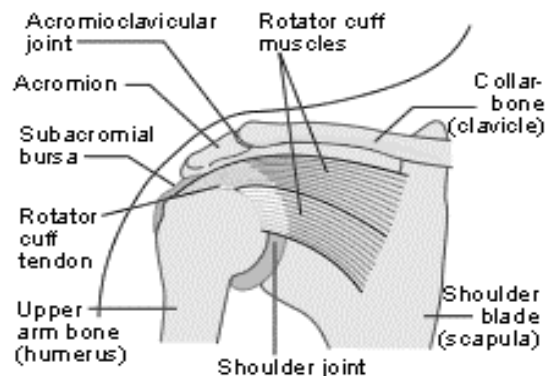


SELF-CARE INFORMATION ON ROTATOR CUFF PAIN



The Shoulder

The shoulder is a complex system made up of the humerus (the upper arm bone), the scapula (the shoulder blade), and the clavicle (the collar bone). On the top of the shoulder sits a bony protrusion called the acromion. The space below this is called the subacromial space. This is filled by the subacromial bursa, a fluid filled sac that acts as a protective layer between the bones and soft tissue structures. The shoulder joint is surrounded by a fibrous capsule and ligaments that have a limited role in stability. There are numerous muscles that help to keep it stable. The *rotator cuff muscles* are a group of muscles that are important for both stability and producing movement at the shoulder.

Rotator cuff related shoulder pain

Rotator cuff related shoulder pain occurs when muscle tendons or bursa are irritated within the shoulder joint on certain movements, leading to pain, stiffness, and restricted motion. This can be due to overuse (especially with overhead work), weakness of the muscles in the shoulder, or sometimes occurs after minor trauma. Often there is no apparent cause for the pain, and it may come on suddenly or gradually.

Symptoms

Symptoms vary from person to person but may include:

- Pain in the shoulder and upper arm. This may radiate down the arm in more severe cases. It can present as either an ache or a sharp pain, or a combination of the two.
- Pain on activities such as lifting, reaching, overhead movements or driving.
- Pain when lying on the shoulder.
- Pain may be worse at night-time and can affect your sleep.
- There may be some mild weakness of the shoulder muscles making it harder to lift your arm

Diagnosis

Rotator cuff related shoulder pain can be diagnosed after taking a history and undertaking a physical examination.

Investigations

Imaging can be helpful following trauma to diagnose fractures or following dislocation of the shoulder. Further investigations are rarely needed for atraumatic (shoulder pain not associated with an injury) shoulder pain.

Structural changes on investigations such as tendon tears or bursal thickening/bursitis are just as common in people with no shoulder pain as it is in people with shoulder pain. In fact, in one study, up to 96% of people with no shoulder pain and no loss of function were found to have structural changes, such as tears, bursal thickening and many other changes. This means that what is seen on investigations is usually not the cause of the problem and in most cases the findings cannot tell you where the pain is coming from. Most scan findings relate more to your age rather than any pain you may have.

Getting better usually has nothing to do with 'fixing' what was found on these investigations, and in most situations, you should not worry about what any imaging has found.

Prognosis

This will depend on the severity of your symptoms, and it may take up to a few months to improve. It is vital to make sure the muscles around the shoulder are working well and this is usually achieved through an individual exercise programme.

Your shoulder should start to feel better within 6 to 12 weeks if you do the simple exercises on the following pages. These have been recommended by the UK's leading shoulder physiotherapists and proven to reduce pain and improve your shoulder. This booklet will show you how to do them within the comfort of your home.

Self-care

- **Be positive and keep moving!** There are many things you can do yourself to help manage your symptoms
- **Activity** - It is important to keep active. You should modify activities that aggravate your pain such as overhead activities or prolonged repetitive activity. Try to pace your activity to avoid exacerbating your pain. General exercise can really help your recovery so try to keep going with other activities you enjoy keeping fit. If you don't exercise regularly try to build something in – even a brisk 20-minute walk 3 times a week will help.
- **Medication** - If you have been prescribed anti-inflammatories or painkillers for pain relief take them at regular intervals as prescribed. Consult your GP if your medication is not helping as they may be able to prescribe an alternative medication.
- **Sleeping positions** - Sleep on a supportive mattress and avoid sleeping directly on the shoulder. If you have to lie on that side, then try a thicker pillow or two pillows. Alternatively, try sleeping on your opposite side with a pillow tucked under your armpit. Try to avoid sleeping with your arm above your head. Choose whatever position is best for your pain levels.
- **Hot/cold** - Either heat or cold can be used to help pain and muscle spasm. Use frozen peas in a damp tea towel for up to 10 minutes, or alternatively try a hot water bottle in a cover. Use whatever gets best results for you. Make sure to regularly check your skin to avoid skin damage.
- **Exercise** - It is essential to start active exercises as prescribed by your GP or physiotherapist. This will help to increase the mobility in the shoulder as well as improving strength and stability of the muscles around the shoulder. You may only be able to move your arm a small amount at the start, but this will improve over time. A small increase in pain while exercising is okay if it goes away within 30 minutes and is not worse the next day. If this happens, don't worry, do fewer repetitions the next time and then gradually build up again. If you follow the instructions

and exercises in this leaflet, there is an excellent chance you will improve your shoulder pain and not need any more treatment. If your shoulder does not improve over 6-12 weeks, or gets worse despite the exercises, you will need to visit your health professional again.

Getting the most from your exercise

- Build the exercises into your daily routine so you can do them regularly.
- Find time when you are not under pressure and can give the exercises your full attention.
- Try to do the exercises on six days each week with one day off. If you want to get better, you will need to do them on at least four days of the week.
- You don't have to do all three exercises straight away – you can start with two and build in the third when you get confident.
- It helps to keep an exercise diary to record how many repetitions you have done and see how you are progressing.
- Your physiotherapist may recommend specific exercises for you that relate more specifically to your individual problems or will help you to do your job, hobbies or sporting activities without pain

Exercise 1: Wall Slides



Find a smooth wall or wall mirror and a cloth that will slide easily on the wall (or put clean socks on your hands). Stand facing the wall. Place the edges of your hands against the wall with your thumbs facing you. Now step forward as you gently push into the wall and slide your hands up as far as you can. Relax and return to start position.

- Repeat 8 times
- Rest for a minute
- Repeat 8 times
- Rest for a minute
- Repeat 8 times.

When you can do this exercise easily you can progress by doing it without the support of the wall and adding a light weight.

Exercise 2: Push-ups against the wall



Now put your hands on the wall as if you are going to do a push-up. Make sure your hands are placed a little wider than the width of your shoulders, your hands are turned out slightly and your elbows are below your shoulders. Now lower your body towards the wall keeping your body nice and tall.

- Repeat this 8 times
- Rest for a minute
- Repeat 8 times
- Rest for a minute
- Repeat 8 times.

When you can do this exercise easily you can progress and increase load by moving your feet further from the wall.

Exercise 3: Shoulder rotation



Sit next to a table with your elbow supported just below shoulder height on a rolled-up towel. Now make a gentle fist, keep your elbow bent and then rotate your forearm to point upwards.

Return to the start position and relax. Make sure you sit up tall whilst you do this.

- Repeat this 8 times
- Rest for a minute
- Repeat 8 times
- Rest for a minute
- Repeat 8 times.

When it is easy for you to do this, you can add a light weight – start with half a kilo or a small 500ml water bottle and increase the weight gradually.

Other treatments

Physiotherapy is the main treatment shown to be effective for rotator cuff related shoulder pain. However, if you find that this is not successful, there may be other management options available to you. Your GP or physiotherapist can advise on which may be suitable for you.

- In some cases, a corticosteroid injection may be considered for pain relief.
- If your pain is ongoing despite physiotherapy and injection, you may be referred to a consultant orthopaedic surgeon for a surgical opinion.

Useful contacts

- Self-refer to Physiotherapy using the below link:
[https://www.ghc.nhs.uk/our-teams-and-services/adult-physiotherapy/musculoskeletal-physiotherapy-self-referral-form/Ask your pharmacist](https://www.ghc.nhs.uk/our-teams-and-services/adult-physiotherapy/musculoskeletal-physiotherapy-self-referral-form/Ask%20your%20pharmacist)
- Patient UK - www.patient.co.uk
- NHS Choices, www.nhs.uk/conditions/

If you have further questions:

Call the **practice** on *01285 653184 or 01285 653122*

If you require **urgent** medical advice, call *111 (24 Hrs)*

In an **emergency** call **999**