



Turning a
**COLD
SHOULDER**
TO
**SHOULDER
PAIN**

Sentara RMH Provides
Leading-Edge Surgery,
Physical Therapy

JOHN SEASE

John Sease was in so much pain that he couldn't sleep at night. During the day it was difficult for him to find a comfortable sitting position. Lifting the lightest of objects could be agonizing. Even something as simple as reaching out and flipping the turn signal of his car was a tormenting—often impossible—task.

And all the frustrating problems he was experiencing were due to a problem with his left shoulder.

A semi-retired architect from Keezletown, Sease had always been active, finding hours of enjoyment in playing racquetball. But the increasing throb in his left shoulder had made many of his activities agonizing. In hopes of addressing the issue, he consulted Dr. Chad J. Muxlow, an orthopedic sports medicine surgeon with Sentara Orthopedic and Sports Medicine Specialists.

“At first we treated the shoulder with a cortisone shot, which relieved the pain for a few months,” recalls Sease. “But the pain came back, and a second cortisone shot didn't help. My shoulder was killing me. It became obvious that simply managing the pain wasn't an option—I had to have surgery.”

A Surgical Solution for a Common Orthopedic Problem

Sease's story isn't an uncommon one. Each year, shoulder discomfort leads about 4.5 million people in the United States to visit their doctors. Of that number, an estimated 250,000 undergo surgery to alleviate what can be debilitating pain and a dramatic loss of range of motion. Results vary, depending upon the patient's condition and the surgeon performing the procedure. But according to Sease, his experience at Sentara RMH was better than he believed possible.

“For me, everything about the surgical process was painless, or very nearly so,” he says. “Before surgery, the anesthesiologist gave me a ‘nerve block,’ which was an injection that numbed the pain in my shoulder. That didn't hurt. Of course, I don't remember anything about the surgery itself. I woke up and went home wearing a sling, with a pillow between my body and my arm.

During the procedure, Dr. Muxlow removed several bone spurs, scraped away calcium that had built up around the tendons, removed a cyst and repaired a 15-year-old rotator cuff tear.

“I took pain medication for three days and ibuprofen for one day,” Sease continues. “After that, I didn't need to take anything at all. I was essentially pain-free from the time I came out of surgery.”

As for the shoulder condition that had been giving him so much trouble, that pain was gone, too.



“It was amazing,” Sease says. “And the only evidence that I’ve had any surgery at all are seven small incision marks, each about the size of the tip of a drinking straw. Today, after having gone through postoperative physical therapy, I have 100 percent usage of my shoulder. I can do everything I used to do, including playing golf and racquetball.”

Dr. Muxlow, who has been at Sentara RMH for nearly five years, performs an average of 350 shoulder surgeries annually. He notes that shoulder surgery today is a far cry from what it once was, thanks to arthroscopic techniques.

“The beauty of arthroscopy—sometimes called ‘keyhole’ surgery—is that it is minimally invasive,” Dr. Muxlow explains. “The arthroscope is a thin viewing tool with a light source and a small camera attached. With it, we can look at every structure within the shoulder and get an excellent indication of what problems need to be addressed. Using that information, we again make small incisions, through which instruments are inserted to fix those problems.”

According to Dr. Muxlow, the obvious advantage of arthroscopy over traditional shoulder surgery is that the joint doesn’t have to be opened up fully. This less invasive method, he says, is known for reducing recovery time and increasing the overall surgical success rate, since the procedure involves less trauma to the connective tissue within the shoulder. There is a cosmetic advantage as well, since there is far less scarring with arthroscopy than with traditional surgery.

When a “Bad Shoulder” Becomes a “Good Shoulder”

Margaret Shady of Rockingham County is another of Dr. Muxlow’s patients whose shoulder pain began to adversely affect her day-to-day life. In Shady’s case, her right shoulder began to throb after 25 years of playing volleyball and another 15 years of West Coast Swing and salsa dancing.

“My right arm is my spinning arm,” she says. “While I can’t hurt my arm by spinning, if you dance with a beginning leader who is rough or drops your arm to a place where it isn’t supposed to drop—well, that can hurt. After about eight or nine years of that, my shoulder just throbbed all the time. I didn’t know what was wrong with it.”

One day during a trip to the gym, Shady met a medical professional who told her he was in the area assisting a physician who happened to be a shoulder specialist.



MARGARET SHADY



MARGARET AND HER
HUSBAND, JOHN DOYLE,
WITH MAY AND DAVE

“He told me about Dr. Muxlow and said that if he ever had a shoulder problem, he would be down here to visit Dr. Muxlow in a split-second,” says Shady. “He said to me, ‘Dr. Muxlow is the only one I really trust.’”

Shady’s problem was caused by damage to her rotator cuff and some trauma to the labrum, the cartilage that forms a cup within which the end of the arm bone moves. Dr. Muxlow employed arthroscopic surgery to repair Shady’s rotator cuff and treat the labrum.

“As of now, my so-called ‘bad shoulder’ is so much better than my ‘good shoulder,’” says Shady. “It’s smooth as silk and works perfectly.”

Like Sease, Shady had to wear a sling for several weeks to immobilize her arm. Also like Sease, she healed quickly and responded well to postoperative physical therapy.

“I had a pretty easy time of it,” she relates. “I never had any problem sleeping during my recovery, and although it was inconvenient having to wear the sling for a few weeks, it wasn’t awfully painful. I didn’t take pain medication for more than three or four days.”

Two months after her surgery, Shady participated in a New Year’s Eve dance, and today she is back to leading an active and pain-free lifestyle.

Every Orthopedic Surgery Case is Unique

Dr. Muxlow says that Sease and Shady represent best-case scenarios for shoulder surgery. He points out that everyone is different, and recovery times and pain levels vary among individuals.

“Generally speaking, I want to see the patient within a week after the surgery, and then usually about every three weeks after that,” says Dr. Muxlow. “As the patient heals, that stretches out to every four to six weeks. Most patients, with postop physical therapy, are completely recovered within four to five months.”

In addition to providing leading-edge shoulder surgery, Dr. Muxlow is an accomplished knee surgeon, and was the first physician at Sentara RMH to perform a meniscus transplant. That surgery—performed on a 19-year-old



college student—also relied on arthroscopy, although a small incision had to be made in order to insert the new meniscus. Six to 12 months are usually required for full recovery from such a procedure, he notes.

However, says Dr. Muxlow, not all patients are eligible for a meniscus transplant.

“It’s not for everyone,” he says. “The cutoff age is generally about 55, and the knee must be mostly free from arthritis. If there’s significant arthritis present, we won’t do the transplant because it simply won’t help.”

As is the case with shoulder surgery, patients who undergo knee surgery must also undergo physical therapy in order to regain full use of their limb. Sentara Therapy Services provides a comprehensive and customized approach to rehabilitation, with highly trained therapists holding specialty certifications in sports medicine, hand therapy, golf, women’s health, aquatic therapy, lymphedema and wound care.

“At Sentara RMH, we treat orthopedic and sports injuries conservatively, meaning that we try all other reasonable options before turning to surgery,” says Dr. Muxlow. “But those patients for whom surgery is the best option can rest assured that we provide safe, high-quality surgical and postsurgical care. Our aim is always to get patients back to their daily activities safely, and as soon as possible.”

Sentara Orthopedics & Sports Medicine Specialists can be reached at 540-689-5500.

SHOULDER SURGERY: *Who Needs It?*



Not everyone, of course, needs shoulder surgery. But the prevailing indications that something may not be quite right—and that a shoulder should be evaluated by a specialist—include:

- **Sleepless nights due to pain.** This includes not being able to sleep, either on the side that hurts or in any other position, due to shoulder pain.
- **Weakness in the affected arm.** When you have a serious shoulder injury, the entire arm generally feels weaker.
- **Pain with and even without physical activity.** A shoulder that is not healing on its own will often hurt at rest and during physical exertion.
- **Limited lifting and reaching abilities.** Lifting objects and extending the arm without pain require healthy shoulders. Like John Sease, who couldn’t even reach out to activate the turn signal in his car, people with severe shoulder problems are significantly impaired in their range of motion and in their ability to lift objects.