Shoulder Injuries From Repetitive Overhead Work in New York

Our New York Workers' Compensation Attorneys Fight for Workers With Repetitive Use Injuries

Many workers develop shoulder injuries not from a single dramatic fall or impact but from thousands of hours of overhead reaching, lifting, and pushing that slowly tear apart the tendons and cartilage in the joint. These repetitive stress injuries are among the most contested claims in the New York workers' compensation system, partly because they develop gradually and partly because insurance carriers argue the damage came from something other than work.

Our New York workers' compensation lawyers at Pasternack Tilker Ziegler Walsh Stanton & Romano LLP see this pattern across industries, from drywall finishers and warehouse order pickers to healthcare workers, painters, electricians, truck loaders, and grocery stockers. The injury builds over months or years, then one day it's bad enough that a doctor recommends surgery or a significant restriction from overhead work, and the insurance carrier responds by questioning whether the job caused the damage at all.

Why Overhead Work Damages the Shoulder Over Time

The shoulder is the most mobile joint in the human body, and that mobility comes at a cost. It depends on a narrow set of tendons, ligaments, and a fluid-filled sac called the bursa to keep the joint stable and cushioned during movement. When the arm is raised above shoulder height, the space inside the joint tightens dramatically, and the structures inside get compressed with every single repetition.

Jobs that require frequent overhead work place an extraordinary cumulative load on these structures. The result is a predictable progression of damage:

- **Shoulder Impingement Syndrome:** The rotator cuff tendons get pinched between the humerus and the acromion bone above them every time the arm is elevated. Over time, the tendons become inflamed, thickened, and chronically irritated, producing pain that starts at the top of the shoulder and spreads down the arm.
- **Rotator Cuff Tendinopathy and Tearing:** Prolonged impingement causes the tendon fibers to degenerate. Small tears develop, which may progress to partial-thickness tears and eventually full-thickness rotator cuff tears that require surgical repair.
- **Subacromial Bursitis:** The bursa, which cushions the space between the tendon and bone, becomes inflamed and swollen. This reduces the space available for the tendon even further and creates a self-reinforcing cycle of irritation and damage.
- **Labral Tears:** The cartilage ring that stabilizes the ball of the shoulder joint in its socket can tear from repetitive loading, especially in workers who perform overhead reaching while also bearing weight or resisting force.
- **Biceps Tendon Injuries:** The long head of the biceps tendon passes through the shoulder joint and is subject to the same compressive forces. Inflammation and tearing of this

tendon often accompany rotator cuff damage in workers with repetitive overhead exposure.

Which Workers Are Most at Risk?

Repetitive overhead shoulder injuries are concentrated in industries and job roles where workers spend significant portions of their shifts with their arms elevated. In New York, high-risk occupations include:

Construction trades that require overhead tool use, including ironworkers attaching rebar overhead, electricians routing conduit through ceilings, plasterers finishing ceiling surfaces, and painters using long-handled rollers or sprayers at height.

Warehouse and distribution jobs that involve pulling items from upper shelves, lifting boxes from conveyor lines at shoulder height or above, or placing and retrieving inventory from elevated storage.

Airport and transport workers who handle overhead luggage compartments, load aircraft cargo holds, or work overhead in maintenance positions. Grocery and retail workers who stock shelves above shoulder height, often repeatedly throughout a shift under time pressure.

The common thread isn't just the height of the work but the volume. A worker who performs an overhead motion thousands of times per shift, five days a week, over years of employment is subject to a very different cumulative load than someone who occasionally reaches overhead during a workday.

How New York Workers' Comp Treats Repetitive Use Injuries

New York Workers' Compensation Law covers injuries that result from the work environment and the activities of the job, including injuries that develop over time from repetitive exposures. These are classified as occupational diseases or disablement claims under the Workers' Compensation Law, and they don't require a single identifiable accident date.

To establish a compensable repetitive shoulder injury claim, the medical evidence needs to show that the nature and extent of your job duties were a contributing cause of the shoulder condition, not simply that you have a shoulder problem. The law doesn't require your job to be the only cause. It requires that the employment played a significant role.

For claims involving work-related shoulder and neck injuries, our attorneys work to build that connection through medical records from treating providers, job duty descriptions, and, when necessary, expert opinions from orthopedic surgeons or occupational medicine physicians who can link the biomechanics of your specific job to the type of damage documented in your imaging and surgical records.

Evidence That Strengthens a Repetitive Shoulder Injury Claim

The most common challenge in these cases is the insurance carrier's argument that the damage is simply wear and tear from aging or from activities outside of work. Responding to that argument requires specific types of evidence that connect your work duties to your injury.

Key categories of evidence include:

- **Imaging and Surgical Records With Objective Findings:** MRI results, ultrasound reports, and operative notes from shoulder surgery provide objective proof of the structural damage. A partial or full-thickness rotator cuff tear documented in an MRI is evidence of real physical injury, not subjective pain.
- **A Treating Physician's Causation Opinion:** Your orthopedic surgeon or sports medicine physician should provide a written opinion explaining how your work duties contributed to the specific damage found on imaging or at surgery. Generic opinions that acknowledge only that overhead work "could" cause shoulder damage are weaker than opinions that tie the specific pathology to the specific demands of your job.
- **A Detailed Job Duty Description:** The more precisely you can describe what your work actually involves, including the frequency of overhead reaching, the weights handled, the tools used, and the duration of each shift, the easier it is for a medical expert to connect those demands to your injury.
- **Work History and Attendance Records:** Documents showing how long you performed the job, how many hours you worked, and whether you were ever assigned to light duty or restricted from overhead tasks before the injury all help establish the timeline of cumulative exposure.

What Happens When the Insurance Carrier Disputes the Claim?

Insurance carriers frequently dispute repetitive shoulder injury claims by scheduling an Independent Medical Examination, or IME. The physician performing the IME is selected and paid by the insurance company, and their reports often attribute the damage to age-related degeneration or activities outside of work rather than to job duties.

One approach that's used in these disputes is attributing a pre-existing condition to the cause of the injury. If prior imaging or medical records show any earlier shoulder pathology, the insurance carrier may argue that the work only aggravated a condition that was already there. Under New York law, this argument doesn't necessarily defeat a claim. Workers' comp covers aggravation of pre-existing conditions when the work meaningfully accelerated or worsened the underlying problem.

Think of a sheet metal worker in Brooklyn who had a minor shoulder strain several years before the claim was filed, which resolved with physical therapy. After four more years of overhead work installing ductwork, he developed a full-thickness rotator cuff tear requiring surgery. The carrier initially denied the claim, arguing the condition was pre-existing. Working with his surgeon, the worker’s attorney demonstrates that the initial strain was not the same type of injury as the rotator cuff tear, and that four additional years of sustained overhead work were the primary driver of the tearing. The claim is accepted.

Surgery, Recovery, and What Benefits Cover

When a repetitive overhead shoulder injury requires surgery, the workers' compensation system covers medical expenses and can provide wage replacement benefits during the recovery period. The most common surgical procedure for work-related shoulder injuries is rotator cuff repair, which is typically followed by several months of restricted duty and physical therapy before a worker can return to full overhead work.

During the recovery period, if you're unable to perform your regular job duties and your employer can't accommodate your restrictions, you're entitled to temporary total or temporary partial disability benefits based on your average weekly wage and the extent of your restrictions. If the injury results in permanent functional limitations that prevent you from returning to the type of work you did before, you may also be entitled to a permanent partial disability award.

Getting Back on Your Feet Starts With One Conversation

Shoulder injuries from repetitive overhead work don't heal on their own when the underlying cause is the work itself.

If you're dealing with a shoulder injury that developed from the demands of your job, contact us for a free consultation at any of our 11 New York offices. We'll review your medical records, your job history, and your options under New York workers' compensation law so you understand exactly where your claim stands and how we can help you find your way forward.