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Shoulder Pain

Shoulder pain is common and can be brought on by the repetitive tasks or postures to which we regularly expose our bodies. Pain is frequently felt in the upper outer arm as well as around the shoulder joint. The shoulder structures may be the source of this pain but it can be referred

from other regions, for example the neck. This leaflet will provide you with information on the common causes of shoulder pain and what you can do to help yourself. It explains how physiotherapy can provide a diagnosis and treatment to ensure your optimum recovery.

Important

Most shoulder pain is not serious and does not require x-rays or scans to diagnose the cause. Conditions requiring further medical attention can present as shoulder pain therefore you should seek medical advice if you:

- Suffered a significant trauma, particularly if the shoulder contour has changed and /or you have severe loss of movement or weakness
- Have a history of cancer or cardiac problems
- Feel generally unwell, develop a fever
- Have swelling, redness or a rash over the area
- Have constant pain not affected by movement of the shoulder.

Common causes of shoulder pain

Shoulder tendons

The tendons around the shoulder joint blend to form a supportive cuff called the **rotator cuff**. Wear and tear of these tendons is called **tendinosis**, this is the most common cause of shoulder pain in the over 40's.

The tendons can be damaged by prolonged repetitive tasks or postures for example, using the computer, playing sports and performing DIY.

Pain is felt with specific movements, like reaching back, reaching out to lift something or half way through reaching up or lowering the arm down. The term **impingement** may be used to describe these painful movements. This happens when the damaged tendons or inflamed bursa are compressed

under the bone at the tip of the shoulder (the **acromion**).

Occasionally, in the older population ongoing tendinosis may lead to a tear of the rotator cuff, resulting in marked weakness of certain shoulder movements.

Bursitis

Bursas are found around the body; these fluid filled sacks protect structures from rubbing on the surrounding bone. The large shoulder bursa, like the shoulder tendons can be irritated by repetitive tasks and causes impingement. When the bursa becomes inflamed, sleeping on that side becomes difficult, movements are limited and in severe cases the arm will ache even when resting at your side.

Frozen shoulder

The capsule of the shoulder can become contracted and thickened often with no history of trauma or injury. The reason for this is still not fully understood but it is more common in diabetics, after shoulder or breast surgery and in women aged 40–60. The shoulder becomes increasingly painful and restricted, both when you lift it and when lifted for you. It follows 3 main stages:

Painful phase – increasing pain

Frozen stage – increasing stiffness, pain lessening eventually

Thawing phase – stiffness reducing

These phases last in total from 18–24 months. Most people make a full recovery.

Arthritis

Arthritis can develop in the joint where the collar bone meets the shoulder blade, on the top of the shoulder – the **acromioclavicular joint**. It is common in middle

age and results in a bony lump visible over the joint. It may result in a reduction of and ache at the end of your reaching movements. It can also provoke impingement in the tissues under the joint as described above. Other forms of arthritis can affect the ball and socket joint but this is relatively uncommon.

Referred pain

This describes pain coming from structures outside the painful area. The joints, nerves, muscles and ligaments in the neck can refer pain to the shoulder area. Nerve pain can make your arm and shoulder blade achy and heavy; pins and needles can develop in your arm and hand. Muscle pain as a result of tension, stress and repetitive tasks or postures can lead to pain and stiffness in the shoulder.

Shoulder pain has many causes; assessment by a Physiotherapist will provide you with the correct diagnosis.

What can I do to help?

- If you need them, take the over-the-counter painkillers that work for you. Relieving some of the pain will allow you to relax muscles and keep the shoulder moving
- Try to keep your arm moving within the limits of pain but do not overstretch. Gentle movement is important
- Heat or cold can give you short term relief and relax muscle tension. Ask your Physiotherapist for advice on how and where to apply
- Stress and anxiety can lead to muscle tension and pain. Try to sit in a supported position and “let go” while breathing out
- In the early stages try to avoid any irritating movements or postures you have identified during your normal daily activities, sport or work. Seek advice from your Physiotherapist on how and when to return to these tasks
- Contact your local Physiotherapist. The correct diagnosis can reduce your anxiety and direct you to the most effective treatment.

How can physiotherapy help?

Your Physiotherapist will be able to identify the source of your shoulder pain and explain the reasons why you have developed the symptoms. Physiotherapists are experts in rehabilitation and will be able to answer your questions and apply a variety of treatments tailored to ensure your optimum recovery. They will specifically work with you and advise you on how to prevent a recurrence.

These treatments may include:

- Specific exercises to allow your arm and shoulder blade to work more efficiently
- Hands-on therapy directed to your joints and muscles such as massage and gentle manipulation
- Ultrasound, acupuncture
- Injections to reduce inflammation
- Advice on graded return to sport, activity
- Postural advice at home and correct workstation set up at work
- Relaxation techniques to reduce muscle tension.

Remember

- In most cases shoulder pain will improve with time, guidance and support
- Recovery time varies depending on the origin of the pain
- Stay positive
- Keep the shoulder moving within painful limits
- Identify and avoid irritating postures, activities
- Seek the advice and help of your local Physiotherapist for a correct diagnosis and effective treatment.