

# ADVANTAGE THERAPY INDUSTRY UPDATE

April 2016

A Courtesy Publication for the Monett area HR/Safety Community

## Sprains & Strains: What's the difference?

Does seeing the term “shoulder injury” at a glance make you cringe? In the work comp world, shoulder injuries can turn into costly claims involving surgery and long-term rehabilitation. Often times, shoulder injuries begin as sprains or strains and can be treated with conservative, non-operative treatment.

In this month's Industry Update, we'll review sprains and strains as well as other factors that can contribute to shoulder injuries in the workplace.

### *Shoulder Sprain*

A **sprain** is a stretch and/or tear of a ligament, a strong band of connective tissue that connect the end of one bone with another. In the shoulder complex, common sprains involve the supporting ligaments of the joint between the end of the collar bone and the shoulder blade - the acromioclavicular (AC) joint.

Shoulder sprains can occur during repetitive reaching or lifting activities, or with falls onto the shoulder.

Treatment for mild sprains includes RICE (Rest, Ice, Compression, Elevation) and exercises to improve muscle balance, preserve joint mobility, and provide support for ligaments.

### *Shoulder Strain*

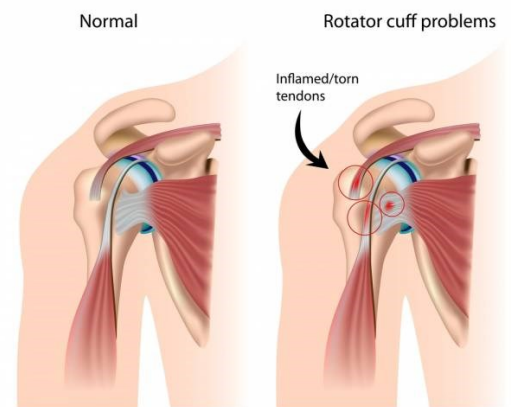
A **strain** is an injury to a muscle and/or tendons. Tendons are fibrous cords of tissue that attach muscles to the bone. Typical symptoms of a strain include pain, muscle spasm, muscle weakness, swelling, inflammation, and cramping.

Strains are common when a pushed, pulled, or lifted object suddenly gives way. They can also be wear-and-tear injuries or a result from reaching out during a fall.

Treatment for strains can be similar to treatment of sprains, however severe cases may require surgery to repair a tear.

### *Factors complicating work-related shoulder injuries*

- Weekend Warriors: You may have several of these on your production floor. These are the turkey hunters, co-ed softball players, golfers, and master landscapers.
- Older population: It's no surprise that the labor population is an aging population. Older tissues heal differently and require specific care.
- Smoking population: There is correlation between smoking and rotator cuff disease, among other shoulder injuries. It is well known that patients who smoke cigarettts do not heal as quickly as the non-smoking population.
- Poor posture: The majority of patients who come to Advantage Therapy for shoulder issues (surgical & non-surgical) have poor posture. Proper ergonomics leads to proper posture and decreases the risk for injury.
- Stiff muscles: Chances are, your work force arrives for their shift, clocks in, and begins work. Without a “work warm up” regimen to prep the muscles for work, your worker is more susceptible to injury. A certified ergonomics specialist (often a PT or OT) can evaluate a work area and help establish a pre-work stretch routine for your team.



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## Applying the research in a real-world scenario

### **BACKGROUND INFORMATION**

Patient is a 66 year-old male, working in a poultry production facility. Job duties include moving boxes for stocking.

**Physician's diagnosis:** Disorder of AC joint, partial thickness rotator cuff tear, glenoid labrum tear.

**Patient's symptoms:** Limited range of motion, soreness, and pain than ranges from 2-9/10. Pain increases with overhead movements and reaching. Reports burning pain that radiates into neck, and headaches that correspond with increase in shoulder symptoms.

**Prior treatments:** Injection in posterior shoulder. 10-15 lb. lifting restriction.

### **Case Example**

A orthopedic surgeon referred this patient to Advantage Therapy for conservative care, with the goal of avoiding surgery, following a slip-and-fall on ice on the floor in the production facility.

At Advantage, the patient received a combination of standard physical therapy strengthening exercises and hands-on manual therapy techniques to regain full range of motion and eliminate pain symptoms.

After 6 PT visits, the patient reported his pain as no more than 5/10. Active range of motion and strength measurements were normal. Six more PT sessions were ordered to focus on improving muscle guarding, mechanics, posture, and to practice functional movements to promote full return to work.

After 12 PT visits, the patient reported no pain during therapy exercises or daily activities. The patient was discharged from therapy and given a home exercise program and instructions on correct ergonomics.

He returned to full duty and did not require surgery.



*Every company, every injury, and every patient is unique. If you are not receiving excellent care and service from your work comp therapy provider, make a change! We would be happy to meet with you to discuss your needs.*

*Please contact Andrea Graddy at 417-889-4800.*

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