

FACULTY OF NURSING



Musculo Skeletal Injuries

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Musculo Skeletal Injuries

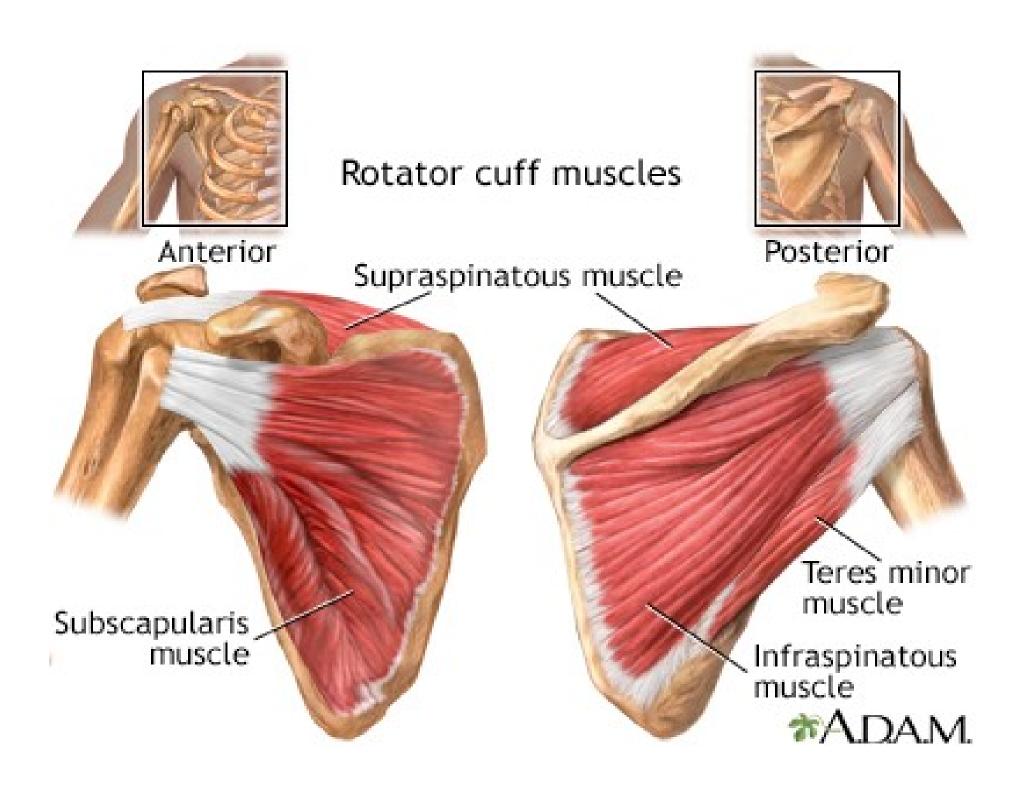
- ROTATOR CUFF INJURY
- REPETITIVE STRAIN INJURY (RSI)
- MENISCUS INJURY

ROTATOR CUFF INJURY

 A tear in a rotator cuff may occur as a gradual degenerative process resulting from aging, poor posture and repetitive stress.

Cont...

 The rotator cuff is a complex of four muscles in a shoulder they are supraspinatus, infraspinatus, teres minor and subscapularis.
 These muscles act to stabilize the humeral head in the glenoid fossa with assisting in ROM of the shoulder joint and the rotation of the humerus.



Clinical Manifestations

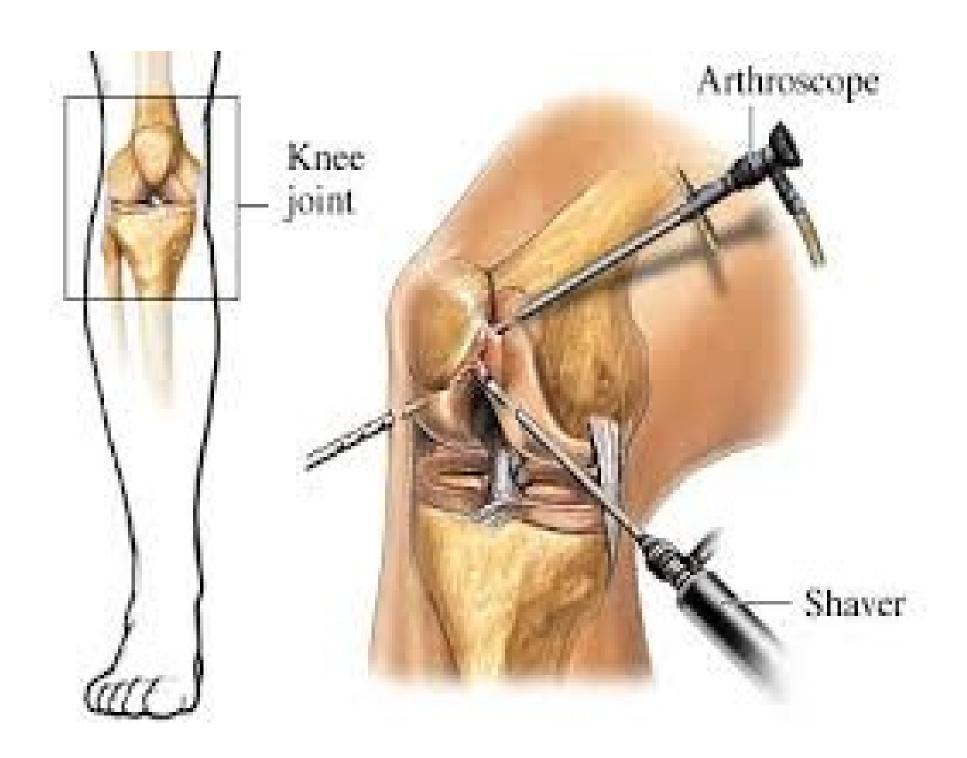
- Patient will complain of
 - shoulder pain and
 - Inability to initiate or maintain abduction of the arm or shoulder.

Diagnostic Evaluation

- X- ray
- History Collection and Physical Examination
- Tear may be confirmed by Arthrogram or MRI

Management

- The goal of treatment is maintaining ROM and return of abduction strength
- Rest
- Ice or Heat application
- NSAIDs
- periodic steroid injection to the joints or
- Surgical repair can be done through arthroscope.



REPETITIVE STRAIN INJURY (RSI)

- It is a cumulative traumatic disorder resulting from prolonged, forceful and awkward movements.
- Repeated movements strain the tendons, ligaments and muscles causing tiny tears that become inflamed.

Risk factors

- Musicians
- Dancers
- Butchers
- Grocery clerks
- Vibratory tool workers.

Clinical Manifestations

- Pain
- Weakness
- Numbness
- Impairment of motor function

Diagnostic Evaluation

- X- ray
- History Collection and Physical Examination

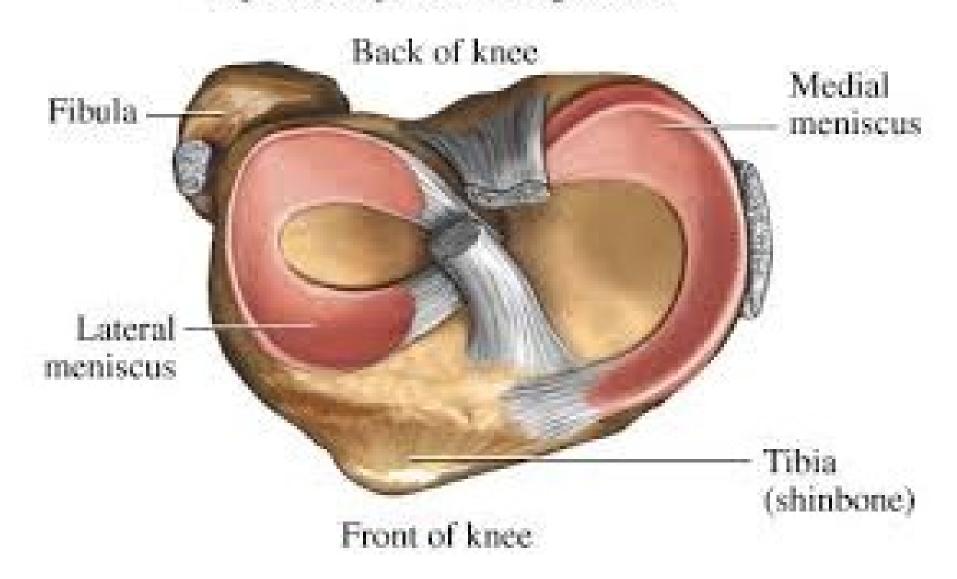
Management

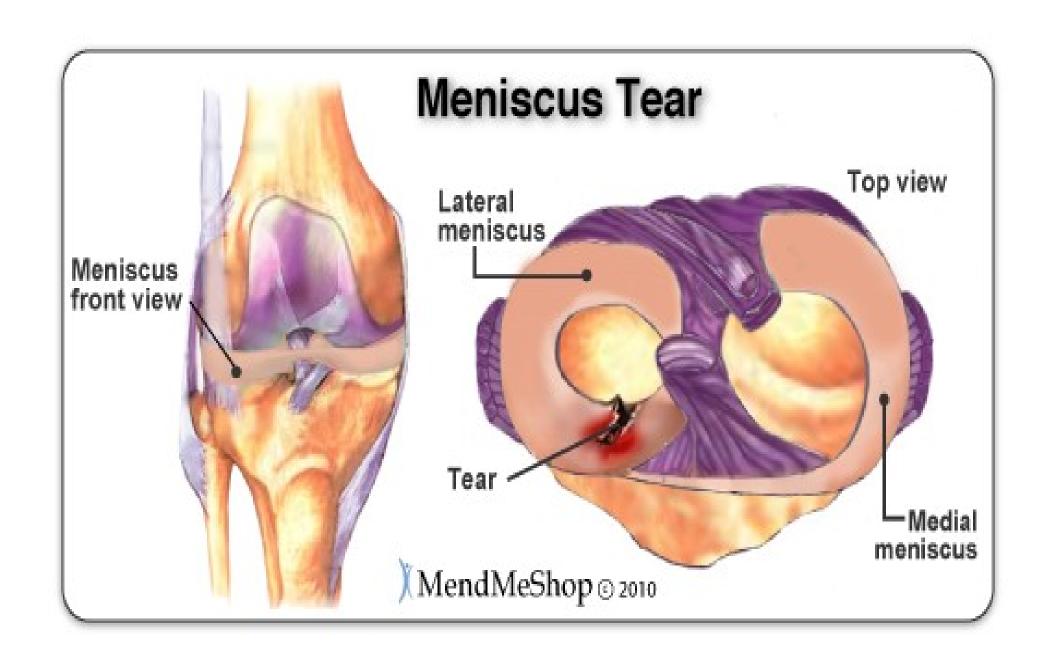
- Identifying the precipitating activity and modification of equipment
- Pain management with NSAIDs
- Physical Therapy
- Rest and Life style changes

MENISCUS INJURY

- Meniscus is the fibro cartilage in the knee and other joints. It is closely associated with ligament sprain commonly occurring in athletes engaged in sports.
- These activities produce rotational stress when the knee is in varying degree of flexion and the foot is planted or fixed.

Superior (top) view of right knee





Clinical Manifestations

Pain and it is elicited by abduction or adduction.

Diagnostic Evaluation

- X- ray
- History Collection and Physical Examination
- Arthrogram or Arthroscopy
- MRI

Management

- Warm up before athletic activity
- Application of Ice
- Immobilization
- Partial weight bearing with crutches
- After decrease of acute pain, gradual increase in flexion and muscle strengthening.

Cont...

- Physical therapy may be helpful
- Surgical repair or excision or menisectomy may be necessary
- NSAIDs are helpful in reducing pain.