NHS
Tyneside Integrated Musculoskeletal Service

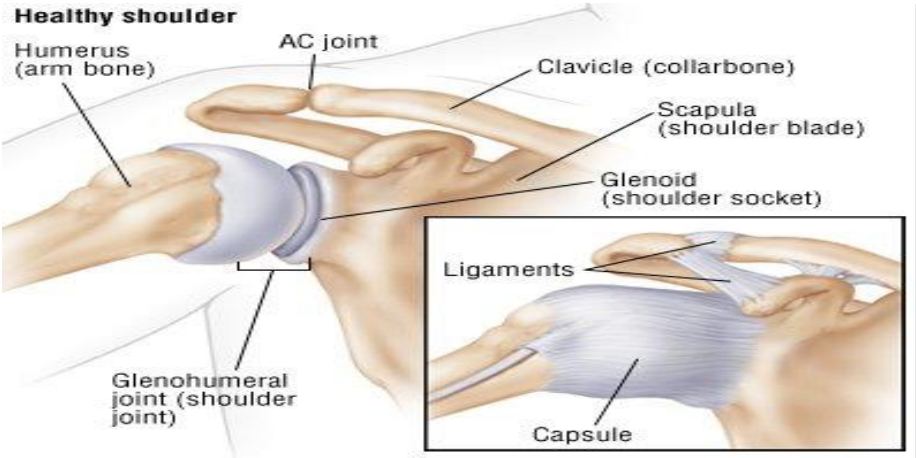
Shoulder Pain

Introduction: This information aims to:

- Give you an understanding of your shoulder pain
- Provide you with advice about what you can do to help yourself
- Provide an explanation of what may be the cause of the shoulder pain
- Advise when you should seek medical attention
- Explain what treatment options are available
- Direct you to some more detailed information leaflets or links

The shoulder

Shoulder problems are common, 70 % of people will suffer from shoulder pain at some point in their life. They can present with various symptoms including pain, stiffness or weakness. The pain is most commonly felt on the outside of the upper arm and can spread down the arm but does not usually include pins and needles or numbness. It can sometimes be triggered by an incident / injury but is generally linked to age related changes, poor muscle conditioning or simply having moved it awkwardly.



For most people, it will be like having a winter cold, and given time, will settle on its own with over-the-counter medication and using the following advice.

Self-help: What should I do?

Within the first 24 to 48 hours after a shoulder problem has started:

- Take “over the counter” pain killers
- Rest it but keep it moving if you can
- Avoid long spells of not moving at all
- Gradually increase your movements and return to normal activity

Try to change how you do activities rather than avoid them and adapt how you move your shoulder:

- **Keeping Moving**. It is important to keep the shoulder joint moving within a comfortable range of movement to prevent stiffness. You do not need to be pain and symptom-free to return to activities if the pain is within comfort levels.
- Changing how you move can significantly help to reduce pain and allow the irritated structures to settle down. If you can avoid aggravating your symptoms and learn to move in a pain-free way, the symptoms can often settle without any need for further treatment.
- Continue your normal activities including work where possible but recognise what aggravates your pain such as reaching out to the side, behind your back, working with your arms straight out in front of you (especially with a weight), sudden quick movements or lying on that side. You do not have to stop these activities, but you can perhaps modify how you do them.
- 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 or help the arm using your opposite hand.
- Progress things slowly and steadily. Symptoms can get worse if the shoulder is asked to do too much, too soon, too quickly, too long or into the wrong position.
- **Gradual load increase**. It is important to ensure that the shoulder regains its ability to withstand load. This can be achieved through exercises that progressively load the shoulder to allow you to return to your usual activity levels. The physiotherapist will be able to advise you further.
- Try and maintain your current levels of fitness – even if you have to modify what you normally do, any activity is better than none

Posture, keeping active and maintain physical fitness

Maintaining a good posture, moving, and using the sore shoulder within a comfortable range of movement is important. This helps prevent stiffness, improves circulation to the area and is important for tissue healing and mental health to keep active. It can be as simple as going for a walk, getting fresh air or meeting someone but keep moving and exercising!

Pain management

Pain does not always mean harm and it is ok to keep moving within tolerable discomfort. If the shoulder feels better, it will move better. Painkillers are useful in the short term to break the pain cycle and allow you to continue doing your day-to-day activities with slight modification. This means that the symptoms can settle but you continue to keep the joint and muscles moving which helps healing. There are many pain-relieving medications that may help. Your GP or pharmacist can recommend you on what to take. It is important to take medication regularly.

How long will it be sore for?

Things should start to improve within a few weeks, although it can take several months for pain to fully settle. If there is no progress within six weeks, then a clinical examination by a doctor or physiotherapist will diagnose most shoulder problems. Some conditions may benefit from an X-ray, particularly if there was any trauma or if the joint is stiff. Most do not need a scan.

When should I speak to a healthcare professional?

You should seek urgent medical advice if any of the following applies to you: -

You have had an injury to your shoulder that has caused significant pain and weakness or difficulty lifting your arm up

You have noticed any unusual lump or swelling around the neck, shoulder, or arm

You have hot red skin in the region of pain

You are feeling unwell or have a fever since your shoulder pain started

You have had an injury to the shoulder that has led to your shoulder having a different appearance or shape

Contact your GP or TIMS if :

You have pain that is getting worse or not improving despite taking painkillers and doing the recommended exercises

EXERCISES

These simple exercises will help most shoulder problems. It is ok to feel some mild discomfort but overall, they shouldn't make your shoulder pain worse. Any increase in pain should settle down within 20 minutes of exercising.

Stop if you feel they make your symptoms worse. The aim is to improve your movement and confidence. At first, in a very simple range of movement in front of your body and as you improve you will be able to progress upwards and outwards. Once you are moving your shoulder better, the symptoms should start to improve. If you need more progressive exercises, perhaps for instability, frozen shoulder or cuff problems, please read further on.

click on this link https://www.tims.nhs.uk/wp-content/uploads/2023/02/Shoulder-Pain-Leaflet.pdf or scan this QR code to link to exercises you may find helpful.

Table top slides

Sit or stand and place your hands on a table on a towel or kitchen roll with your elbows bent.

Start with the hand of your painful arm on top of your other hand to help it. Slide your hands along the table, reaching forwards and straighten your elbows Slide your hands back. Do small movements to start with.

Simply cleaning your work tops or tables is a good way to keep your shoulder movement!

Table top walk aways

Stand with one foot forward.

Rest your hands lightly on tabletop / work bench (do not lean heavily through the hands and arms).

Push gently away from table, letting upper trunk drop forwards. Gradually increase the distance you walk away

Wall slides

If you feel comfortable - and confident with the table top slides, you can try the wall slides. Stand close to a wall with one foot forward. Bend your elbows and place your hands on the wall. Initially place the hand of sore arm on top of the other. Slide your arms up and down the wall.

Help with your other arm if needed

Pendular exercises

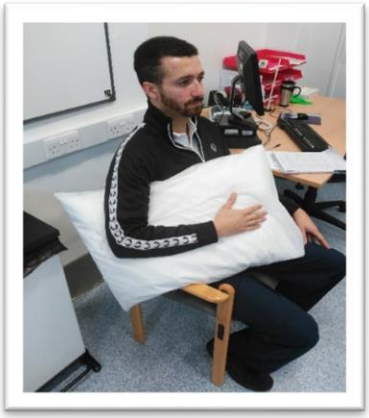
This can help relax your shoulder if your arm is too painful to do table top slides.

Resting your non painful arm on a table, bend at the waist & let your sore arm hang forward can help it feel more comfortable

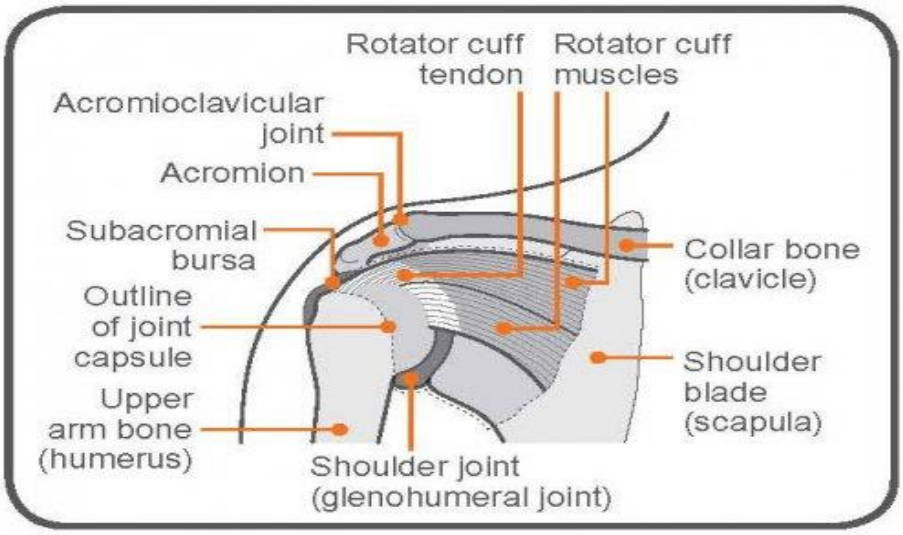
Sleeping Positions

When lying in bed, try lying on your opposite side, placing a pillow behind you, and hugging a pillow with the sore arm. This can help prevent rolling onto the sore shoulder or sleeping awkwardly. Alternatively, lying on your back with a pillow under your arm may help to support the shoulder or sleep slightly propped up if your shoulder is very sore.

When sitting, it is often comfortable to have the arm resting on a pillow / cushion



I would like to know more about what may be wrong with my shoulder…



The shoulder joint (reproduced with permission from Arthritis Research UK)

Frozen shoulder

This is a common cause of shoulder pain. It usually affects people in their 40-60's. It can occur after trauma but usually comes on for no reason. It is more common in people with diabetes or thyroid problems. The main symptoms initially are pain followed by **increasing stiffness.**

The majority settle with time but can take up to two years **and progress is slow.** It is important to keep pain under control with regular over-the-counter pain medication and keep your shoulder moving but within pain limits. Physiotherapy and exercises can help with this; using your shoulder will not cause damage, making it hurt will not harm it, but it can be very painful so do move within tolerable limits.

For more information: Type or click on this link https://www.tims.nhs.uk/wp-content/uploads/2023/01/Frozen-Shoulder-Exs-HW-Dec2022.pdf

Or scan this QR code for frozen shoulder exercises and treatment options

If you do not have internet access, please contact TIMS and ask for the leaflet on frozen shoulders.

Rotator cuff related shoulder or subacromial pain

(Often called impingement, bursitis, tendinopathy, or cuff tear.)

This is the commonest cause of shoulder pain in adults, with the peak incidence in middle age (35-70yrs). Symptoms often start for no reason or with a minor incident and tend to affect the rotator cuff tendons that are important in helping us to move our shoulder normally. Pain is generally felt on the outside of the upper arm and is aggravated by shoulder and arm movements involving lifting with any load in your hand, reaching and using the arm especially out to the side or away from the body. Reaching behind your back or lying on the affected side can also be uncomfortable. The shoulder often feels better if supported when moving and unlike the frozen shoulder, there is usually little or no stiffness.

Most symptoms settle on their own, given enough time in the right environment, (essentially, moving your shoulder / arm in a relatively comfortable zone)

Rotator cuff tears

As the cuff ages, the tendons thin and eventually small holes, or 'tears' may occur. (This can be likened to a woolly jumper, wearing at the elbow) This is a normal part of the aging process and may, but not always, cause symptoms. This is why scans often do not help in diagnosis or treatment of your pain. A traumatic rotator cuff tear is less common and can follow an injury or fall. This presents with clear weakness and needs assessed (see red box above)

For more information: Type or click on this link : https://www.tims.nhs.uk/wp-content/uploads/2023/03/Cuff-related-subacromial-shoulder-pain.pdf

Or scan this QR code to link for exercises / videos and treatment options for sub acromial pain

Or this QR code to take you to the BESS (British Elbow and Shoulder Society) website

If you do not have internet access, contact TIMS and ask for information on cuff related shoulder pain.

Arthritis of the shoulder joint (gleno humeral joint)

This is less common and usually occurs in those over the age of 60. Symptoms are pain and stiffness and sometimes grinding in the joint. A clinical examination and x-ray can confirm the diagnosis.

The main treatment options are regular analgesia and pacing your activities, or joint replacement surgery.

For more information:
Type or click on this link : https://www.versusarthritis.org/about-arthritis/exercising-with-arthritis/why-is-exercise-important/

Or scan this QR code to link to more information on shoulder arthritis or if you do not have internet access contact TIMS and ask for the Versus arthritis leaflet

Shoulder Instability

History of this can be variable and affects how it is treated.

It may be after a **traumatic dislocation**. Many respond well to rehabilitation, either strength and conditioning in the younger shoulder or stretching to regain movement in the slightly older shoulder over the age of 30. Surgery is not indicated initially, especially in these older ones but may be considered if it continues to be unstable after trauma.

Alternatively, it may be a painful, slightly loose shoulder or a clunky, dislocating shoulder in a flexible person where the muscles are not controlling the joint properly. The muscles need to be educated and retrained to control the shoulder joint and shoulder blade movement so physiotherapy is the mainstay of treatment, or you could try simple strengthening work.

Do not do ‘trick’ movements or deliberately ‘clunk’ your shoulder as this will make it worse!

Or scan this QR code to link to more information on shoulder arthritis or if you do not have internet access contact TIMS and ask for the Shoulder instability leaflet

Biceps pain / tendinopathy or rupture

Pain at the front of the shoulder is usually linked to the biceps tendon. Most biceps tendon pathology can be settled with rehabilitation / modification of activities.

In younger shoulders, it is often linked to muscle imbalance / altered flexibility and will respond to proper rehabilitation. With trauma in a younger person, it may be linked to a SLAP lesion but again, the majority will get better with rehabilitation.
Try the general shoulder exercises or shoulder instability exercises above

Occasionally in older shoulders, the bicep tendon can become worn/irritated and can rupture at the top end causing a change in shape to the muscle and sometimes bruising. The pain usually settles over 2-3 months and with a gradual increase in movement and activity as pain allows. Surgery is not helpful.
****Sometimes the biceps tendon ruptures at the elbow possibly after lifting a very heavy weight. It is important to seek medical help immediately as this may need surgical repair??****

Acromioclavicular joint pain

This is a small joint between your collar bone and shoulder blade. Pain is usually felt on the tip of your shoulder, is tender on pressing and usually aggravated by moving your arm above shoulder height, across your body or behind your back. It is commonly due to arthritis, often comes and goes and usually settles with painkillers and changing your activity.

Sometimes, the joint is dislocated, separated or sprained in a fall or injury. The majority do not need surgery and settle significantly in about 6 weeks but can take up to 18 months to fully settle. Sometimes an injection can be helpful in either situation or occasionally surgery.

Sternoclavicular joint pain

This is the joint where your collar bone meets your breast bone. Usually, pain is felt on pressing the joint and may spread along the collar bone. The joint can become prominent and swollen. Again, it is commonly due to arthritis, often comes and goes and settles with painkillers and changing your activity / avoiding aggravating it. Sometimes an injection can be helpful.

Less commonly, the problem may be instability where the joint slips in and out, which can feel odd but usually settles with time or fades into the background if allowed to settle. Do not do ‘trick’ movements with your shoulder as this can make it worse.

STOP SMOKING, LOSE WEIGHT, AND GET FITTER:

Evidence suggests that stopping smoking, losing weight, and getting fitter are important factors in reducing musculoskeletal pain and can have a significant impact on the shoulder's ability to heal itself. So, it is important to be as healthy as possible and keep active.

It can be as simple as going for a short walk and gradually increasing the time or frequency.

Eat healthy

Stop smoking - For help with smoking cessation visit the NHS Quit Smoking webpage

The Wellbeing section on the TIMS website has a range of useful resources and information on getting healthy and staying healthy. https://www.tims.nhs.uk/wellbeing/

CONTACT US:

If, having tried the above, you are still having problems or have any questions / concerns about your shoulder, contact TIMS to have an appointment to confirm diagnosis and further treatment options for your condition. **Please email** nuth.tims@nhs.net, ring on **0191 2138800** or visit our website at: **www.tims.nhs.uk** which provides online guidance and support on managing your musculoskeletal condition effectively.

For further information:
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.**

Management of musculoskeletal conditions visit the TIMS website or Versus arthritis website.

The Patient Advice and Liaison Service (PALS) can offer on-the-spot advice and information about the NHS. You can contact them on freephone 0800 032 02 02 or e-mail **northoftynepals@nhct.nhs.uk.**

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DRAFT October 2023

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