Foreword

Shoulder Rehabilitation, Part II

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Consulting Editor

These issues of the Physical Medicine and Rehabilitation Clinics of North America on the shoulder originated from a conversation I had with my colleague, Dr. Mark Harrast. Mark had recently joined our faculty and was especially interested in shoulder rehabilitation. We discussed an issue of the Clinics on this topic, and Mark suggested bringing in as Co–Guest Editors two other physicians in our department interested in musculoskeletal and sports medicine: Drs. Kirsten Paynter and Karen Barr.

I would like to comment on the Guest Editors’ Preface. Shoulder pain and dysfunction is a common musculoskeletal malady (they point out third in prevalence, after low back pain and knee disorders). It is so prevalent it has even lent itself to metaphorical manipulation—“the weight of the world is on my shoulders”—or philosophical comparison—“my shoulders are broad.” In primitive societies, loads were carried on the shoulders. In today’s society, football and baseball games are won with shoulders. Clearly, they are important.

The shoulder is a complex three-dimensional joint. At times, it functions as a simple hinge joint; at others, as a rotatory joint. At all times, the shoulder is held in place by ligaments and muscular activity. Many human conditions put stress on shoulders to produce ligamentous injury, and it is this injury that produces much shoulder dysfunction. An additional component of muscular dysfunction that physiatrists see makes shoulder dysfunction such a commonly encountered problem in our practices: diseases of the central and peripheral nervous systems producing muscular weakness.
I like Mark Harrast’s concept of preventive rehabilitation. We are experts at restoration, but we need to be reminded of the importance of prevention: Anticipated complications need to be expected and prevented.

Many of us are experts in pain medicine, and all of us are familiar with the management of chronic pain. The shoulder often speaks to us in the language of pain. As Norman Cousins has said, “Pain is part of the body’s magic. It is the way the body transmits a sign to the brain that something is wrong” [1]. Thomas Carlyle said, “Pain was not given thee merely to be miserable under; learn from it, turn it to account” [2]. It is my hope that this is what the May and August issues of the Clinics do.

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References