The fact that we are 2 months into the new year means that most of our new year’s resolutions have been challenged, leading to renewed efforts or abandonment of those idealistic intentions. Those annual efforts are usually strengthened by compliments or some recognition from family and friends. Many of these yearly efforts involve lifestyle changes brought about by the recognition of our own state of medical affairs. As we age, our own mortality seems more and more obvious as our bodies accumulate the evidence of our exercise, diet, and health maintenance habits or lack thereof.

One of the habits that many people struggle with and often try to terminate is smoking. Many baby boomers were lured into tobacco use in an era that glamorized the status of cigarette smoking and the pleasures of tobacco through television, billboard, newspaper, and magazine advertising. Thankfully, medical researchers have recognized many of the ill effects of smoking, leading to public recognition of the dangers and eventually to a declining number of lung cancers and coronary artery disasters. Unfortunately, states such as Michigan took far too long to recognize these evils by delaying a smoking ban in public places until 2010. Even North Carolina—which produces over half the nation’s tobacco and is the headquarters of RJ Reynolds Co and Lorillard Inc—banned smoking in bars and restaurants in 2009. Finally, the risks of secondhand smoke will be lessened as the clouds of smoke clear from many public venues.

For those smokers who kick the habit, there may be an improvement in their shoulder pain and function. Yes, less shoulder pain! This potential benefit is suggested in an article that appears in this edition of Sports Health. Kane et al.1— from the Atlanta Medical Center and the University of Missouri Department of Orthopaedic Surgery—provide interesting insight into the cause of shoulder pain, through their online survey study. Though far from perfect (as noted in their limitation section), this pilot study, which uses 3 shoulder health questionnaires, suggests some interesting associations: Smoking, elevated cholesterol, and obesity all increase the chances of encountering poor shoulder function and pain. Because the study population is comparatively small, does not include a control group, and is subject to selection bias (as the authors correctly noted), these results are only preliminary with further investigation warranted. But these associations are certainly thought provoking and interesting. It is no secret that smoking and elevated cholesterol can impair the microcirculation, and it is not hard to hypothesize why obesity would do the same. Because the shoulder is so dependent on the rotator cuff for normal function, factors that diminish blood flow to the “watershed” area of the cuff certainly could impair its ability to maintain healthy collagen, respond to injury, or heal from surgery. The only mystery may be why this association was not recognized sooner.

The report goes on to suggest that moderate levels of exercise produce a better shoulder score on shoulder rating questionnaires than do strenuous workouts or a sedentary lifestyle. Not surprisingly, overdoing it or doing nothing at all is less beneficial than a moderate course of exercise. Finally, the best news of all: Drinking alcohol appears to be moderately beneficial. Hurray—break out the red wine and let’s toast this group! Napa Valley may be an important component in a good shoulder care program. Again, not surprisingly, light to moderate red wine consumption has been linked to beneficial effects on circulation, which may benefit the rotator cuff in the long run.

After thinking about the results of this study for a while, I wonder how many of our bodily malfunctions and pains will eventually be linked to our current lifestyles. Maybe the best answer to our shoulder aches and pains is not the arthroscope. We may be better off throwing away the cigarettes, exercising regularly, and jogging to the party store to pick up a bottle of wine. Who knows what other body parts will feel better along the way?

—Edward M. Wojtys, MD
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REFERENCE

1. Kane S, Conus S, Haltom D, et al. A shoulder health survey: correlating behaviors and comorbidities with shoulder problems. Sports Health. 2010;2(2):119-134.