Leicestershire Partnership NHS Trust

Rotator Cuff-Related Shoulder Pain

Patient Information Leaflet

MSK Musculoskeletal Physiotherapy Service

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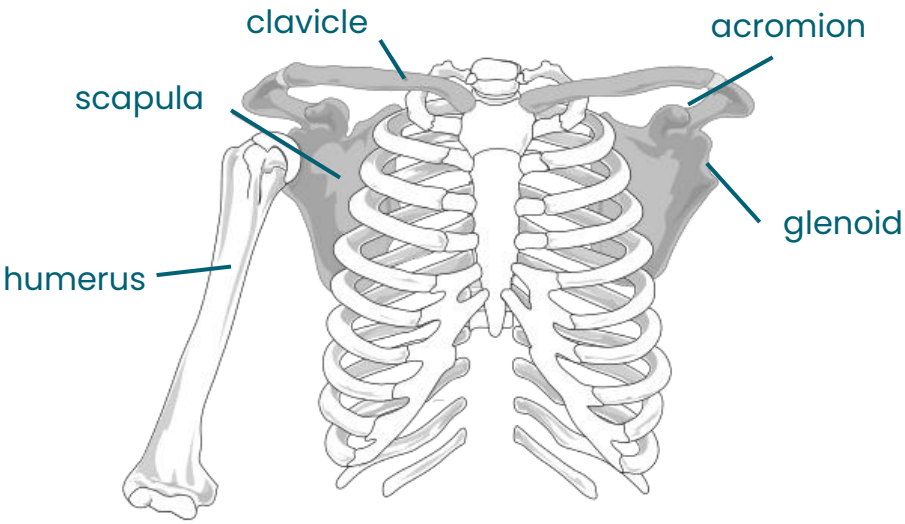
The anatomy of the shoulder

The shoulder joint is a 'ball and socket' joint. It is made up of the ball (humerus) and socket (glenoid) which is part of your shoulder blade (scapula). This enables you to move your arm in lots of directions and gives you the ability to reach for things.

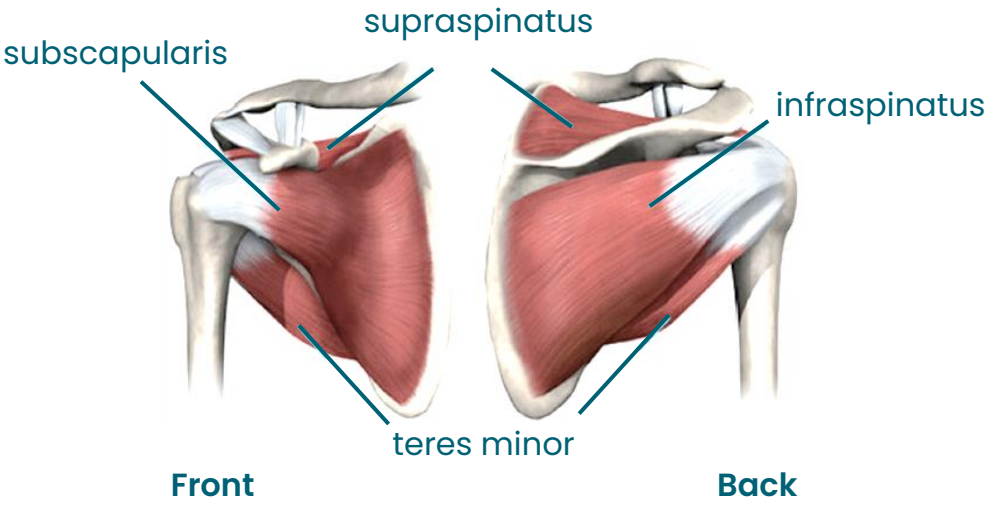


What is the rotator cuff?

The rotator cuff is a group of four muscles which work together to move the arm and provide stability to the joint. The muscles come together and attach to the humerus via a tendon.

Muscles of the rotator cuff

The rotator cuff reportedly accounts for up to 70% of all shoulder pain problems. This is now known as 'rotator cuff-related shoulder pain'.



It often causes pain in the shoulder and upper arm, but it can also refer pain up to the neck. It may be painful to lift the arm away from the body, reach behind the back, lift objects or lie on the arm.

You may not be familiar with the term 'rotator cuff-related shoulder pain'. You may however have heard of other terms which describe shoulder pain, such as:

- sub-acromial pain
- bursitis

- impingement syndrome

As our knowledge and understanding improves, the terminology we use changes. We now call it 'rotator cuff-related shoulder pain' to best reflect our understanding of what is causing the pain.

What causes rotator cuff-related shoulder pain?

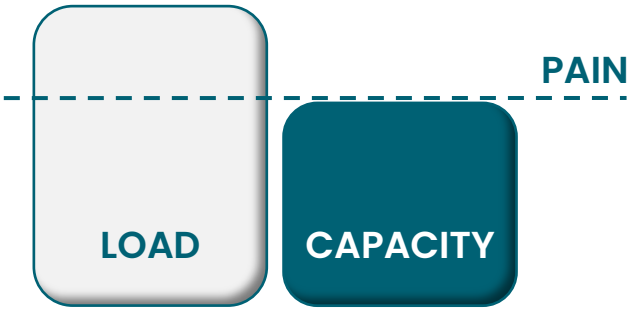
Commonly, pain in the rotator cuff occurs when the shoulder has been exposed to a change in load. 'Load' is the physical force which we place on the shoulder.

The ability of the rotator cuff to cope with load is called its 'capacity'. When we place load on the rotator cuff which exceeds its capacity, it increases the risk of pain or injury.

This can happen quickly. For example, a sudden increase in gardening in the spring after a winter break. Sometimes, rotator cuff-related shoulder pain can occur following injury, such as a fall.

It can also happen slowly, when changes in your day-to-day activities begin to place more load on the shoulder. Such changes can be subtle and can be hard to recognise.

If the rotator cuff lacks the capacity to cope with an activity, it may eventually cause pain.



Do I need a scan?

In most cases, investigations such as ultrasound scans, X-rays and MRI scans are not required.

This is because many of the structural changes that are seen on a scan are **normal**, particularly as we get older. The same changes are often found in people **without** shoulder pain.

Common changes include thickening of the bursa (a small, fluid filled sac positioned under the acromion), thickening of the tendon and age-related wear of the joint surface.

This means that the findings on your scan often do not explain the cause of your pain.

Treatment

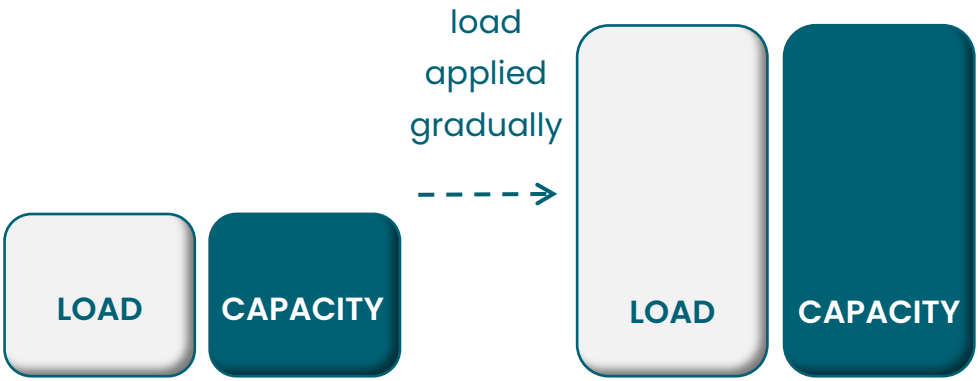
Research tells us that the best treatment for rotator cuff-related shoulder pain is exercise.

We know that if the rotator cuff lacks the capacity to cope with an activity, risk of pain and injury increases.

Exercise therefore aims to increase the capacity of the rotator cuff, enabling you to tolerate more load without pain or injury.

This is achieved by applying load to the rotator cuff gradually, allowing it time to adapt (become stronger).

Applying the load gradually enables muscles to become stronger, tendons to become more resilient and bone density to increase.



Pacing

It may be necessary to temporarily adjust the load you place on your shoulder. You can do this by pacing; reducing the peaks and troughs in your activity level to find the middle ground, between doing 'too much' and doing 'too little'.

Finding a consistent level of activity that your shoulder can tolerate may help your symptoms to settle more quickly.

Consider which activities flare up your pain. It may be helpful to break these up into smaller, more manageable chunks.

Alternatively try techniques such as stepping closer to an object rather than reaching out for it.

Be mindful that protecting the shoulder or resting it for too long by avoiding activity can reduce the capacity of the rotator cuff and increase your risk of pain or injury.

It is therefore important to continue to use your arm as normally as possible and gradually increase your activity as your rotator cuff becomes stronger and more resilient.

How long can my symptoms last?

For pain to resolve, the rotator cuff needs to adapt (become stronger). This takes time. The good news is that most people do recover.

It can take a minimum of **12 weeks** for symptoms to improve, but further improvement may be expected up to 24 weeks.

You may not see any improvement in symptoms in the first six weeks.

Should I have pain when I exercise?

Exercises need to be challenging enough to cause the rotator cuff to become stronger. As a result, some pain whilst exercising is normal and expected.

The most important thing is that you are being challenged by the exercise.

The pain should be tolerable and should return to a more comfortable level shortly after the exercise is complete.

If increased pain continues for more than a few hours, it may be necessary to reduce the intensity of your exercises.

No pain and exercises are easy for you.

Consider **progressing** the exercises.

Some pain, but settles quickly. Exercises are challenging.

Continue exercises **at this level**.

Flare up of pain that does not settle quickly.

Reduce the difficulty of exercises.

Exercise 1: Wall Slides

Find a smooth wall or door. Grasp a cloth or towel between both hands, exerting a gentle pull.

Stand facing the wall. Place the edges of your hands against the wall with your thumbs facing you.

Bring your bodyweight forwards as you push into the wall and slide your hands up as far as you comfortably can.

Relax and return to the start position.

Repeat 8 times

Rest for 60 seconds

Repeat 8 times

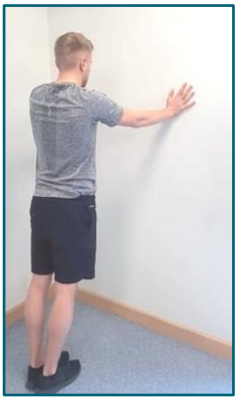
Rest for 60 seconds

Repeat 8 times

When you can do this exercise easily:

- perform the exercise without the support of the wall
- or do the same movement whilst holding a light weight such as a bottle of water

Exercise 2: Wall Push Ups



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 8 times

Rest for 60 seconds

Repeat 8 times

Rest for 60 seconds

Repeat 8 times

When you can do this exercise easily:

- move your feet further from the wall

Exercise 3: Shoulder Rotation

Sit next to a table with your elbow supported just below shoulder height on rolled up towels or a pillow.

Now make a gentle fist, keep your elbow bent and then slowly rotate your forearm to point upwards.

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

You are aiming to build up to

20 consecutive repetitions

As the exercise gets easier you can increase the weight:

- first to 1 kg
- then to 1.5 kg
- then to 2 kg

What else could be contributing to my pain?

Pain can be influenced by many factors. These include:

- feeling anxious, scared or worried - this might be about your shoulder pain, or other things such as money worries
- feeling stressed, perhaps due to personal or work issues
- feeling tired and not getting enough good quality sleep
- health factors such as carrying excess bodyweight or health conditions such as diabetes or COPD

These factors can influence how much pain we experience and how long it lasts. Often a combination of these factors is involved.

Addressing some of these factors may be important to your recovery. You can discuss these with your physiotherapist.

Are there other things that can help my pain?

Pain Relief

Pain relief can be a helpful way to control pain. Medications can be discussed with your pharmacist or GP and should always be taken as prescribed.

Other things such as using heat or ice can be an effective way of helping to manage pain.

Injection

An injection may be considered in exceptional circumstances where high levels of pain make it difficult to participate in exercise. In the short term, this may help to reduce pain however it will not address the underlying cause. Multiple injections can be harmful to the health of your rotator cuff.

It is therefore important to strengthen the rotator cuff to achieve long term symptom relief.

Other physical activity

Regular physical activity reduces the likelihood of developing musculoskeletal pain.

National guidelines recommend at least 150 minutes of moderate intensity or 75 minutes of vigorous physical activity, plus two strengthening activities per week.

Top tips:

- Be patient! It may be up to 12 weeks before you see a big change in your pain. The good news is most people will recover.
- Keep moving! Muscles need movement to keep them healthy.
- Try to do the exercises once a day, six days per week. You will need to do them on a minimum of four days per week to see improvement.
- Break up larger tasks into more manageable chunks. This will reduce the risk of 'flare ups' and enable you to keep a more consistent level of activity.
- If you are struggling with sleep, try putting your arm on a pillow, or roll a pillow behind your back to prevent you from rolling on to your painful arm in your sleep.
- Try to build regular exercise into your weekly routine.

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If you need help to understand this leaflet or would like it in a different language or format such as large print, Braille or audio, please ask a member of staff.

MSK Physiotherapy Service

Find out more about the MSK Physiotherapy Service and what we offer www.leicspart.nhs.uk/service/musculoskeletal-msk-therapy-physiotherapy/

Further Resources

Access our other MSK Physiotherapy resources www.leicspart.nhs.uk/msk-physiotherapy-resources-getting-started/

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