

Case Study: Oya - Shoulder and Arm Pain

PATIENT PROFILE

- Age: 55
- Gender: Female
- Occupation: Office worker
- Living Situation: Lives with partner and two grown-up children
- Support System: Family reported as very supportive

Primary Complaint

- Right scapular/shoulder/arm pain to wrist
- Onset: 10 days ago, nocturnal, no clear cause
- Unable to work, severe sleep disruption

Pain Profile

- P1: Deep constant ache (8-9/10)
- P2: Numb/heavy sensation + shooting pain (10/10)
- Location: Right shoulder → arm above wrist
- Worse at night, minimal AM stiffness

Modifying Factors

- Aggravating: Constant, worse at night
- Easing: Slumped sitting with hand on head, hot bath
- Failed Treatment: Ibuprofen, GP diagnosed "frozen shoulder"

Social/Function

- Lives with supportive family
- Previously active (walks to work)
- Sleep: 3-5 hours broken/day
- PMH: Unremarkable

OBJECTIVE

Observation

- Distressed appearance
- Low cervical flexion
- Kyphotic upper thoracic spine

ROM

- Cervical: Limited R lateral flexion (50%), others 80%
- Shoulder: Full ROM except stiff HBB
- RC: Mild discomfort on testing

Special Tests

- Modified Spurling's: + (scapular pain 7-10s)
- Cervical extension: + (increased symptoms)

DIAGNOSIS

Primary Consideration

- Cervical radiculopathy with neural component
- Distribution pattern
- Neural tension signs
- Night pain
- Sensory changes

Differential Diagnoses

1. Frozen shoulder (unlikely due to ROM)
2. Rotator cuff pathology (inconsistent presentation)

Clinical Flags

- Red: Sleep disturbance, severity
- Yellow: Work pressure, anxiety
- Blue: Work absence, understaffed workplace

Management requires urgent intervention due to severity and impact.