

Preface

Shoulder rehabilitation, part I



Mark A. Harrast, MD



Kirsten S. Paynter, MD
Guest Editors



Karen P. Barr, MD

Shoulder pain and dysfunction is probably the third most common musculoskeletal complaint in the general population (after low back and knee pain). Many conditions affect the shoulder, ranging from acute trauma to overuse and degenerative to idiopathic conditions. Shoulder pain and dysfunction span all patient demographics, ranging from active athletes to manual laborers to frail elderly individuals to the chronic neurologically disabled. Because of the ubiquitous nature of shoulder maladies and the many causes, these issues of *Physical Medicine and Rehabilitation Clinics of North America* are dedicated solely to the shoulder to cover the broad spectrum of these ailments.

As with most musculoskeletal disorders, shoulder complaints should be diagnosed and treated early to prevent undue patient disability and expense. Preventive rehabilitation, focusing on proper exercise, posture, and biomechanics, should be stressed to prevent injury or reinjury and to allow patients to be active participants in their health care. When a patient has a shoulder complaint, if caught early enough, it most often can be successfully treated through nonoperative means. Knowledge of shoulder anatomy, the coupling of structure and function, the normal biomechanics of the shoulder articulations, and finally, the pathophysiology of shoulder disorders is the basis for any successful shoulder treatment outcome and is the focus of this issue. These issues also present surgical solutions to some of these problems, to gain a better understanding of other treatment possibilities should nonoperative approaches fail.

Staying true to the multidisciplinary nature of physical medicine and rehabilitation, we have gathered a group of musculoskeletal experts spanning

across disciplines from physiatry, orthopedic surgery, physical therapy, anatomy, and radiology to author the articles in this issue. We hope the May and August issues of the *Physical Medicine and Rehabilitation Clinics* prove useful to the clinician when treating patients with shoulder disorders.

Mark A. Harrast, MD
*University of Washington Medical Center
1959 NE Pacific, Box 356490
Seattle, WA 98195-6490, USA*

E-mail address: mharrast@u.washington.edu

Kirsten S. Paynter, MD
*13400 East Shea Boulevard
Scottsdale, AZ 85259, USA*

E-mail address: painter.kirsten@mayo.edu

Karen P. Barr, MD
*VAPSHCS, RCS_117
1660 S Colombian Way
Seattle, WA 98190, USA*

E-mail address: barrk@u.washington.edu