

What is the Human Disharmony Loop?

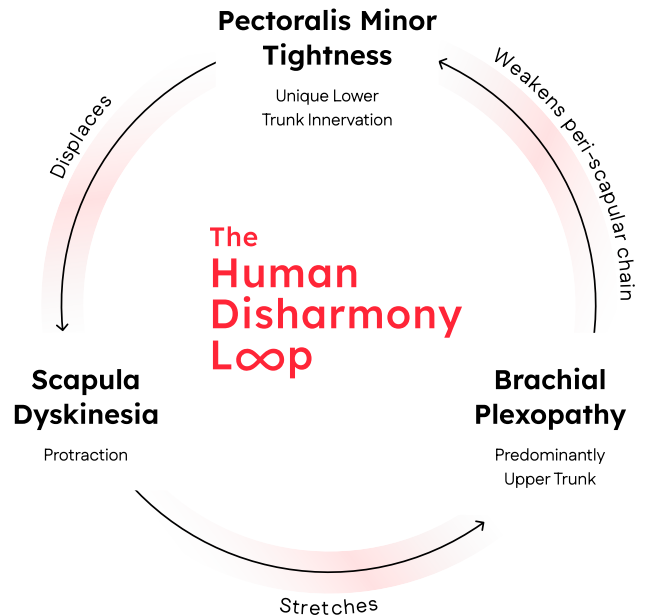
The **Human Disharmony Loop (HDL)** is a novel syndrome of chronic pain of the upper limb described by:



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Why does it happen?

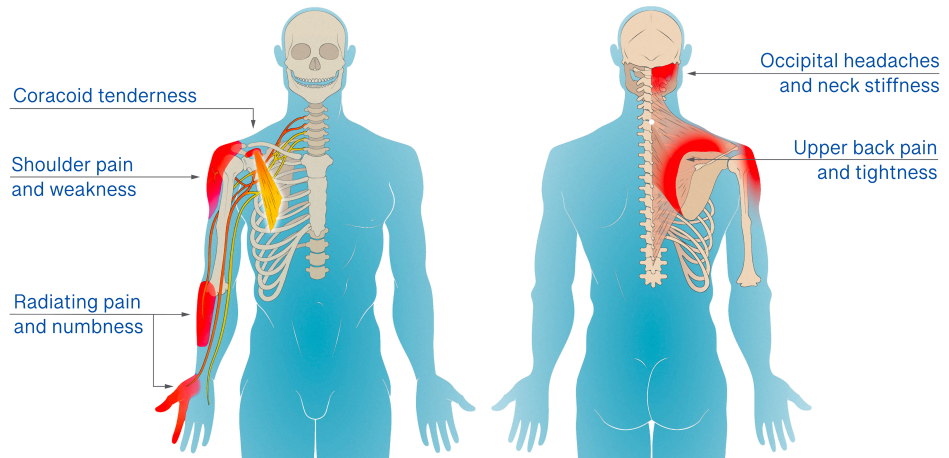
The **pectoralis minor (PM)** is a small yet powerful muscle on the front of chest attaching to the shoulder blade.

When the PM is tight, it pulls the scapula in a “down and in” direction, **hunching the shoulder**.

The scapula connects the body (thorax) to the arm (humerus) and coordinates all upper limb function.

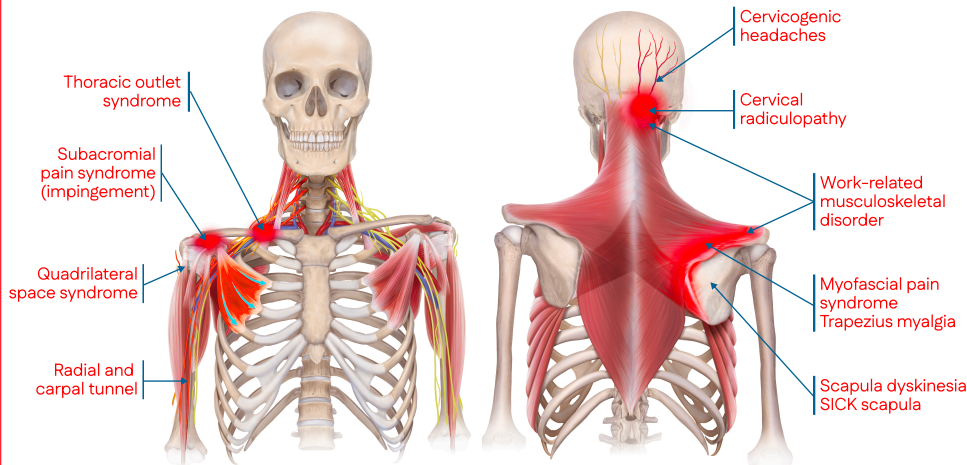
Since the scapula is disturbed, **the entire anatomy gets deranged**, and patients develop **widespread chronic symptoms** of the neck, upper back, shoulder, arm, down to the hand.

What are the symptoms?



How are these patients normally diagnosed?

Patients have been tagged with various chronic pain syndromes, along with **CRPS**, **fibromyalgia**, and **post-mastectomy pain**:



And treated?

And may have seen many specialists and gone through many prior treatments including:

- Neck fusion
- Shoulder surgery (subacromial decompression, rotator cuff repair, arthroplasty)
- 1st rib resections / scalenectomy
- Botox injections
- Cubital and carpal tunnel releases
- Acupuncture
- Physical and occupational therapy
- Massage

But the pain and suffering endures, because the true source is missed

Read, Watch &
Listen More



The Human Disharmony Loop

How is the HDL Diagnosed?

From **history and physical exam** by Dr. Sharma.

Prior testing, including X-rays, MRIs, and EMGs, is **usually normal or shows something small** that cannot explain the severity symptoms.

A medial coracoid injection at the PM insertion relieves symptoms about 90% of the time, but does not rule out the syndrome.

Who does the HDL affect?

All humans are prone to this, but patients tend to be:

- Bodybuilders / manual laborers
- Office and desk workers
- Female athletes
- Women with macromastia (large breast size)
- Overhead athletes (baseball, volleyball, basketball, tennis, etc)
- Worker's Compensation
- Cervical spine disease or nerve block injuries
- History of trauma
- History of neck or shoulder surgery
- Breast cancer survivors

What is the surgery to treat this?

1. Through a small 2-3cm incision, the PM is released from its insertion onto the scapula (**tenotomy**)
2. Scar tissue underneath is released to free up the nerves (**neurolysis**)
3. If insurance approves, an Amnion-based matrix is applied. The matrix dissolves by 6 weeks and accelerates healing, but the final recovery at 1 year is the same (**nerve wrap**)

What are the risks of the procedure?

- **<4%** risk of bleeding, infection, anesthesia, or wound healing issues
- The surgery does not involve or affect the breast tissue at all
- No long-term impact to shoulder or arm function
- Same day (outpatient) procedure, usually 15-30 minutes

What is the recovery?

- No lifting more than 5 lbs. with the affected arm for 4 weeks
- Working with therapy after surgery is critical

Can therapy help?

Yes, see here for the exercises



Learn more at Dr. Sharma's website

And see results and testimonials from other patients!



What are the outcomes of the procedure?

- **25%** require **subsequent nerve decompressions** or **bilateral releases** for full relief
- No surgery is 100% effective, and improvement can never be guaranteed

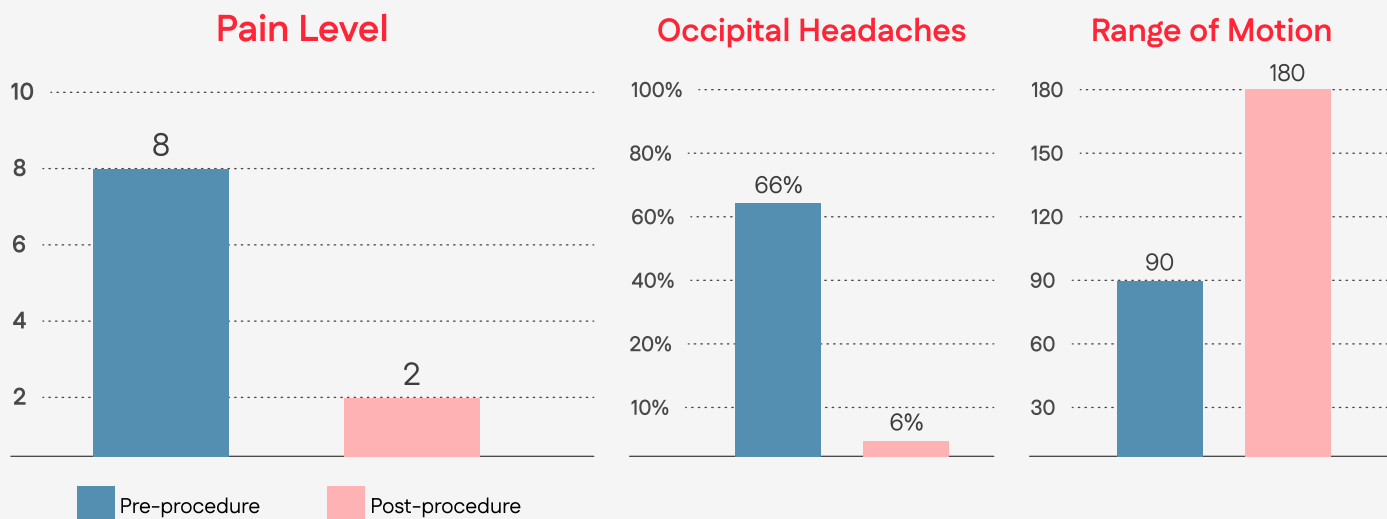


Chart data shows improvement of 200+ patients with 6-month follow up*

