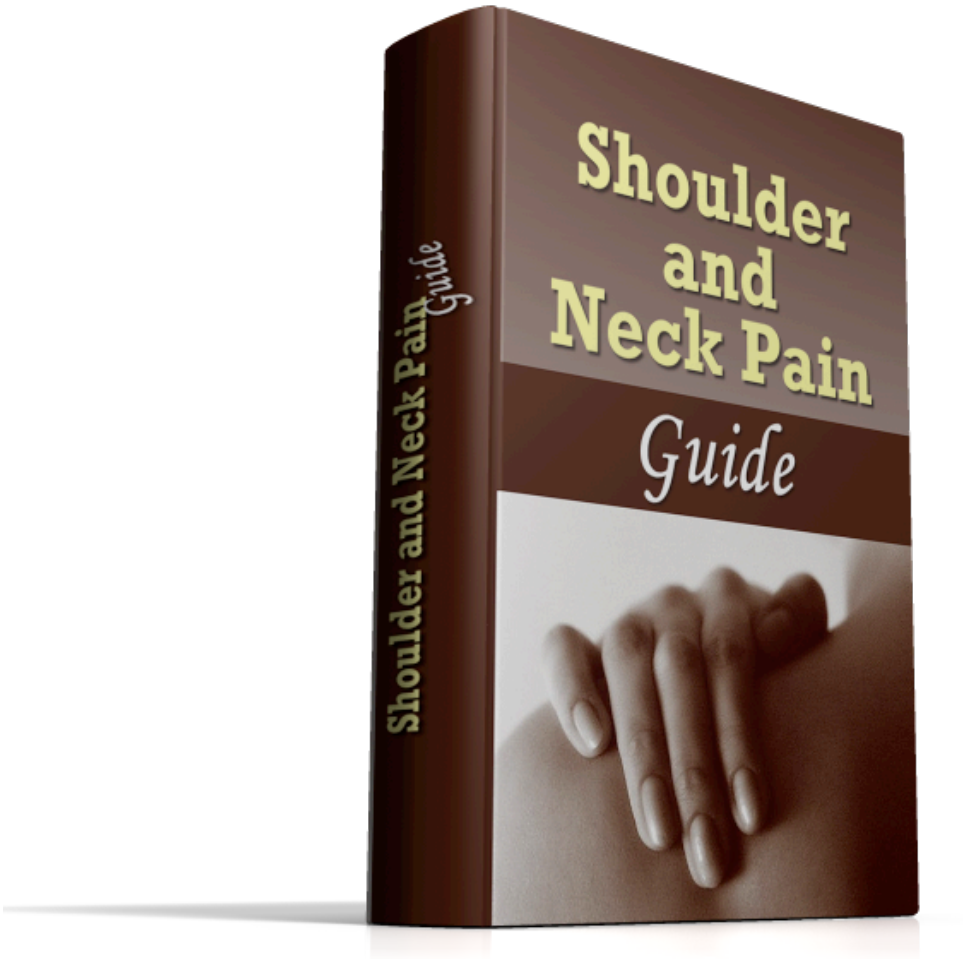

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CHAPTER ONE

PAIN MANAGEMENT: NECK AND SHOULDER PAIN

Neck and shoulder pains can be classified in several different ways. Some people get neck pain only or shoulder pain only, while others get pain in both areas.

What Causes Neck Pain?

The causes of neck pain are:

- Abnormalities in the bone or joints
- Trauma (injury)
- Bad posture
- Degenerative diseases
- Tumors
- Muscle strain

What Causes Shoulder Pain?

The shoulder is a ball and socket joint with a large range of movement. Joints like these tend to be more liable to injury. Shoulder pain can result from one or more of these causes:

- Strains from overexertion

- Tendonitis from overuse
- Instability of the shoulder joint.
- Dislocations
- Fractures of the collar bone or upper arm bone
- Frozen shoulder
- Pinched nerves (also called radiculopathy)

How Are Neck and Shoulder Pains Diagnosed?

- **X-rays:** Plain X-rays can show narrowing of the gap between two bones in the spine, arthritis-type diseases, tumors, slipped discs, narrowing of the spinal canal, fractures and instability of the spine.
- **MRI:** Magnetic resonance imaging is a procedure that does not involve cutting into the body that can show the detail of elements of the nervous system.
- **Myelography/CT scanning:** Is sometimes used as an alternative to MRI

- **Electrodiagnostic studies:** Electromyography (EMG) and nerve conduction velocity (NCV) are sometimes used to diagnose arm pain, neck and shoulder pain, tingling and numbness.

How Are Neck and Shoulder Pain Treated?

Treatment of soft tissue neck and shoulder pain requires the use of anti-inflammatory medicines (such as Aleve or Motrin) and/or acetaminophen (Tylenol). Depending on the source of the pain, drugs like muscle relaxers and even antidepressants could help. Painful tissues can also benefit from applying moist heat or ice. Corticosteroid injections at the site of the pain are often useful for arthritis of the shoulder. For both neck and shoulder pains exercises involving movements may help. For those cases where nerve roots or the spinal cord are involved, surgery may be needed.

CHAPTER TWO

COMMON SHOULDER PAIN CONDITIONS

Shoulder pain is a very common complaint, and there are many typical causes of the problem. It is vital to make an accurate diagnosis of the cause of your symptoms so that appropriate treatment can be applied. If you have shoulder pain, some common causes will be:

- **Bursitis | Rotator Cuff Tendonitis**

The commonest diagnosis for patients with shoulder pain is bursitis or tendonitis of the rotator cuff.

- **Rotator Cuff Tear**

Rotator cuff tears happen when the tendons of the rotator cuff separate from the bone. Surgery is sometimes required for this.

- **Frozen Shoulder**

This is also called 'adhesive capsulitis; this is a common problem that leads to joint stiffness. Physical therapy and stretching are very important aspects of treatment.

- **Calcific Tendonitis**

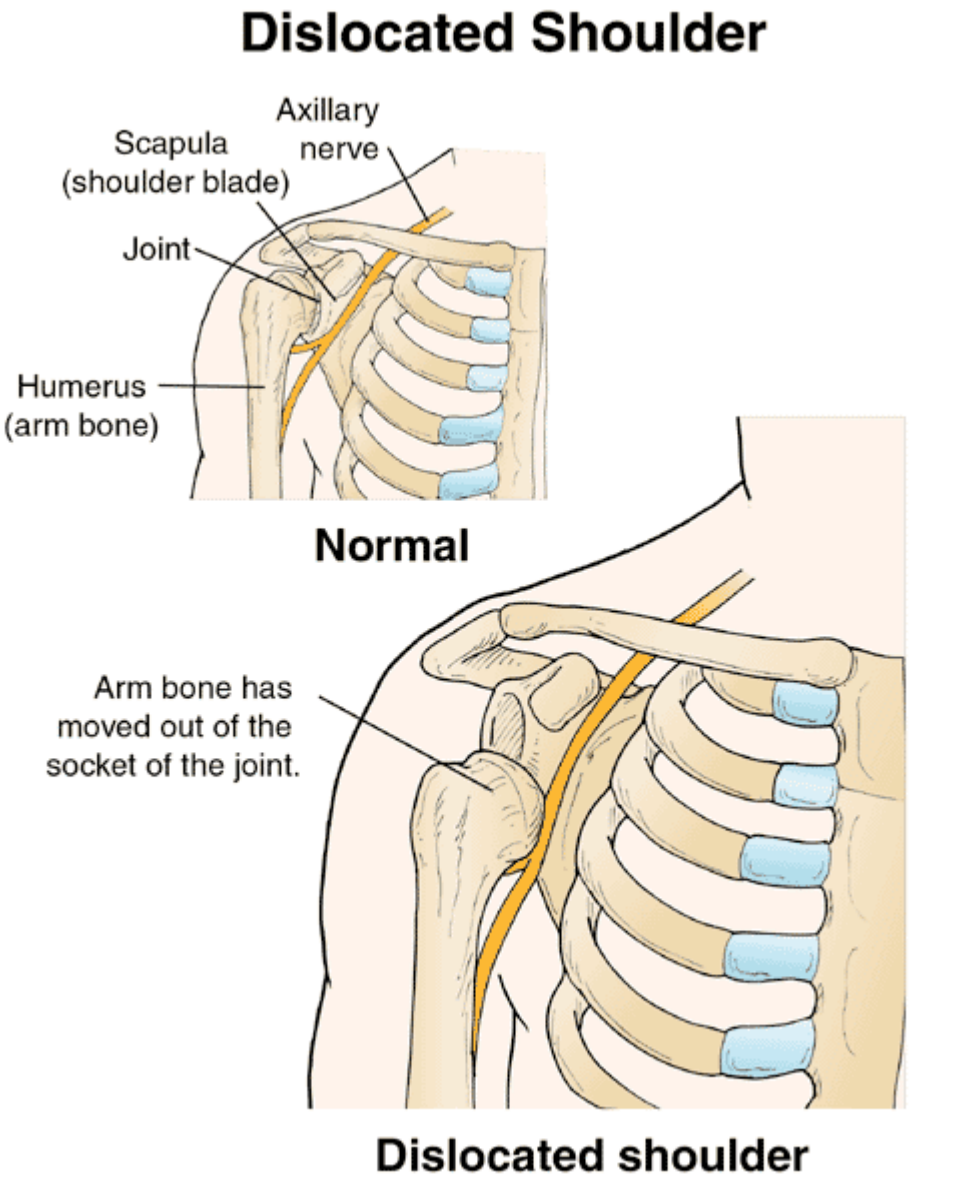
Calcific tendonitis is where there are calcium deposits inside a tendon - most commonly inside the rotator cuff tendons. Treatment depends on the extent of symptoms.

- **Shoulder Instability**

Instability is a problem involving a loose joint. It can be caused by a traumatic injury (dislocation), or may be a developed condition over time.

- **Shoulder Dislocation**

A dislocation is an injury where the top of the arm bone becomes disconnected from the scapula.



- **Shoulder Separation**

Also called an AC separation; these injuries result from a disruption of the acromioclavicular joint. This is a different injury from a dislocation.

- **Labral Tear**

There are several types of torn labrums and the treatment depends on the specific injury.

- **SLAP Lesion**

The SLAP lesion is also a kind of labral tear. The commonest cause is a fall onto an outstretched hand.

- **Arthritis**

Shoulder arthritis is not as common as knee and hip arthritis, but when it is severe it may need joint replacement.

- **Biceps Tendon Rupture**

A proximal biceps tendon rupture is when the biceps muscle tendon ruptures near the joint.

CHAPTER THREE

WHEN TO CALL YOUR DOCTOR

When you are not sure about the cause of your shoulder pain, or if you don't know the specific treatment required for your condition, you should get medical attention. Treatment of these conditions needs to be aimed at the specific cause of your problem. Some signs that you should see a doctor are:

- Unable to carry objects or use your arm
- Any injury that deforms the joint
- Shoulder pain that comes on at night or when resting
- Shoulder pain that lasts more than a few days
- Unable to raise your arm
- Swelling or serious bruising around the joint or arm
- Signs of infection, like fever, redness, or warmth
- Any other unusual symptoms

WHAT ARE THE BEST TREATMENTS FOR SHOULDER PAIN?

The treatment of your shoulder pain depends entirely on the cause of your problem. Therefore, it is most important that you understand the cause of your symptoms before starting a treatment program. If you are not sure of your diagnosis or how severe is your condition, you should get medical advice before starting any treatment.

Not all the treatments listed here are appropriate for every condition, but one may be helpful in your situation.

- **Rest:** The primary treatment for many common conditions that cause shoulder pain is to rest the joint, and allow the acute inflammation to die down. It is important, however, to be careful when resting the joint, because lengthy lack of movement can bring about a frozen shoulder.

- **Application of Ice and Heat**: Ice packs and heat packs are two of the most commonly used treatments for shoulder pain. So which one would be the correct one to use, ice or heat? And for how long should ice or heat treatment last? Read on for further information about these treatments.
- **Stretching:** Stretching the muscles and tendons surrounding the joint can assist with some causes of shoulder pain. Establish a good routine and by following some specific suggestions you will be helped on your way to recovery.
- **Physical Therapy**: Physical therapy is an extremely useful part of treatment of almost all orthopedic conditions. Physical therapists use specific programs to regain mobility, increase strength and help to return patients to pre-injury levels of activity.
- Some specific exercises may help you to strengthen the muscles around the joint and relieve some of the pain occurring with many conditions.
- **Medication**: Non-steroidal anti-inflammatory pain medications, referred to as NSAIDs, are among the most frequently prescribed medications, especially for patients with shoulder pain caused by problems like arthritis, bursitis, or tendonitis.
- **Cortisone Injections**: Cortisone is a powerful medication that reduces inflammation, and that is a common problem for patients with shoulder pain. Discuss with your doctor the potential benefits of a cortisone injection for your shoulder pain.

Recommended exercises

Below are the recommended exercises (some illustrated) for optimal shoulder health. Using resistance tubing, perform 30 repetitions with each arm. Increase resistance in training as needed, but continue to use low resistance as a warm-up routine.

Secure the tubing to an immoveable object at the height of the your fingers when your arm reaching up. With the tubing taut, perform the following:

- **Throwing acceleration** – Face away from the tubing anchoring point and grasp the tubing overhead, thumb facing up. Pull the arm down and across the body toward the opposite hip and slowly return to the starting position (*see figure 3*).
- **Shoulder extension** – Stand facing the anchoring point and grasp tubing with extended arm forward. Pull straight back on the tubing keeping the elbow straight, and extend the arm behind you as far as possible. Return to the starting position, maintaining form.

Now secure the tubing to an immoveable object at the level of your fingertips with arms at your side.

- **External humeral rotation** – With the arm abducted to 90 degrees and the elbow flexed at 90 degrees, face the anchoring point with the arm in maximal internal rotation. Rotate the shoulder into full external rotation, keeping the elbow and arm flexed (*see figure 4*).
- **Throwing deceleration** – Stand facing the anchoring point with the shoulder flexed 30 degrees. Move the arm into the cock-up position as if to throw, with the scapula retracted, arm and elbow at 90 degrees, and shoulder fully externally rotated. Move in a controlled way through the throwing motion and return the arm to 30 degrees of flexion.
- **Shoulder flexion** – Face away from the anchoring point and begin with arm straight and shoulder fully extended. Move the shoulder into the fully flexed position, keeping the arm straight and the thumb moving upward.
- **Scapular row** – Facing towards the anchor point, begin with elbow extended, shoulder flexed and scapulas fully protracted. Pull back on tubing by squeezing the scapulas and flexing the elbows to 90 degrees. Return to starting position in a controlled manner.
- **Scapular punch** – Face away from the anchor point with arms by your side, elbows flexed and scapulas squeezing together. Punch forward, extending elbow, flexing shoulder and pushing forward with scapula.

Remove tubing from anchoring point and stand with feet on center of tubing:

- **Full can** –Abduct arm away from the side of the body, with thumb facing upward, in the **scapular plane** until arm is flexed 90 degrees. Return to starting position (*see figure 5*).

JargonBuster

Scapular Plane
The natural plane of movement of the scapula that is approximately 30 degrees forward from the side of the body and places the least amount of stress on the shoulder capsule and ligaments (*see figure 5*)

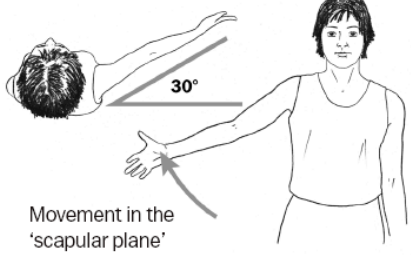
Include the following stretches in your routine:

- **Chest stretch** – Lie on your back with knees bent, feet on the floor, and arms stretched out to either side. Let your knees fall to the side, keeping the opposite shoulder as close to the ground as possible. If needed, a partner or sandbag can help anchor the shoulder. Hold for one minute, and repeat on both sides two times.
- **Posterior capsule stretch** – With arm, reach around front of body and try to touch the opposite shoulder blade. With the free hand, apply gently pressure to the reaching elbow in the back and upward direction. Hold for one minute. Repeat with other arm (*see figure 6*).

Fig. 3: Throwing acceleration

Fig. 4: External humeral rotation

Fig. 5: Full can exercise and showing 'scapular plane'



Movement in the 'scapular plane'

Fig. 6: Posterior capsule stretch

CHAPTER FOUR

SHOULDER PAIN TREATMENT BASICS

Physical Therapy

When To Exercise Your Shoulder:

✓ Shoulder exercises are useful in treating many of the common causes of shoulder pain. Shoulder exercises also are part of the typical rehabilitation from almost any shoulder surgery.

✓ Shoulder exercises need to be done under the guidance of a physician to make sure that the right muscles are being targeted for your problem. If surgery has been done it is also important to only perform exercises that will not unduly stress surgical repairs in the shoulder.

Why Shoulder Exercises Should Be Done:

✓ Shoulder rehabilitation focuses on the two most important aspects of shoulder motion: flexibility and strength. Without an adequate range of motion, many everyday tasks cannot be performed. Patients typically have shoulder stiffness when having difficulty reaching behind the back, buckling seatbelts, or combing their hair.

✓ The second most important aspect of shoulder exercises is strengthening the muscles around the shoulder. It is important not to stress the rotator cuff muscles of the shoulder. These muscles may be liable to injury and inflammation if incorrect exercises and activities are performed.

Stretching A Stiff Shoulder:

✓ Stretching is not only a key part of preparing for exercise programs, but in many instances of shoulder pain, stretches are by far the most important part of

treatment. Shoulder conditions frequently involve shoulder stiffness. Stretching exercises help to loosen those muscles surrounding the shoulder joint.

- ✓ The commonest cause of stiff shoulders is adhesive capsulitis, popularly termed a frozen shoulder. This condition can come on independently, or as a result of immobilization after shoulder injuries or shoulder surgery. Shoulder stretches are crucial for treatment and avoidance of a frozen shoulder.

Simple Shoulder Exercises:

- ✓ With numerous shoulder injuries, and also with post-surgical patients, exercises using the rotator cuff may be avoided to preclude stress on these shoulder muscles. Therefore, it is vital to understand a few methods to safely work the upper extremity, without stressing the rotator cuff.

- ✓ The simplest of shoulder exercises are called pendulum exercises. These are done by bending forward to allow your arm to hang down towards the ground. Small circles are made with the hand, allowing the momentum to carry the arm around effortlessly.

Strengthening The Rotator Cuff:

- ✓ The rotator cuff is the group of four muscles and tendons surrounding the shoulder joint. Injuries to the rotator cuff are the commonest cause of shoulder pain. It is essential to know from your doctor if it would be safe to exercise the rotator cuff, especially after surgery. In these situations, the rotator cuff may need resting until healing has progressed enough.

- ✓ The rotator cuff muscles are not the large lifting muscles of the upper back and arms. The rotator cuff muscles may be exercised with little or no weights. If more weight is being used, the exercises are probably not being done correctly.

We can help with all these exercises. Call us now to arrange an assessment.

Ice and Heat Treatment

Ice packs and heat pads are two of the commonest used treatments in orthopedics. So, which one will be the right one to use for your injury, ice or heat? And for how long should they last? Read on for more information about the treatment of injuries with ice packs and heating pads.

Ice Treatment

- ✓ Ice treatment is most often used for acute injuries. If you have had a recent injury (within the last 48 hours), where there is swelling, you should be use ice treatment. Ice packs can help reduce swelling around the injury.
- ✓ Ice packs are often used after injuries like ankle sprains. Applying ice packs early and often for the first 48 hours will help to reduce swelling. Lessening swelling around injuries will help to control the pain.
- ✓ Ice treatments also may be used in chronic conditions, such as overuse injuries in athletes. In these cases, ice the injured areas *after activity* to help control inflammation. Never apply ice to chronic injuries before activity.

Heat Treatment

- ✓ Heat treatments are used for chronic conditions to help to relax and loosen tissues and stimulate blood flow to the area. Use heat treatments for chronic conditions, such as overuse injuries, before taking part in activities.
- ✓ Don't use heat treatments after the activity, and don't use heat after an acute injury. Heating tissues can be performed using a heating pad, or even a hot, wet towel. When using heat treatments, be careful to use only moderate heat for a limited time to avoid burns. Never leave heating pads or towels on for long periods of time, or while asleep.

Ice or Heat?

Ice or Heat?		
	Ice	**Heat**
When To Use	Use ice after an acute injury, such as an ankle sprain, or after activities that irritate a chronic injury, such as shin splints.	Use heat before activities that irritate chronic injuries such as muscle strains. Heat can help loosen tissues and relax injured areas.
How To Do It	Read through the information on how to ice an injury. There are several ways to ice an injury.	Heating pads or hot wet towels are both excellent methods. Place a washcloth under hot tap water and then apply to the injured area.
For How Long	Apply ice treatments for no longer than 20 minutes at a time. Too much ice can do harm, even cause frostbite; more ice application does not mean more relief.	It is not necessary to apply a heat treatment for more than about 20 minutes at a time. Never apply heat while sleeping

Please contact us to learn more about the following exercise procedures

Stretching Out

Stretching before exercising is an important, and frequently neglected, step in your workouts. A good routine should be established, and if you follow the suggestions below you will be helped on your way.

- ✓ **Difficulty:** Average
- ✓ **Time Required:** 20 minutes

- **Know your sport**

Whether you're in the gym, on the track, or anywhere else, it's necessary to know what will be involved in your workout. Understanding just which muscles will be worked is the only way to know best how to stretch out.

- **Focus on those muscles**

While a good overall routine is useful, your emphasis ought to be on the muscles that will be the most heavily involved in the workout.

- **Warm up *before* stretching**

Just some easy walking or light jogging will be enough to warm up the muscles, but it will ensure the stretching session is much more valuable.

- **Begin slowly**

No need to touch your toes right away: Start slowly and push yourself as your muscles loosen. Stretching too much, or too soon, can be painful and possibly harmful.

- **Hold the stretch**

Once you feel that your muscles are reaching their limit, hold the position for a count of 10. Then push yourself a little more and hold again for a count of 10.

- **Don't rush your stretching routine**

If you're going to have to shorten your workout, don't cut out or shorten the stretching. This is more important than an additional set of reps or another half mile.

- **Do it again**

Once you've finished working out, stretch again. Not only is this an excellent way to

cool down after your workout, but this is the very time you will improve your flexibility the most.

Tips:

- **Don't bounce!**

You will get the finest stretch, and avoid injuries if you avoid bouncing. Instead, hold the stretch, feeling a constant pull in the muscles.

- **Stretch both sides.**

Many have a tendency to under-stretch the 'good' side after an injury. Use the same stretches, for the same length of time, for each side of your body.

- **Get professional help.**

Gym trainers, exercise instructors and physical therapists, all will know fantastic ways to stretch. When you're getting going, have somebody knowledgeable watch your routine and offer suggestions.

Schedule an evaluation with us so we can help you with these exercises

CHAPTER FIVE

TREATMENT MEDICATIONS

Anti-Inflammatory Medications

Non-steroidal anti-inflammatory pain medications, often referred to as NSAIDs (pronounced en-sayds), are some of the commonest prescribed medications, especially for patients having orthopedic problems such as arthritis, bursitis, and tendonitis. These medications can be purchased over-the-counter (e.g. Ibuprofen, Motrin, Aleve) or as a prescription (e.g. Celebrex, DayPro, Relafen). NSAIDs are effective at pain relief (analgesia), and at reducing swelling (anti-inflammatory).

How do NSAIDs work?

Medications that reduce inflammation are in two major categories:

- Steroids (e.g. Cortisone)

- Non-Steroidal Anti-Inflammatory Medications (NSAIDs)

Steroid drugs are a derivative of a natural hormone produced by the body. These medications can be given by mouth, systemically, or as on the site in the body injections, as is typically used in orthopedics.

NSAIDs work to block the effect of an enzyme called cyclooxygenase. This enzyme is vital for your body's production of prostaglandins. Prostaglandins cause swelling and pain in a condition such as arthritis or bursitis. Therefore by interfering with cyclooxygenase, you reduce prostaglandin production, and decrease the pain and swelling that comes with these conditions.

Simple, right?

Well, no, there's more to it. Prostaglandins have also other important functions in the body. One kind of prostaglandin (there are many varieties) helps to line the stomach with a protective fluid (gastric mucosa). When the production of this protective fluid is reduced, some people are at risk for getting stomach ulcers.

What is different about the new NSAIDs?

In the past few years, some newer medications have come onto the market; these are commonly referred to as COX-2 inhibitors. Remember, all NSAIDs work against cyclooxygenase (COX). Traditional NSAIDs (e.g. Ibuprofen, Motrin, Aleve) work against both COX-1 and COX-2. COX-1 and COX-2 are both types of cyclooxygenase enzymes that function in your body. The new medications (e.g. Celebrex) work primarily against COX-2, and allow COX-1 to function normally. Because COX-1 is more important in producing the protective lining in your gut (gastric mucosa), these newer NSAIDs are thought to have less risk for causing stomach ulcers.

That being said, the newer NSAIDs have not been demonstrated to work any better against the COX-2 enzyme. Therefore, the COX-2 inhibitors have the advantage of having fewer side-effects, but not better relief from symptoms.

What are the side-effects of NSAIDs?

NSAIDs can be obtained over-the-counter, but that doesn’t mean they do not have potentially serious side-effects. The commonest side-effect is irritation of the stomach.

The cause of this is believed to be due to their effect on the stomach lining. If the irritation is severe, it may cause bleeding ulcers, and potentially serious complications. Before taking NSAID medications you should talk to your doctor. Be sure to let your doctor know about other medical problems you have, especially high blood pressure, asthma, kidney, or stomach problems. Additionally, let your doctor know about other medications you may be taking, and if you have any allergies to medications.

NSAIDs should NOT be used if:

- You are pregnant
- You are breastfeeding
- You have a history of stomach ulcers
- You are taking blood thinning medication

NSAIDs should be used only under CLOSE physician supervision if:

- You have asthma
- You have liver problems
- You have heart problems
- You have kidney problems

Which NSAID is best?

Many patients are prescribed non-steroidal anti-inflammatory medications for a number of common orthopedic conditions including arthritis, bursitis and tendonitis. These medications are particularly useful because they help to decrease pain, and they also help to control swelling and inflammation.

Are Prescription NSAIDs better?

- ✓ NSAIDs are available both over-the-counter and by prescription. It is very significant to understand that while there are differences between prescription and non-prescription NSAIDs, these differences are not in their strength or potential to relieve symptoms. Many patients find they get the best results from over-the-counter NSAIDs.

- ✓ There has been no study done showing that newer NSAIDs (the so-called COX-2 inhibitors), prescription NSAIDs, or more expensive NSAIDs treat pain or swelling any better than more traditional NSAID medications. Most of the research evaluating the effects of NSAIDs has been done using over-the-counter ibuprofen.

Why take different NSAIDs if one is not 'better'?

- ✓ Often patients will get a different result with different medications. This could be the reason why some medications have helped your symptoms while others do not have the same effect. This is not unusual, and it is hard to predict which medications will give most benefit to a given individual. The best way to find out which NSAID is the best for you is to try the different options. Often physicians will recommend one NSAID, and if an adequate relief of the symptoms is not found within a few weeks of treatment, another NSAID will be tried.

- ✓ One of the better reasons to think about asking for some of the newer, prescription only medications, such as Celebrex, is that these can be taken as only once-a-day doses rather than three or four times daily. In addition, the COX-2 inhibitors are believed to have less side-effect involving the stomach. Because of the possible lower risk for stomach problems, many doctors will prescribe the COX-2 inhibitors for those who have risk factors for bleeding or stomach ulcers.

Cortisone Injection

Cortisone is a kind of steroid that is naturally produced by a gland in your body (adrenal gland). Cortisone is released from the adrenal gland when your body is stressed. Natural cortisone is released into the blood stream and is fairly short-acting. Injectable cortisone is produced synthetically and has numerous different trade names (e.g. Celestone, Kenalog, etc.), but is a close derivative of your body's own steroid. The most significant differences are, firstly, that synthetic cortisone is not injected into the blood stream, but into the particular area of inflammation. Secondly, the synthetic cortisone is meant to act more strongly and for a longer time (days instead of minutes).

How does the cortisone injection help?

Cortisone is a powerful anti-inflammatory medication. It is not a pain relieving medication; it only treats the inflammation. When pain is lessened due to cortisone it is because the inflammation is reduced. By injecting cortisone into the particular site of inflammation, high concentrations of the medication can be given whilst keeping potential side-effects to a minimum. Cortisone injections usually act within a few days, and the effects can last as long as several weeks.

What are some common reasons for a cortisone injection?

Many conditions where inflammation is an underlying problem are able to be affected by cortisone shots. These include, but are definitely not limited to:

- Shoulder Bursitis
- Arthritis
- Trigger Finger
- Tennis Elbow
- Carpal Tunnel Syndrome

Does the cortisone injection hurt?

The injection can be a bit painful, especially when given directly into a joint, but in skilled hands it is usually well tolerated. Often, the injection can be done with a very small needle that causes only slight discomfort. However, sometimes a bit larger needle needs to be used, especially when your physician is trying to remove fluid through the needle before injecting the cortisone. Numbing medication, such as Lidocaine or Marcaine, is often injected along with the cortisone to provide some temporary relief to the affected area. Also, anesthetics applied at the very spot can help numb the skin at the site of the injection.

Are there any side effects?

Yes. Probably the commonest side-effect will be a 'cortisone flare,' when the

injected cortisone crystallizes causing a brief period of pain that is worse than the pain before the shot. This usually lasts only a day or two and the best remedy is to ice the injected area. Another common side-effect is whitening of the skin at the injection site. This concern is only for people with darker skin, and is not harmful, but patients need to know about this.

Other side-effects of cortisone injections, although rare, can be serious. The most disturbing is infection, especially when the injection is given into a joint. The best prevention for this is a careful injection technique, with sterilizing of the skin using iodine and/or alcohol. Also, diabetic patients may have a short term increase in their blood sugar which they should look out for closely. Because cortisone is naturally occurring, true allergic responses to the injected substance do not take place. However, it is possible to be allergic to other aspects of the injection, commonly the betadine that many physicians employ to sterilize the skin.

Can I get a cortisone injection more than once?

Yes. There is no fixed rule as to how many injections can be given. Often physicians do not like giving more than three, but there is no specific limit to the number of shots. However, there are practical limitations. If a cortisone injection wears off quickly or doesn't help the problem, then repeating it may not be worth doing. Also, studies with animals have shown weakening of tendons and softening of cartilage following cortisone injections. Repeated injections multiply these effects and increase the risk for further problems. This is why many physicians put a limit on the number of injections they give a patient.

CHAPTER SIX

SHOULDER PAIN ASSESSMENT

Finding an orthopedic surgeon can be difficult. Here are some steps to complete if you don't know where to next to turn.

- ✓ **Difficulty:** Easy
- ✓ **Time Required:** 15 minutes
- ✓ **Here's How:**

- **Talk to your primary care doctor.**

He or she will know of the best doctors in your area, and will have experience in referring other patients to local orthopedists.

- **Talk to your friends.**

For common conditions such as arthritis, ACL surgery, etc., it is likely you'll have co-workers, family, or friends, who know the local orthopedists and will have had firsthand experience.

- **Check out your doctor online.**

The American Medical Association and the American Academy of Orthopedic Surgeons both have databases accessible online. There are also web databases of physicians that have excellent search features to help you research about your doctor.

- **Ask tough questions.**

Don't be afraid to query your doctor's credentials and experience. **Consider a second opinion.**

Did you fail to find what you were looking for? Do you want to be sure about what you heard? Don't delay seeking a second opinion, just to make sure.

- **Trust your instincts**

If your meeting with your doctor doesn’t go well it doesn't mean that they're a bad doctor or that you're a bad patient, but it may mean the two of you don't work together in the best way.

Tips:

- **Don't try to find the 'best' doctor.**

There are too many meanings for 'best' and too many ‘great’ doctors. Sure, look for an experienced, well-thought of surgeon, but also look for somebody you work well with and whom you can trust.

- **Stick with it.**

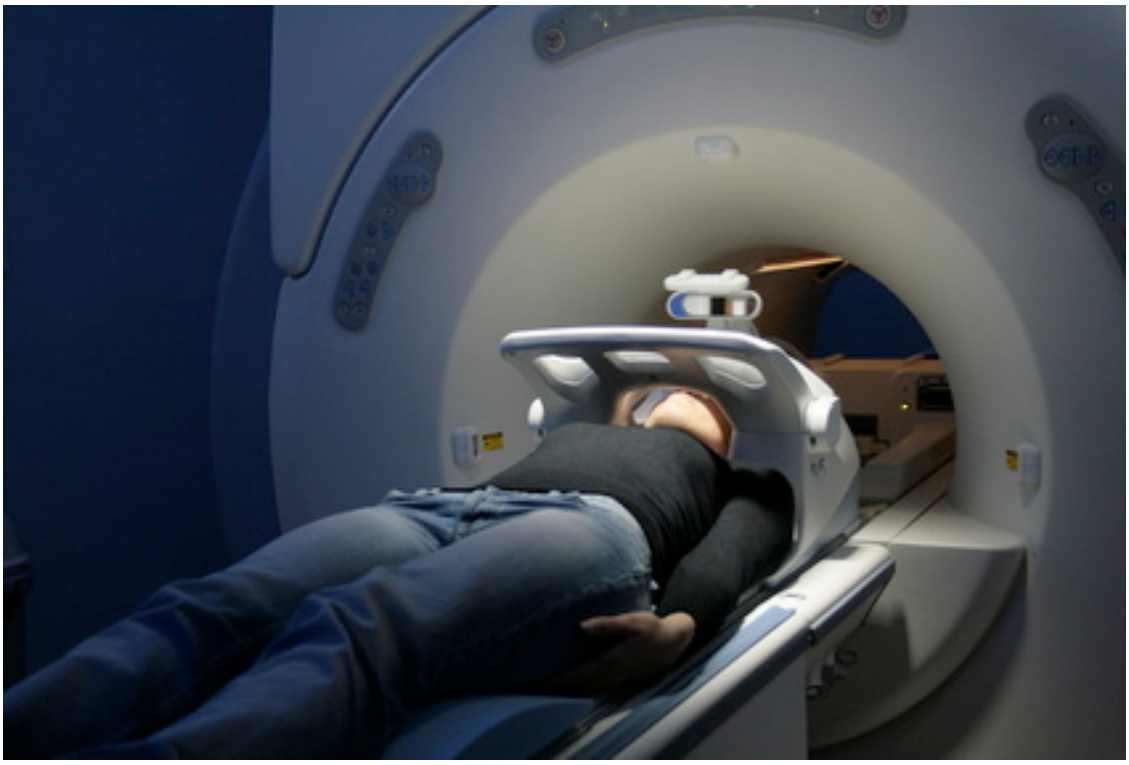
Although seeking a second opinion is beneficial, having too many opinions can cloud your thinking. Also, working with a doctor might need many visits over months or years. Moving around will make this process more difficult.

CHAPTER SEVEN

DO I NEED AN MRI?

Magnetic resonance imaging, or MRI, is a useful tool for orthopedic surgeons. An MRI is useful for diagnosing many common orthopedic problems. However, an MRI is not always necessary, and may not be helpful in some situations. Patients are sometimes upset because their doctor does not order an MRI, and may feel they are getting less than adequate medical care.

There are several reasons why your doctor may not order an MRI; hopefully some of these will be explained here.



- **An MRI is not always the most accurate test**

Obtaining an MRI is useful in diagnosing many conditions, but not in every case. For example, the sensitivity of an MRI in diagnosing an ACL tear is about 90%; that implies that 10% of ACL tears will not be seen on MRI. The sensitivity of finding an

ACL tear by physical examination by an experienced orthopedic surgeon is also about 90%. Therefore, it may not be essential to obtain an MRI if the diagnosis can be just as reliably made by other methods. This is particularly true of problems where MRI is l*ess* helpful than some other methods of diagnosis.

An MRI may not be helpful at all

MRIs are not helpful at all for some conditions, such as advanced arthritis of the knees or hips. In these conditions, sure enough, the MRI would show abnormalities, but these abnormalities would be much better shown by regular X-rays. MRIs are not better than X-rays, bone scans, or other tests. an MRI is just another test; MRIs are more useful in some situations, and less useful in others. Part of being a good orthopedic surgeon knows what the ideal test in a given situation is; an MRI may not be the right, or the best, test.

- **An MRI is often not the first step**

The treatment of most orthopedic conditions is step by step. Usually treatment starts with simple steps in an attempt to solve the problem with as little disruption as possible to the patient. As treatment progresses, likewise the diagnostic investigation advances. This is the way problems are solved. Ordering every possible test during an initial assessment may be required in some situations, but is not a sensible way to proceed in most cases. Ordering unnecessary tests early on in treatment rather than proceeding deliberately and logically can cause more confusion and trouble and may even delay the correct treatment.

- **An MRI is simply a diagnostic tool, not a treatment**

An MRI gives some patients peace of mind, but of itself will do nothing to change the symptoms of your condition. Many people say, "I need an MRI because it still hurts." Keep in mind, the problem itself *does not change* because an MRI is done. It is true that an MRI may help to guide treatments, but, as described above, an MRI doesn't necessarily help in all situations.

This is not meant to discourage the use of MRIs or minimize the usefulness of them. These are incredibly useful tests to be done ***in the right situation***. If you think you need an MRI, ask your doctor. He or she ought to be able to explain to you why you do, or don't, need one.

We can help with advice on all these matters

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