

Don't shrug it off

Prevention and early detection are the keys to overcoming shoulder injuries

Dr. Jordan D. Metzl, MD



Jim, a 53-year-old former competitive runner and triathlete, has been working on his swimming over the past few months. Realizing that his aching knees are limiting his ability to put in the same running mileage he used to, he has turned to swimming to help build cardiovascular fitness.

He comes into the office complaining of shoulder pain that he has been experiencing for the past three weeks. “Doc, I love swimming, but my shoulder is hurting. Every time I reach overhead to put on my shirt, it’s pinching. I’m really having problems in the water.”

Jim needs help. Swimming is great for him, and it will also make him a better triathlete, but

what can we learn from his story?

Shoulder injuries are common among triathletes, particularly in athletes such as Jim, who don’t have strong swimming backgrounds. In general, former high-school or collegiate swimmers who turn to triathlon tend to have injuries related to the bike and run portions of training. This is often due to their comparative lack of lower-body muscle development and often-unpolished running technique. In contrast, runners who start swimming later in life can experience injuries related to inefficient stroke mechanics and less developed upper-body strength.

When I examined Jim’s shoulder, I noted he had a positive impingement test, meaning he experienced a pinching sensation when I asked him to lift his arms overhead. Shoulder impingement can occur for any number of reasons. These can include poor swim mechanics, insufficient strength of the rotator cuff and scapular stabilizing muscles and sometimes an underlying injury to one of the tendons that attach to the shoulder bone, or humerus. In some athletes, the shape of the shoulder itself can predispose them to injury.

AN OUNCE OF PREVENTION

So how does an athlete sort all this out, and what can be done to prevent injury? First of all, the key to healthy swimming is good coaching. Learning proper technique, straight out of the gate, is the best way to start. Even for experienced triathletes, shoulder injuries are often caused by mechanical flaws that a good swim coach can spot and prevent.

If an injury such as Jim's has occurred, you should get it checked out early. At the first hint of a sore shoulder, you need to figure out why it's happening. A sports-med doc should be one of your first stops. Once a diagnosis is made, the next step is to see a sports physical therapist who will look for underlying strength insufficiencies and start the process of rehabilitation. In cases where this doesn't work, an MRI can look for underlying soft-tissue injuries, such as a torn rotator cuff tendon or torn cartilage in the shoulder, called a labrum tear.

With Jim, the cause of his shoulder impingement was rotator cuff tendonitis. His shoulder muscles weren't



strong enough to support the amount and intensity of swimming he was doing. With rotator cuff tendonitis causing impingement, excessive force is distributed along the tendon instead of the muscle to which it attaches (tendons connect muscle to bone). The result is tendonitis.

I kept Jim out of the pool for a couple of weeks, and he concentrated on biking and lower-body fitness at the gym. He went to physical therapy, and when I saw him three weeks later he was doing much better.

As Jim continued to swim, he kept doing his shoulder exercises for prevention. He is now swimming without any problems. The moral of the story: shoulder injuries from swimming are easy to fix if the proper game plan is put into place. S

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