

Rupert - 6.9.18

D - Come in.

P - Good morning.

D - Morning, Rupert.

P - How are you?

D - I'm well, thank you. Yourself?

P - Ah, not so bad. I'm lying of course.

D - What would you like to talk about today?

P - My shoulder.

D - Yeah, tell me more.

P - Ah, last year and a bit of the year before - 2016 through seventeen; keep fit campaign, swimming a lot, and I think somebody said it might be the rotator cusp or something, or... I don't know - a lady I bumped into at the gym. So, it's given me a bit of grief and when I do that... so I've stopped swimming.

D - Yeah.

P - It sort of clicks when I turn it over and....

D - Got you. Ow?

P - Yeah.

D - Okay.

P - That's what you get for no pain no gain, eh?

D - All about your shoulder?

P - All about my shoulder.

D - Yeah. So, you think it's probably linked with swimming?

P - I do, but...

D - Okay.

P - No, I do, yeah. I don't think I've lifted anything...

D - And you're thinking rotator cuff?

P - If that's what it's called, yes.

D - Yeah.

P - But I don't know, because that's what the lady - I was at a gym on Friday and this lady said she was a swimmer but said 'I stopped because of' - she said exactly the same reason.

D - Okay, okay. Worst case scenario was there anything else on your mind apart from the rotator cuff.

P - There's always stuff on my mind, I never stop thinking about stuff, but yeah, no.

D - You weren't particularly wanting to focus on the rest of the stuff today?

P - No.

D - But it's mostly about your shoulder today; was there anything else that's a priority for today?

P - For today, no, my shoulder.

D - You sure?

P - Yeah.

D - Okay.

P - My head's always - it's in a mess, and I'm okay.

D - Can we meet to talk about that another time?

P - Sure. That sounds good.

D - Is that alright?

P - Yeah, yeah.

D - Nothing crucial.

P - No, no, no.

D - Nothing different from usual then?

P - No.

D - Okay, we'll leave that for the time being.

P - No, I'm alright.

D - Okay, erm, particularly related to the shoulder, worst case scenario, what was going through your mind?

P - Nothing, I just—she said maybe you need some physio or something like that, or maybe you could suggest some exercises to do - that's all it was.

D - That's really helpful to me.

P - Because I would like to get back into swimming, because I managed to lose nearly forty pounds, but now I'm putting it back on, and...

D - So, the swimming's been really helpful for you but this is impacting on your life because you're not able to swim.

P - Yeah.

D - Yeah. How else has it affected your life?

P - This?

D - Yeah.

P - When I try and relax, putting my arm above my head and my shoulder, I'm...

D - You're getting pain when you do things?

P - Yeah.

D - So it's stopping you from doing certain things, leisure wise, and fitness wise, and mental health wise, it affects you?

P - Sure.

D - Yeah. That's the bottom line.

P - Yeah, for sure, it's all linked, yeah.

D - Of course it is, yeah. Okay. Work wise how are things?

P - Work-wise is okay. I quit my job after that bit of depression.

D - Yeah.

P - And, so I'm just doing some self-employment as and when. So, that fits in great for me. I'm doing a lot more exercise and sport.

D - Yeah.

P - Because I'm finding that I'm not keeping myself busy, so I might start looking for another job again. But I'm okay.

D - Finances are okay?

P - Yeah, yeah, yeah. I'm alright there.

D - Okay.

P - I don't have a - I go on holiday, but I stay with friends, so it's flights usually and that's it, so...

D - Yeah.

P - I'm okay, yeah.

D - Home life?

P - Home life for me is quiet and all of that stuff, you know.

D - Yeah.

P - So, I don't do a lot.

D - Just remind me who's at home?

P - Nobody. Me.

D - Just you? Okay. Social life?

P - Quiet.

D - Alright.

P - Yeah.

D - Okay. Not a big boozer?

P - No. I don't want crowds these days.

D - No.

P - A couple of nights ago I took my sister out for dinner and beginning of August I went down to Southampton and had a couple of weeks taking care of my dad's sister - she's just had a hip operation and I was taking care of her. Bit of company for her.

D - Yeah

P - Probably a bit of company for me, too.

D - Yeah, okay. And your dad?

P - Died, 93.

D - A long time ago?

P - Yeah.

D - Okay. So, family-side, you've got your sister, you've got your dad's sister, who else is there?

P - My dad's brother in Houghton.

D - Yeah. Okay.

P - But I don't see too much of them at the moment.

D - Who else is important to you? Friends?

P - A few.

D - Yeah.

P - But most of them aren't here, close by - I tend to go and see them.

D - Yeah. And now you've got enough time that you can go and see them, as well.

P - Yeah, yeah.

D - Okay. Let's go back to the shoulder, if that's okay.

P - Sure.

D - So, before I do that - you've never been a smoker?

P - Yes, I have.

D - Oh okay. When was it you stopped, because you've not—you don't smoke now, do you?

P - Four years—three years? Four years.

D - Great. Okay. Any other bad habits that I need to know about?

P - No.

D - We'll leave it at that.

P - I should have some haha, might make my life more interesting.

D - Alright. Can I just check there's nothing more serious going on when it comes to your shoulder?

P - Yeah.

D - Yeah. Your weight came down because you were exercising, but it is staying static, and if anything, it's going back up again. So, there's nothing suggesting anything nasty behind this at all?

P - I don't think so.

D - No cough?

P - No.

D - No breathlessness?

P - I walked up Penshaw Monument yesterday and I...

D - Don't hurt yourself.

P - But I do - I walk Penshaw Monument two or three times a week.

D - No blood in your spit or anything like that?

P - No, no, no.

D - Okay.

P - You just get to that last quarter and it's like...

D - And shoulder pain wise, that tends to be when you're doing particular things - it's not there all the time and it's not disturbing your nights' sleep?

P - No, I'm sleeping pretty good. Probably better than I used to.

D - Yeah.

P - I don't know what that's down to, maybe all the fresh air, exercise, whatever - but no, sleep's a lot better than it used to be. And the pain, it's - I noticed it when I was swimming and I just cut back on the swimming and I kind of like; I haven't swam this year.

D - Yeah.

P - And I'd like to get back into it.

D - Are you doing other things instead?

P - I go to a couple of classes at Houghton, sometimes just go along and use the treadmill.

D - Yeah. Any upper body work at all? Not so much?

P - Yeah, I do some circuit training on a Friday.

D - Yeah. And you're capable of doing that, despite your shoulder?

P - Well that - I'm always just cautious about it, yeah.

D - And have you had physio as yet? You mentioned that you've got this friend who suggested it?

P - No, it was this lady at the circuit training.

D - Got you.

P - Yeah, she said 'You don't look as if you need to be here', and I said 'Ah, I want to exercise, I want to keep fit'.

D - Yeah, got you. No relationship at the moment?

P - No.

D - Okay. And that's okay for the moment?

P - Yes.

D - Good, good.

P - I could probably do with a relationship right now, keep my mind out of the...

D - Thoughts not been particularly dark?

P - No, no.

D - Okay. Let's have a look at your shoulder.

P - I love talking to you, you know haha.

D - Well let's come back to that another time, if that's okay with you.

P - Alright, yeah.

D - Would you be comfortable slipping your shirt off?

P - Yeah.

D - Should we do your weight first of all?

P - Sure.

D - And then we'll have a look at your shoulder.

P - Because I used to—I was coming down here every time and seeing—there was a lady from that *Live Life Well* program.

D - Yeah. Yeah, that went okay didn't it, that was a bit talking therapy, yeah.

P - Yeah, it went well.

D - Great. So about 80 kilos, which is really good for you, isn't it?

P - Well see, I got down to seventy...

D - Take your shirt off while you're talking if that's okay.

P - Eighty kilos, what's that?

D - Which is twelve and a half-ish.

P - 12 and a half. I got down to just 12 and I know she said you don't want to go any more and yeah.

D - Good. Neck movement's alright, so if you just copy me, so. Ear down to one side, ear down to the next side, and then bring your, your arms up, bring your hands in, and then arms out. So good external rotation of your shoulders.

P - Yeah.

D - Arms down.

P - It pulls a little bit on my shoulders when I do that, yeah.

D - Yeah. No obvious asymmetries. You never fractured your shoulder or a clavicle or anything like that?

P - No.

D - Yeah. If you can bring your arms forward now, all the way up. Good range of movement, and then arms down, as you're bringing it down, I'm looking for pain in your eyes, no sign of pain in your eyes as you're coming down, that's lovely. Okay, so good upper body definition, no wasting of your muscles, that's lovely. Okay. Can you put your arms behind your back? That's lovely, okay, and then behind your head. And it hurts?

P - A little bit of a...

D - A bit of a tweak, but nothing desperately?

P - Yeah.

D - Put your arms down now, that's lovely. I want you to resist my movement, so you're going to push my arms out against me. So, this is lovely - not particularly painful?

P - No.

D - Pull your hands in towards your tummy. Pull in, and then relax and push out against me. Push out, that's lovely, and then relax. So that's sore?

P - A little bit.

D - A little bit, so a little bit of pain on resisted external rotation of your shoulder, but good range of movement there. I'm also going to touch on your shoulder, so we can check, first of all, your clavicle, your collar bone, and also your potential sore points around the shoulder - which are not tender when I'm doing that. I'm also going to just check your biceps, so if you pull your biceps—if you pull your hand towards your shoulder, not particularly sore doing that?

P - No.

D - That's great. Elbow movements are fine as well?

P - Yeah.

D - Lovely, okay, great. If you pop your shirt back on?

P - Yeah.

D - What stroke do you do when you swim?

P - This is probably it. I alternate every lap, so; front crawl, backstroke, breaststroke, and I just... you know. I don't feel as if I'm strong enough—well, I'm not, I can't front crawl, front crawl, front crawl, just because I'm out of breath, so I tend to alternate the strokes.

D - Good, okay. You've got very minimal inflammation of your rotator cuff.

P - Right.

D - Very minor point there. And the activity is good for you, there's no question, but you want to make sure that you don't overdo it with the wrong sorts of exercise?

P - Yeah

D - Because your feeling the pain, and you're getting the gain, but you don't want to overplay a bit of wear and tear, do you? You want to—So, what you're saying, your friend was saying maybe a bit of physiotherapy, wondering about the rotator cuff - I think you're probably right about the rotator cuff side of things.

P - Okay.

D - Erm, if you would like, then it's reasonable to help you cope with discomfort, to use an anti-inflammatory rub-on painkiller, that might be one option that would work for you, because it's low-risk to you.

P - Right.

D - But you might still want to see a physiotherapist, and the reason for seeing a physiotherapist is so that they can ensure that your exercise programme is entirely appropriate for you.

P - I was concerned that - I mean I just started doing this circuit training, and I thought because that's a lot more... you know, I can walk for ten hours, don't have a problem; when it comes to upper body strength, although I don't feel as though I'm weak, you know I can't do more than ten press-ups. And I didn't want to do press-ups when I was at this class, because in case, you know, I was doing more to aggravate it or anything like that.

D - Yeah.

P - So, um, so I did a couple and then—but, just general, and then they do an abs course, and you know it's just stuff to—I think sometimes just to keep me busy, but I quite enjoy it. And then last night I went for a two-hour walk, but I'll probably do 30 miles a week of walking.

D - Just remind me, you don't get free prescriptions, do you?

P - No, I'm not that old yet.

D - So, I was going to say, definitely don't have the benefit of that. There's a very cost-effective medication that you could buy over the counter which may help you cope when the pain flares up a little bit.

P - Right.

D - Now, if you're getting a lot of trouble with this rotator cuff, then if you have a bad flare up then I would be delighted to inject it for you.

P - Okay.

D - But I'm not suspecting that you really need that, at this time.

P - Yeah.

D - I don't tend to encourage people to be using anti-inflammatory pain killers because in the long term they're perhaps not the most healthy.

P - Right.

D - Because they put people's blood pressure up and they can irritate the stomach.

P - Yeah.

D - But if you have a flare up, they sometimes are useful to use in the short term.

P - Okay.

D - This is a safer version of that, so the rub-on version would be a safer version.

P - Okay.

D - I think that in terms of getting your exercise program right, the physio is an appropriate way of getting that sort of support.

P - Okay.

D - So, either a physiotherapist on the NHS or if you've got a private therapist in terms of somebody down the gym who can advise you on how to look after your rotator cuff, that's an alternative as well. Have you got anyone like that?

P - I'm not aware that they offer anything like that.

D - In that case, lets...

P - They probably sort of stay away from giving you medical advice, I don't know, but I can ask.

D - But somebody who understood how the shoulder works and sort of machines that are there for you might be in an even better place than the physiotherapist.

P - I tend not to use machines at gyms.

D - Yeah.

P - Treadmill. And that's usually only if the weather's inclement and then, yeah.

D - Shall we refer you to a physiotherapist, with the proviso that when I refer you to a physio, it takes four weeks before you're seen, and you would need, then, to connect with them. You would need to go and see them, and then we would probably assess your problem and then probably give you a lot of work to do. So, a few exercises to go off and do. Does that sound like something you would...?

P - That's what I was hoping. Four weeks is going to be awkward though, because in the middle of October I'm heading off to see my brother.

D - We can just say that you're not going to be around at that time and that you can connect with them whenever you can.

P - Alright, okay, yeah.

D - Does that sound okay?

P - Fine.

D - So from the point of view of when I need to see you again - I'm delighted to see you, if you're having a lot more trouble with this.

P - Yeah, alright.

D - So, if you're finding you're getting a lot more pain in the shoulder, particularly if it's keeping you awake at night, then pop back in and we'll think about whether or not you need that injection at that time. For the time being, you could self-medicate with the cream if you wanted to.

P - Right.

D - Does that make sense?

P - I think that does, and what I'll do - I'll go along to the pool and ask, you know, just say that - they're probably aware of these injuries, and just see if they could give some advice, because I'd like to get back into swimming. But I was doing an hour a day so...

D - I like that idea. If you can actually get someone who's a swimming coach who understands the way the shoulder works, you might well find that you get considerably less problems with your shoulder, but you're going to make the best of it because your shoulder's in not back nick, really, and the exercise you're doing is probably pretty good for you on the whole.

P - Yeah.

D - You just want to make sure that you're not overdoing it. Great. Questions?

P - What's this anti-inflammatory? I'll only get it in case - if I think I need it.

D - Well it's an anti-inflammatory rub on cream. There's a tiny risk of it sun-sensitising you.

P - Right.

D - But it's an area of you that's going to be covered for the most part anyway, so using it four times a day, when you're needing it - it's just there to dull any pain.

P - All right.

D - But obviously if you're getting a lot more pain, then let's assess it. I always say with people with shoulder pain, just in case I'm wrong about what's causing the shoulder pain, because you get pain when you do certain things - but certain people have shoulder pain because they've got something else going on in their body.

P - Okay.

D - So if they had breathlessness together with that shoulder pain, or if they were losing weight or coughing up blood, I need to learn about that sort of thing urgently - but nothing suggesting that in your story at all.

P - No.

D - Shall we meet again about the other thing? I'll leave it down to you. Yeah?

P - You haven't got enough time in your day. Nice to see you.

D - Nice to catch up with you.

P - Take care.

D - Cheers.