



Booking Office: 0191 4452643
(lines open 08:00 to 20:00)

Musculoskeletal Physiotherapy Information for patients

Shoulder Pain

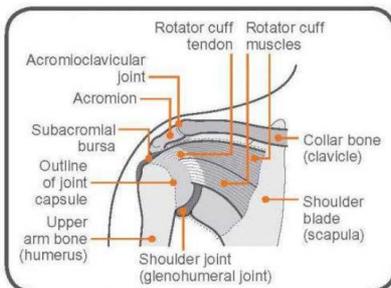
Introduction

The purpose of this leaflet is to provide you with some general advice about how to manage your shoulder pain and some simple exercises. You may be sent this leaflet while waiting for your physiotherapy appointment.

Shoulder Pain

Shoulder pain is very common and usually affects the muscles, tendons and ligaments that surround the shoulder. Most shoulder pain is not serious and does not require a scan or x-ray to diagnose the problem. The pain can often be felt in the outside of the upper arm rather than the joint itself.

The shoulder joint



- The shoulder joint is a ball and socket joint and is designed to give a large amount of movement. There are various structures that help to support the shoulder joint enabling it to move normally. Thick connective tissue called the shoulder capsule surrounds the joint.

- A set of muscles called the “rotator cuff” help to keep the joint in the correct position during movement. They are attached to the shoulder bone by tendons.

- There is also another joint that sits above the shoulder joint and is formed by the end of the collarbone and the outer part of the shoulder blade. This is called the acromio-clavicular joint (A-C joint). Between the two is a space called the subacromial space, within which tendons and bursae (fluid filled sacs that help to cushion movement) are located.

Conditions affecting the shoulder

The rotator cuff can occasionally become irritated leading to shoulder pain. This is more likely to occur with age as the tendons naturally wear and thicken. It can occur after overuse but often the cause is unknown. This condition is called **subacromial pain** (also called **shoulder impingement**). Another condition that can affect shoulders is **Frozen Shoulder** (also called **Adhesive Capsulitis**). It is a condition where the shoulder becomes painful and stiff. It is thought to be due to tight tissue forming in the shoulder capsule. The cause is unclear. Symptoms usually settle with time.

Your physiotherapist will be able to advise you on diagnosis and management of your shoulder pain.

Some other conditions that may cause shoulder pain:

- Osteoarthritis
- Shoulder instability
- Acromioclavicular joint pain

Advice

Change activities that make your symptoms worse

Changing how you move can significantly help your symptoms and allow the irritated structures to settle down. It is often easier and less painful if you use your arms close to your body and avoid lifting objects at arm's length. When raising your arm, keep your elbow bent and in front of your body.

Try to relieve the pain

Some people find that applying a cold compress to the area helps. There are many pain relieving medications that may help. Your GP or pharmacist can advise you on what to take.

Posture

Try to maintain good posture most of the time. This reduces the strain on the shoulder muscles and ligaments. For further information, ask your physiotherapist about the posture class or posture information leaflet.



Try to get a good night's sleep

Supporting the sore shoulder by lying on your opposite side, placing a pillow behind you and hugging a pillow with the sore arm can help prevent rolling onto the sore side or sleeping awkwardly. Alternatively lying on your back with a pillow under your arm may help to support the shoulder.

Keeping moving

Moving and using the sore shoulder within a comfortable range of movement helps to prevent stiffness and improves circulation to the area. These exercises may be a good place to start. They can be done regularly during the day.

How often should I exercise?

- Try to exercise about 3 times a day. Be guided by your pain.

Stop these exercises if you feel they are:

- Making your symptoms worse or bringing on new pain.



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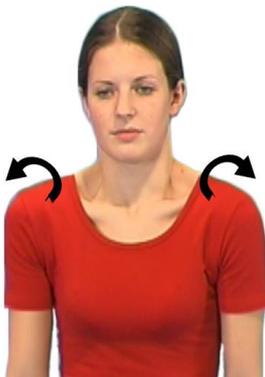
Lean forwards with support. Allow the arm to hang freely and swing in all directions for 30 seconds.



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Stand with legs apart, hands on a table. Increase height of table if needed with use of a box or some books to ensure trunk is horizontal. Walk away from table letting upper trunk drop forwards.

Repeat up to 10 times.



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Gently roll your shoulders backwards for 15 seconds. Let your shoulders then rest comfortably in a neutral position.

You may feel some mild discomfort during these exercises but if you feel an increase in pain then seek advice from the physiotherapist before continuing.



For further information

Please ring our Booking Office on **0191 4452643** or visit our website at: **www.tims.nhs.uk** which provides online guidance and support on managing your musculoskeletal (MSK) condition effectively.

The NHS website also provides trusted online information and guidance on all aspects of health and healthcare to help you manage your condition and/or inform your choices about your health: **www.nhs.uk**

Feedback

We also welcome feedback from patients about their experiences with our service and this can be done through our patient advice and liaison (PALS) team on **0800 032 0202** or **northoftynepals@nhct.nhs.uk**

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Tyneside Integrated Musculoskeletal Service

TIMS is a partnership between Newcastle upon Tyne Hospitals NHS Foundation Trust and Gateshead Health NHS Foundation Trust