A photograph of a man with a beard, shirtless, holding his right shoulder with his left hand. He has a pained expression on his face, with his teeth bared. A red, glowing area is visible on his shoulder, indicating pain or inflammation. The background is white.

# Understanding Unresolved Shoulder Pain

A report on soft tissue dysfunction that creates shoulder pain and  
is often left untreated

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# The #1 Reason Your Shoulder Pain Isn't Getting Better After Treatment...

is because the cause of your pain is likely an issue with the soft tissue that was either not addressed or improperly treated.

There's no question that standard treatments such as corticosteroid shots, physical therapy, and even relaxation massage can help relieve shoulder pain. But there are many cases where these standard treatments do not produce improvement, or the relief they provide is only temporary and the pain returns in full force.

In any chronic condition, the soft tissue will develop abnormalities that create a decrease in blood flow to the area, increased muscular tension and ultimately pain. MANY times these abnormalities are the primary source of shoulder pain. Therefore, when identified and properly treated, the results can be PHENOMENAL!

**There are four things that MUST be assessed, identified and treated when dealing with shoulder pain.** When they are not, the result of many treatments fall short of full resolution. These four things are:

1. Nerve irritation
2. Cutaneous reflex zones
3. Connective tissue zones
4. Active trigger points

Let's talk about what these mean.

## #1: Nerve Irritation

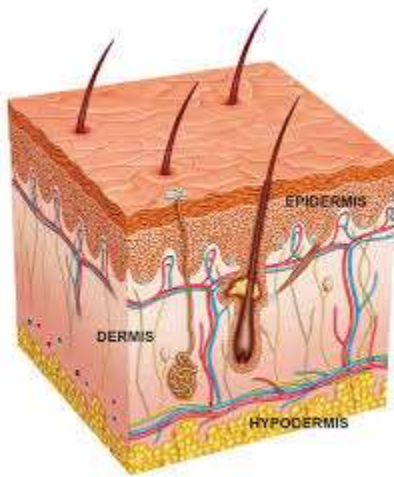
As a result of trauma, repetitive overuse or postural problems, the muscles in the upper back and neck become tight. When this happens, it puts pressure around the nerves that innervate the shoulder, arm and hand. This "slight irritation" will not be felt in the area of irritation, but will result in numbness, tingling or pain somewhere in the shoulder, arm or hand.



You may have felt tingling in your shoulder from time to time and ignored it, and now you have shoulder pain. That is because the slight irritation of the nerve was never dealt with and now there is additional pressure from increasingly tensed skeletal muscle(s) that results in pain. Nerve irritation

can be present even without recognizable symptoms, as the first stage is decreased sensation that goes completely unnoticed.

Also understand that when nerve irritation is present, the condition will likely continue to worsen unless you stop all offending activities or it is treated.



## **#2: Cutaneous Reflex Zones**

These are abnormalities that form in the skin. Cutaneous reflex zones are often the first sign of a problem to come. They include:

- Areas of rough skin
- Hot, cold, pale or red areas on the skin
- Skin that is hypersensitive to the touch
- Numbness or tingling
- Cutaneous trigger points
- Edema

As mentioned earlier, tingling and numbness are important signs that something is wrong. These sensory disorders usually develop at the end of a nerve's innervation. So with shoulder pain, if the axillary nerve is irritated, the symptoms will show up in the shoulder muscles (deltoid muscle) where that nerve's innervation ends. If the muscles that are creating pressure around the axillary nerve continue to tighten, other nerves in the brachial plexus may also be affected. In this case, you may get symptoms all the way down your arm and into your hand.

Edema (swelling) is typically addressed in therapy, but if it lingers, it will cause a pulsating type of pain. Cutaneous trigger points are areas in the skin that cause a burning type of pain.

So whether a cutaneous reflex is simply a change in the skin or actually causes a sensory symptom, it is important to address the CAUSE of the abnormality, which may be nerve irritation and/or chronic tension in the muscles and connective tissue.

**#3: Connective Tissue Zones-** There are many types of connective tissue in the body, but here we are going to talk about **fascia**. Fascia is a type of connective tissue that is continuous throughout your body. The superficial fascia separates the skin from superficial skeletal muscle. The deep fascia separates superficial muscles from deeper layers of muscle.

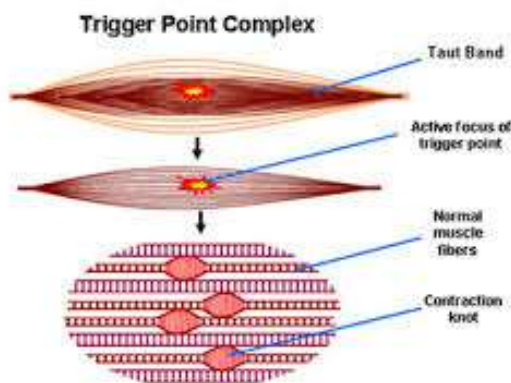


When there is pain, you can bet the fascia is also involved. In the areas of dysfunction, the fascia will become tight and bound down. This causes:

- Local ischemia, an inadequate supply of blood flow to the area
- Increased tension in underlying muscles
- A restriction of natural movement in the area

**If the connective tissue is not treated during therapy, problems with the muscles beneath the tissue will persist.**

**#4: Active Trigger Points -** *The **MOST COMMON** source of shoulder pain we see!*



You have probably heard the term "trigger point" before, but may not understand what it is. Without getting too technical, a trigger point is basically a "knot" in the muscle that causes pain. The pain may be local to the area, or refer to other places. **The pain from active trigger points can range from moderate to severe.** Trigger points form in muscles in response to things like nerve irritation, repetitive overuse,

poor posture or post-trauma.

There are many trigger points that can cause shoulder pain, and often multiple trigger points are involved. Prior to becoming active, trigger points can be in a latent state, where they weaken the muscle and create the feeling of muscle stiffness, especially in the morning. But when they become active (anything from stress to weather changes can activate them), they create pain...A LOT of pain.

What I LOVE about trigger points is that when they are treated CORRECTLY, there is immediate relief! Some of the pain patterns caused by trigger points in shoulder muscles include:

- Pain reaching above your head
- Pain reaching behind you (like to put something in your back pocket or to fasten a bra)
- Pain reaching back, as if to get something from the back seat of your car
- Pain bringing your arm out to the side

Really, active trigger points can cause pain with any shoulder movement. Sometimes there is just one very active trigger point to blame. In other cases, several trigger points have developed that need to be treated. The key is a proper assessment!

So remember, all four aspects of soft tissue dysfunction MUST be assessed, identified and treated when dealing with shoulder pain. This report touches on each aspect in a very abbreviated way – there are literally entire books devoted to each of these topics. However, knowledge is power and the better educated you are about your shoulder pain, the better you can find the proper therapy to treat it. You are welcome to share this document with any of your health providers and I hope it's been helpful in explaining the possible causes of your pain!

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## About Shea Shulman, LMT, CMMP, CLT



Ms. Shulman is co-owner of Massage Therapy Connections in Lakewood Ranch, FL where she practices Medical Massage full-time. Since becoming a licensed massage therapist, Ms. Shulman has studied extensively with many renowned instructors and schools, including Erik Dalton (Myoskeletal Alignment), Art Riggs (Integrative Deep Tissue), Aaron Mattes (Active Isolated Stretching), and Whitney Lowe (Orthopedic Massage). In addition, she completed 135 hour intensive course to become one of the few Certified Lymphedema Therapists in her area.

In 2013, Ms. Shulman was introduced to Medical Massage by Dr. Ross Turchaninov MD (UKR), LMT, Founder of The Science of Massage Institute and Editor in Chief of the Journal of Massage Science. She completed 80 hours of live class instruction plus hundreds of hours of home study and hands-on practice to receive her Certified Medical Massage Practitioner designation. Recently Dr. Turchaninov featured Ms. Shulman as the "Person of the Month" in his quarterly online newsletter.

Ms. Shulman's passion is not only alleviating pain for her clients. She is committed to elevating the massage therapy profession by using Medical Massage knowledge, and to working with the medical community to increase awareness of this important manual therapy. She enjoys studying in her free time and teaching the concepts of Medical Massage to other therapists. In 2016, she spearheaded the development of the Manual Therapy Foundation, a nonprofit organization devoted to raising funds to help those who are unable to afford Medical Massage or Lymphedema Therapy. In 2017 she will roll out a project that that will help more therapists understand and integrate Medical Massage concepts in to their practices in order to help more people become pain free.

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### References:

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