

Shoulder pain

This booklet provides information and answers to your questions about this condition.

What is shoulder pain?



The shoulder is the most mobile joint in the body and can be affected by a number of painful conditions. In this booklet we'll explain what causes shoulder pain and what you, and your healthcare team, can do to ease the problem. We'll also suggest where you can find out more about coping with shoulder pain.

At the back of this booklet you'll find a brief glossary of medical words – we've underlined these when they're first used.

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At a glance

Shoulder pain

Shoulder problems are common but they aren't usually caused by arthritis. They can often improve in a relatively short time with simple treatments. In most cases you won't need to see a doctor.

What can I do to help myself?

There are several ways you can help yourself, including:

- taking painkillers
- applying heat or cold therapy
- balancing rest and exercise
- checking your posture
- thinking about whether daily activities are contributing to your shoulder problem and how you can pace them.

When should I see my doctor?

You should see your doctor if you:

- have severe pain after a definite injury
- have severe pain or stiffness in both shoulders
- also feel feverish or generally unwell.

Most shoulder problems only affect a small area and don't last very long.

How is it diagnosed?

A diagnosis is usually based on your symptoms and an examination of your shoulder, but sometimes requires:

- an x-ray
- blood tests
- ultrasound or magnetic resonance imaging (MRI) scans
- nerve conduction tests.

What causes it?

The shoulder is a complex structure, and pain can be caused by problems with the muscles, tendons and other soft tissues or by arthritis in the shoulder joints. Sometimes pain in the shoulder is related to a problem in the neck.

What treatments are there?

The usual treatments include:

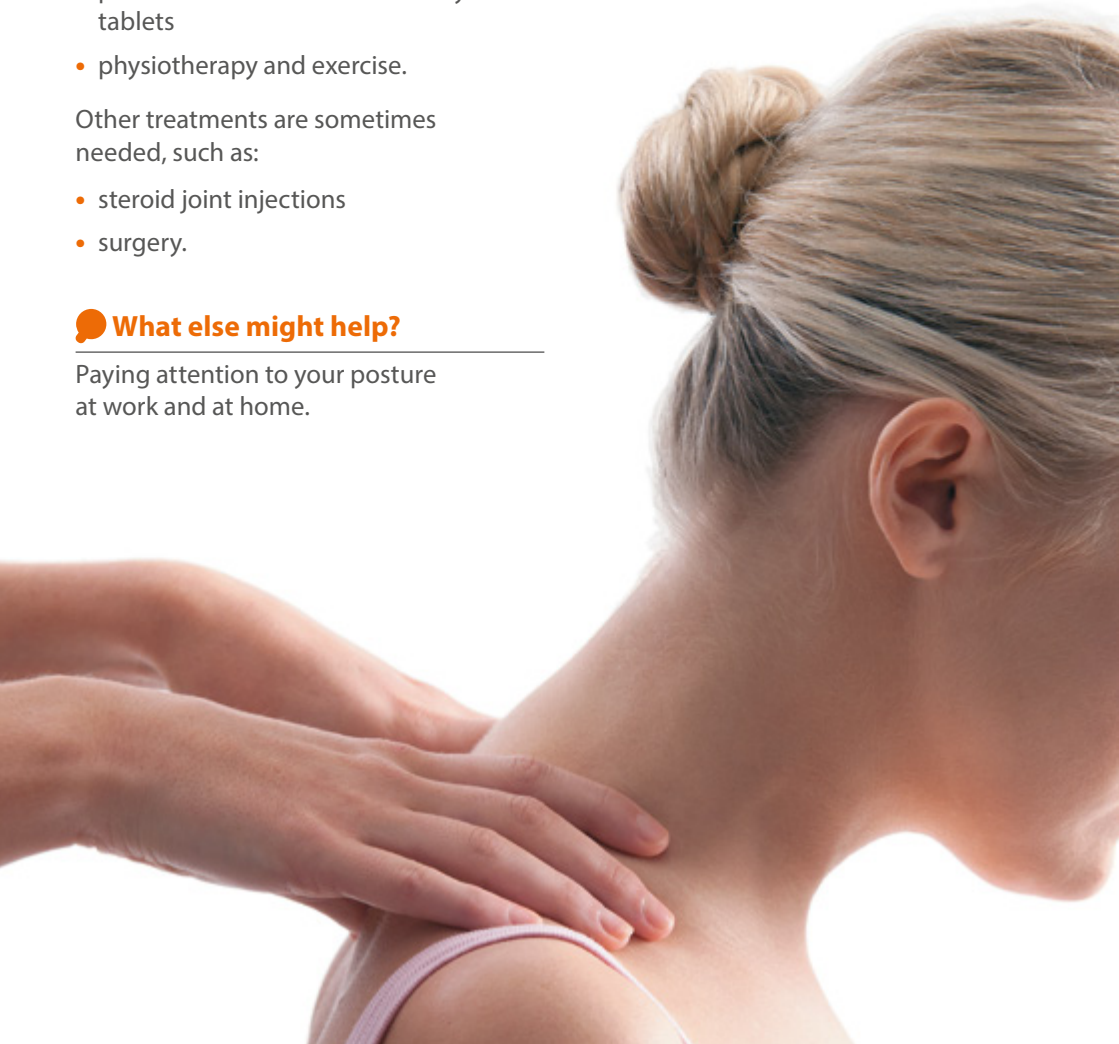
- painkillers and anti-inflammatory tablets
- physiotherapy and exercise.

Other treatments are sometimes needed, such as:

- steroid joint injections
- surgery.

What else might help?

Paying attention to your posture at work and at home.



Shoulder pain isn't always caused by a problem in the shoulder. For example, problems in the neck can cause a pain or tingling across your shoulder blade.

Other causes may include injury to muscles, tendons and the capsule, or arthritis.

How does the shoulder work?

The shoulder is the body's most mobile joint. The main shoulder joint (the glenohumeral joint) is a ball-and-socket joint, because the ball-shaped upper arm bone (the humerus) fits into the cup-like depression of the top part of the shoulder blade bone (the scapula). These so-called ball-and-socket joints give the most movement of all the different types of joints in the body.

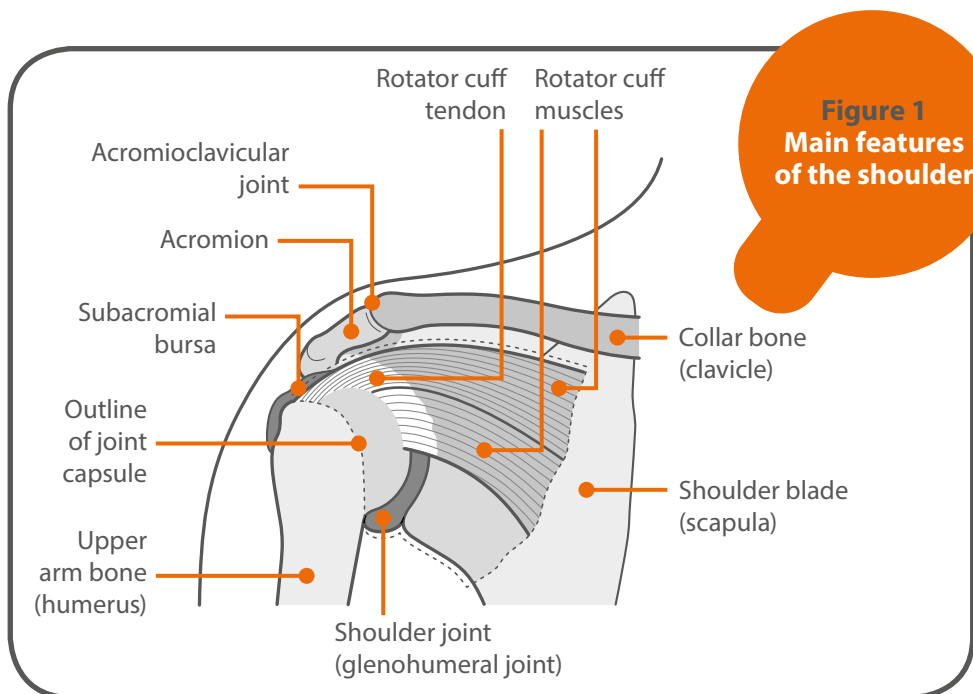
The shoulder joint is surrounded by a tough fibrous sleeve, called the capsule, which helps to hold the joint together. The inner layer of the capsule (the synovium) produces a fluid which

nourishes the cartilage and lubricates the joint. A group of four muscles and their tendons make up the rotator cuff, which controls movement and also helps to hold the joint together.

There's also a smaller joint (the acromioclavicular joint) where the top of the shoulder blade meets the collarbone, above the main shoulder joint.

What causes shoulder pain?

Most shoulder problems will only affect a small area and are relatively short-lived. Some shoulder problems may be part of a general condition such as rheumatoid



arthritis, osteoarthritis or polymyalgia rheumatica. Rheumatoid arthritis quite often affects the shoulders. Osteoarthritis is less likely to affect the shoulders than other joints, and can be a consequence of previous shoulder injuries.

There are several other possible causes of shoulder pain, including:

- inflammation or damage to the muscles and tendons around the shoulder
- tension in the muscles between the neck and shoulder (common in people with poor upper back or neck posture, often linked to their work)
- inflammation in the sac of soft tissue (bursa) that normally allows the muscles and tendons to slide smoothly over the shoulder bones
- damage to the bones and cartilage, which can be caused by arthritis.

Shoulder pain isn't always caused by a problem in the shoulder joint. For example, problems in your neck can cause pain that's actually felt over the shoulder blade or in your upper outer arm (this is known as referred pain). If your shoulder pain is accompanied by a tingling sensation in your arm or hand, this is also more likely to be caused by a problem in your neck.

Specific shoulder problems are described in more detail later.

i See Arthritis Research UK booklets
Osteoarthritis; Rheumatoid arthritis.

Should I see a doctor?

Unless you have a traumatic injury or experienced sudden and continuing pain, there's no need to see your doctor straight away. But if the pain isn't improving after about two weeks then you should see your doctor or a physiotherapist, in case you have a more complex problem.

You should also see your doctor as soon as possible if you:

- develop severe pain in both shoulders
- also have pain in your hips or thighs
- also feel feverish or unwell.

These can be signs of a condition called polymyalgia rheumatica, which needs prompt treatment.

i See Arthritis Research UK booklet
Polymyalgia rheumatica (PMR).

What can I do to help myself?

There are several ways you can help yourself if you have shoulder pain.

Painkillers

Simple painkillers or anti-inflammatory tablets and creams you can buy at the chemist can help, but don't use them for more than two weeks without seeking medical advice. Your pharmacist

should be able to provide guidance on medication and application.

i See Arthritis Research UK drug leaflets *Non-steroidal anti-inflammatory drugs; Painkillers.*

Heat or cold therapy

If your shoulder pain is due to a recent injury or is inflamed (warmer to touch than the other side), an ice pack may be helpful. Leave in place for 10 minutes or so.

For most other types of shoulder pain, heat packs can achieve some pain relief, particularly if the muscles feel sore and tense. You can use a reusable heat pad (which you can buy from chemists and sports shops), a microwaveable wheat bag or a hot-water bottle.

Don't put heat or ice packs directly onto your shoulder, to avoid burning or irritating your skin. Wrap them in a towel (a damp towel for ice packs), before you apply to the skin.

Posture

Poor posture or working habits can worsen shoulder problems. This can include shoulders becoming rounded and slouching, particularly when sitting at a desk.

If people sit leaning forwards for long periods with pressure through their arm or with their arm held tightly by their side, this position can make the problem worse, especially if some of the pain is coming from the neck.

Changing your position frequently and sitting in a supported upright position may prove helpful.



Your upper body posture improves if your lower back is supported. When sitting, depending on the chair, you may need to place a pillow or cushion behind your lower back. It's important to ensure your arm is supported and that you feel comfortable. If it's really sore consider supporting it using a cushion or pillow on your lap.

Look into a mirror and make a conscious effort to hold your shoulder blades up and back. This should make your chest stand out as if you were taking a deep breath.

If your shoulder is painful to lie on, sleeping in the following positions may reduce the discomfort:

- Lie on your good side with a pillow under your neck.
- Use a folded pillow to support your painful arm in front of your body.



- Another pillow behind your back can stop you rolling back onto your painful side.
- If you prefer to sleep on your back, use one or two pillows under your painful arm to support it off the bed.

Reducing the strain

Generally it's best to carry out your normal activities, but don't overdo it. Bodies are designed to move but you may need to pace yourself and try to gradually do a bit more each day.

At home:

- When vacuuming, keep your upper body upright with the cleaner close to your body, and use short sweeping movements.
- Only iron essential items, and make sure the ironing board is at waist height.
- Use a trolley or a backpack to carry shopping, or divide the weight between two bags and carry one in each hand. Alternatively, use bags with long straps and carry them with the straps crossed over your body from shoulder to hip.
- Limit the amount of time when you are sat looking at tablets and mobile phones. Instead use a stand and place them on a table to reduce neck strain.

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- When doing DIY (such as painting and cleaning the walls or ceiling) try to allocate enough time and help required to complete the task. Also take lots of rests by moving around, and switching tasks and positions if you can.

At work:

- Try to maintain a good posture when sitting or standing. Avoid holding your neck in fixed or twisted postures.
 - If you work at a desk or workstation, try to get up and move around every so often. Make regular gentle movements through the full range of the neck and shoulders.
 - If you use a computer keep the keyboard and monitor directly in front of you, so you don't have to turn your head or twist your body. Keep the mouse within easy reach so you don't stretch.
 - When using the phone don't trap the receiver between your head and your shoulder. If you're on the phone a lot, use a telephone headset.
 - Avoid any manual work that hurts while you're doing it.
- !** It's important to seek advice if your job involves repetitive actions and/or awkward postures that might contribute to your shoulder problems.

Some companies have an occupational health department which might be able to help. Alternatively, contact your local Jobcentre Plus office, who can put

Research has shown that people who work hard to keep their muscles strong and can maintain movement, tend to make a quicker and more complete recovery.

you in touch with advisors specialising in physical difficulties at work.

i See Arthritis Research UK booklets *Looking after your joints when you have arthritis; Work and arthritis.*

Rest and exercise

Aim for a balance between rest and activity to prevent your shoulder from stiffening. Try to avoid the movements that are most painful, especially those that hold your arm away from your body and above shoulder height. However, it's important to remain generally active even if you have to limit how much you do.

When raising your arm, you can reduce the strain or pull on your shoulder by:

- keeping your elbow bent and at the side of your body
- keeping your palm facing the ceiling when reaching up.

To lower your arm, bend your elbow, bringing your hand closer to your body.

The exercises in the pull-out section at the back of the booklet will help ease pain and prevent future symptoms.

You may find it more comfortable doing these exercises after applying ice to your shoulder or taking painkillers.

i See Arthritis Research UK booklet
Keep moving.

Complementary medicine

There are many different complementary and herbal remedies that are believed to help with pain relief, and some people do feel better when they use some. However, on the whole these treatments aren't recommended for use on the NHS, as there's no conclusive evidence that they're effective.

i See Arthritis Research UK booklet
Complementary and alternative medicine for arthritis.

How are shoulder problems diagnosed?

If the problem continues for more than two weeks, or gets worse, you should see a doctor.

Each shoulder problem has its own pattern of symptoms. Most conditions will cause pain when you use or move your shoulder, and some will cause your shoulder to become stiffer. Your doctor or physiotherapist will need to establish which movements produce the most

pain, as this could indicate where the problem is. They will usually ask how the problem started, how it has developed and how it affects your daily activities.

Usually your symptoms and the doctor's examination of your shoulder will give all the information needed to plan your treatment. However, your doctor may suggest tests if they suspect arthritis or to rule out other conditions.

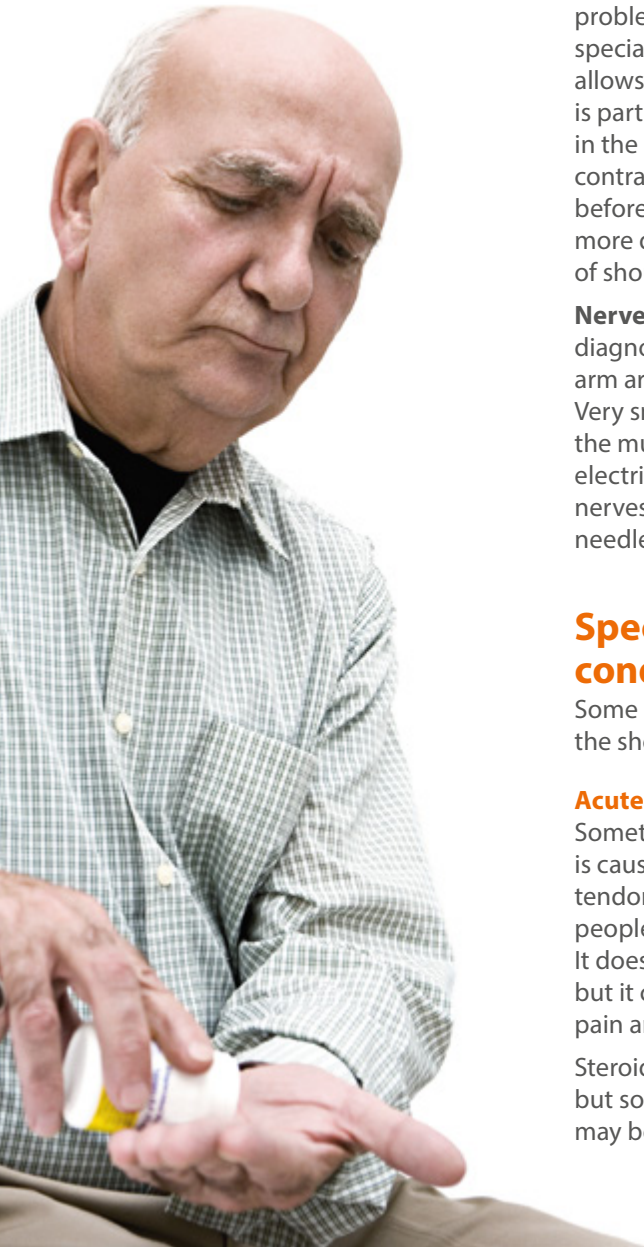
What tests are there?

Blood tests aren't usually required for most shoulder problems, but they're sometimes used to rule out other conditions, including some types of arthritis.

X-rays are good for looking at the bones of the shoulder but they won't show problems in the soft tissues around the joint - the muscles, tendons or cartilage. An x-ray may show minor changes, especially in the acromioclavicular joint, but these changes are quite common and may not be the cause of the pain. An x-ray may also show a deposit of calcium in the tendons which can sometimes cause inflammation and pain (acute calcific tendinitis). An x-ray can show changes of arthritis in the shoulder joint.

An ultrasound scan can be helpful. It allows the soft tissues of the shoulder to be seen, and can detect fluid and damage to tendons and muscles. It may show tears in the rotator cuff. Ultrasound or MRI can help confirm the cause of a painful arc or impingement syndrome.





Magnetic resonance imaging (MRI)

scans may be carried out if your doctor suspects a more complex shoulder problem, or if you're likely to need specialised treatment. An MRI scan allows the soft tissues to be seen and is particularly helpful in identifying tears in the rotator cuff tendons. Occasionally a contrast dye is injected into the shoulder before the scan is carried out – this allows more detail to be seen, especially in cases of shoulder dislocation.

Nerve conduction studies can help in diagnosing whether the nerves in your arm are being squeezed or irritated. Very small electrodes are placed in or over the muscles and a reading is taken of the electrical activity in the muscles and nerves. You may feel slight pain when the needles are inserted.

Specific shoulder conditions

Some of the specific conditions that affect the shoulder include:

Acute calcific tendinitis

Sometimes inflammation in the tendon is caused by a deposit of calcium in the tendon. We don't know why some people have a build-up of calcium. It doesn't always cause symptoms, but it can sometimes cause intense pain and restriction of movement.

Steroid injections often work well, but sometimes the calcium deposit may be removed by keyhole surgery.

i See Arthritis Research UK booklet
Calcium crystal diseases including acute CPP crystal arthritis (pseudogout) and acute calcific tendinitis.

Frozen shoulder (adhesive capsulitis)

A 'frozen' shoulder is where the joint capsule tightens, preventing movement. We don't know why this happens, though it sometimes follows an injury, a heart attack or stroke, and it's more common in people with [diabetes](#). The condition will usually resolve itself in time but it may take as long as two to three years.

Pain can be severe, especially at night and you may experience sudden muscle pains, called muscle spasm. You may need painkillers to help deal with this. A large volume injection into the shoulder, called a Volume Hydrodilatation, can help. Physiotherapy or a steroid injection into the shoulder may also be helpful.

Most people with frozen shoulder recover fully without surgery. However, if your shoulder movement remains restricted you may need keyhole surgery to release the capsule and/or manipulation under a general anaesthetic. You'll need to follow a programme of physiotherapy to reduce the risk of the problem returning, and restore movement fully.

Osteoarthritis

Osteoarthritis is a common condition which can affect any joint. When it affects the shoulder it may be in either the glenohumeral or the acromioclavicular joint. It may result from previous injuries or abnormal stresses. The cartilage

becomes thinner and spurs of extra bone (osteophytes) may form which alter the shape of the joint and affect how it moves. It's likely to cause pain and a reduction in the movement of the shoulder. If the acromioclavicular joint is affected, the pain may be noticeable when you stretch across your body, reach up high above your head or when you lie on the affected site.

Treatment will depend on the level of pain and how far the range of movement is affected. Physiotherapy can be very helpful but you may also need painkillers. If you have a flare-up you might need a course of anti-inflammatory tablets.

A steroid injection may be helpful, especially for the acromioclavicular joint. If these treatments don't give adequate pain relief you may need to consider joint replacement surgery (see section 'Surgery').

Polymyalgia rheumatica

This condition typically causes pain and stiffness in the muscles of the shoulders and the pelvis. It develops quite quickly over a week or so and is especially bad in the mornings. If you have pain in both shoulders and you're feverish or feel generally unwell, you should seek medical advice at an early stage as polymyalgia rheumatica can have complications – for example, inflammation of the blood vessels in the head.

Polymyalgia rheumatica responds well to treatment with steroid tablets, though the treatment may need to be continued for a year or more.

If shoulder pain is affecting your everyday activities like dressing, washing or driving, an occupational therapist may help by offering aids or gadgets to reduce the strain.

An occupational health team may be able to help you at work.

Referred neck pain

Your doctor will be able to help make this diagnosis, but sometimes the diagnosis is only confirmed when physiotherapy treatment to the neck resolves the problem.

Sometimes pain can radiate to the shoulder due to underlying lung disease, for example lung cancer. This is more of a risk if you are a chronic smoker and over 40. Unexplained pain which lasts for more than three weeks might warrant a chest x-ray. Symptoms such as unexplained weight loss and night-time sweating should also be brought to the attention of your GP.

i See Arthritis Research UK booklet
Neck pain.

Rheumatoid arthritis

This is an inflammatory disease which typically affects the hands and feet but can affect the shoulders.

The inflammation affects the lining of the joint capsule (synovium) but may, after a period of time, cause damage to the cartilage, bones and ligaments. There's no cure as yet, but many different treatments are available. Some of these will help ease the symptoms while others can slow down or halt the progression of the disease.

Treatments include:

- painkillers
- anti-inflammatory drugs
- disease-modifying drugs
- steroid tablets or injections.

Joint replacement surgery can help if the joint is badly damaged by the arthritis.

Rotator cuff tear

A torn rotator cuff is most common in people over 40. Most people don't remember hurting themselves beforehand. If you have a torn rotator cuff you may find you have pain and can't raise your arm properly, especially above shoulder height. It isn't always painful, although some people have pain for a few weeks before they notice any difficulty with movement. Symptoms can be similar to 'impingement syndrome' and tendon tears are often only found after ultrasound or MRI.

The neck and shoulder muscles can over-compensate for lack of movement in the shoulder causing hunching of the shoulder which can lead to neck pain.

Physiotherapy is often helpful, but surgery is sometimes needed to repair the torn part of the rotator cuff.

Tendon problems

Various tendons in the shoulder region can become inflamed, show signs of being damaged or become tender. When tendons of the rotator cuff become inflamed or worn, it causes a painful arc or 'impingement' syndrome.

In this condition pain is usually felt as you lift the arm away from your body. This may happen because there isn't enough space for the tendons to pass freely (see Figure 1). Doctors may use different terms (such as impingement, supraspinatus tendinitis or subacromial bursitis) to describe the same general condition.

Treatment for a painful arc is predominately with physiotherapy. Sometimes a steroid injection, combined with a local anaesthetic, into the space below the acromion can help with the pain. However, if the pain doesn't settle, or comes back within a few months, keyhole surgery may be required.

The biceps tendon is connected to the biceps muscle on the front of the forearm and runs through the front part of the shoulder joint. Inflammation of this tendon (biceps tendinitis) causes pain when you bring the arm forward or flex the elbow and you may feel tenderness over the biceps tendon that lies in front of the shoulder joint. Very occasionally the tendon may rupture, causing bruising just above the elbow. This doesn't cause any problems with movement, but the biceps muscle may bunch.

What treatments are there for shoulder pain?

If your shoulder pain doesn't improve with simple medications, other treatments are available. Your doctor will be able to give more specific advice.

Physiotherapy and occupational therapy

Most shoulder problems will benefit from physiotherapy. A physiotherapist will assess your condition and put together a tailored treatment programme.

The aim of physiotherapy is to improve symptoms and restore function. The

approach will depend on whether you have a short-term (acute) problem or a long-standing (chronic) condition. Almost everyone will benefit from a physiotherapy programme, which might include:

- exercises to strengthen weakened muscles, change their co-ordination and improve function
- advice on improving shoulder, neck and spine posture
- exercises to ease or prevent stiffness
- exercises to increase the range of joint movement
- applying adhesive tape to the skin to reduce the strain on the tissues and to help increase your awareness of the position of the shoulder and shoulder blade
- manual treatments to the soft tissues and joints.

If your shoulder problem is making daily activities difficult, such as dressing, washing and driving, it may help to see an occupational therapist. They may recommend aids or gadgets, or different ways of doing things, to reduce the strain on your shoulder. Your GP or hospital consultant can refer you for occupational therapy, or you can refer yourself.

If you're having problems at work, speak to an occupational therapist or the occupational health team if there's one at your workplace. Otherwise, contact a Jobcentre Plus office to speak with a Disability Employment Advisor.

i See Arthritis Research UK booklets

Physiotherapy and arthritis;
Occupational therapy and arthritis.

Steroid injections

Steroid injections into the joint can help shoulder problems. The steroid is usually given along with a local anaesthetic, and you should find your shoulder pain improves quite quickly.

The injections reduce inflammation and allow you to move your shoulder more comfortably, though you shouldn't use your shoulder for anything too strenuous the first two days after an injection. The pain relief should allow you to do your physiotherapy exercises more easily.

Repeated injections (more than two or three) aren't usually recommended. If the problem keeps coming back, your doctor will probably suggest other treatments or further investigation.

Sometimes the pain may be worse for a short time after the injection but this doesn't mean it has gone wrong. You only need to seek advice if the pain continues for more than a day or so after the injection.



Injections may be carried out with the aid of ultrasound images. These allow the inflamed tissues to be seen on a monitor so injections can be directed precisely.

i See Arthritis Research UK drug leaflet *Local steroid injections.*

Surgery

Most shoulder problems improve without the need for surgery. But some conditions can be helped by surgery.

If an operation is needed it can often be performed using keyhole techniques, which require a smaller incision, and

often reduce the recovery time needed. Surgeries include:

- subacromial decompression (see Figure 2), which involves trimming bone and tissue from the underside of the acromion at the top of the shoulder. This can be helpful for severe or recurrent impingement syndrome by giving space for the rotator cuff tendons to move freely
- repairing tears in the rotator cuff
- releasing the tight capsule of a frozen shoulder.

Conventional open surgery may be necessary in some circumstances, for

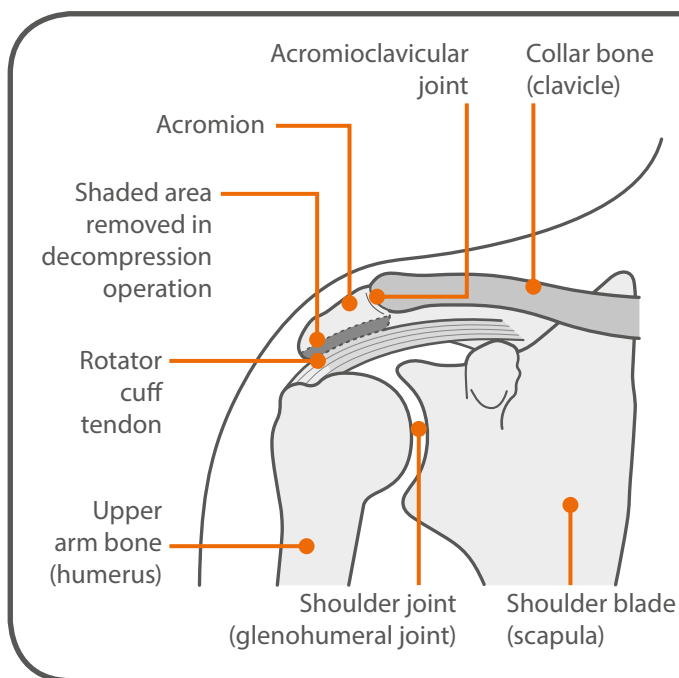


Figure 2
Subacromial decompression operation

A subacromial decompression operation may be helpful if there is too little space below the acromion for the rotator cuff tendons to move freely.

example to repair larger tears in the rotator cuff or for joint replacements.

Shoulder joint replacement is well established and can be successful, particularly for osteoarthritis and rheumatoid arthritis, when severe pain restricts movement and shoulder use.

There is also a newer type of shoulder operation called a Reverse Geometry Shoulder replacement. In this procedure the ball and socket are reversed. This is needed if your rotator cuff tendons are damaged as a result of arthritis.

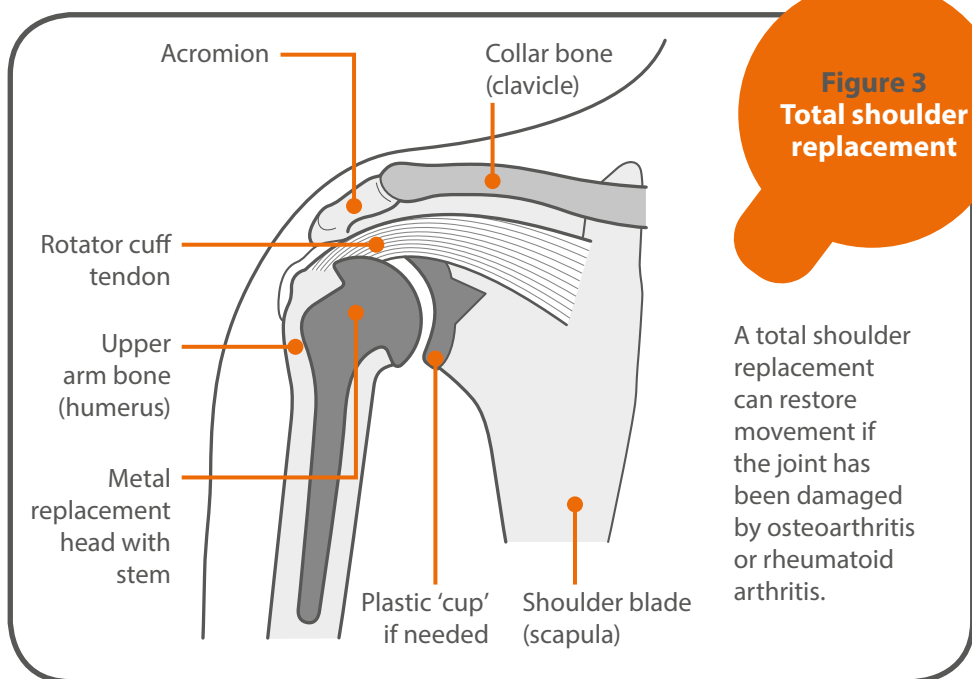
Physiotherapy and exercises are important after surgery to help regain movement, although you may not regain

full range of movement or strength after a total shoulder replacement.

i See Arthritis Research UK booklet *Shoulder and elbow joint replacement*.

Research and new developments

Research into developing better ways of treating shoulder pain is taking place at Arthritis Research UK's National Primary Care Research Centre at Keele University.



Glossary

Acromioclavicular joint – the joint at the outer end of the collarbone (clavicle). It joins the collarbone to the shoulder blade at the acromion.

Acromion – a part of the shoulder blade that can be felt on the top of the shoulder. Some of the muscles that move the shoulder are attached to this.

Capsule – the tough, fibrous sleeve of ligaments around a joint, which prevents the bones in the joint from moving too far. The inner layer of the capsule (the synovium) produces a fluid that helps to nourish the cartilage and lubricate the joint.

Cartilage – a layer of tough, slippery tissue that covers the ends of the bones in a joint. It acts as a shock absorber and allows smooth movement between bones.

Conventional open surgery – a surgical operation in which the incision is large enough to allow the procedure to be carried out under the direct vision of the surgeon.

Diabetes – a medical condition that affects the body's ability to use glucose (sugar) for energy. The body needs insulin, normally produced in the pancreas, in order to use glucose. In diabetes the body may produce no insulin or not enough insulin, or may become resistant to insulin. When the body is unable to use glucose obtained from foods the

level of sugar in the blood increases. If untreated, raised blood sugar can cause a wide variety of symptoms.

Inflammation – a normal reaction to injury or infection of living tissues. The flow of blood increases, resulting in heat and redness, and fluid and cells leak into the tissue, causing swelling.

Keyhole surgery – a minimally invasive surgery which is done using a particularly small incision, and requires the use of special techniques and instruments, such as a small fibre optic camera.

Magnetic resonance imaging (MRI) scan – a scan that uses high-frequency radio waves in a strong magnetic field to build up pictures of the inside of the body. It detects water molecules in the body's tissues that give out a characteristic signal in the magnetic field. An MRI scan can show up soft-tissue structures as well as bones.

Occupational therapist – a trained specialist who uses a range of strategies and specialist equipment to help people reach their goals and maintain their independence by giving practical advice on equipment, adaptations or by changing the way you do things.

Osteoarthritis – the most common form of arthritis (mainly affecting the joints in the fingers, knees, hips), causing cartilage thinning and bony overgrowths (osteophytes) and resulting in pain, swelling and stiffness.

Physiotherapist – a trained specialist who helps to keep your joints and muscles moving, helps ease pain and keeps you mobile.

Polymyalgia rheumatica (PMR) – a rheumatic condition in which you have many (poly) painful muscles (myalgia). It's characterised by pain and stiffness of the muscles of the neck, hips, shoulders and thighs, which is usually worse in the mornings.

Referred pain – pain that occurs in a different part of the body from that affected by injury or disease (for example, pain in the thigh or knee resulting from osteoarthritis of the hip). This is sometimes called radiated pain.

Rheumatoid arthritis – a common inflammatory disease affecting joints, particularly the lining of the joint. It most commonly starts in smaller joints in a symmetrical pattern – for example, in both hands or both wrists at once.

Rotator cuff – a group of four muscles and their tendons surrounding the glenohumeral joint in the shoulder. They control movement of the shoulder and help hold the joint together. The tendons of the rotator cuff are particularly prone to inflammation (tendinitis) and damage.

Tendon – a strong, fibrous band or cord that anchors muscle to bone.

Ultrasound scan – a type of scan that uses high-frequency sound waves to examine and build up pictures of the inside of the body.

Where can I find out more?

If you've found this information useful you might be interested in these other titles from our range:

Conditions

- *Calcium crystal diseases including acute CPP crystal arthritis (pseudogout) and acute calcific tendinitis*
- *Neck pain*
- *Osteoarthritis*
- *Polymyalgia rheumatica (PMR)*
- *Rheumatoid arthritis*

Therapies

- *Occupational therapy and arthritis*
- *Physiotherapy and arthritis*

Surgeries

- *Shoulder and elbow joint replacement*

Self-help and daily living

- *Complementary and alternative medicine for arthritis*
- *Keep moving*
- *Looking after your joints when you have arthritis*
- *Pain and arthritis*
- *Work and arthritis*

Drug leaflets

- *Local steroid injections*
- *Non-steroidal anti-inflammatory drugs*
- *Painkillers*

You can download all of our booklets and leaflets from our website or order them by contacting:

Arthritis Research UK

Copeman House
St Mary's Court
St Mary's Gate
Chesterfield
Derbyshire S41 7TD
Phone: 0300 790 0400
www.arthritisresearchuk.org

Related organisations

The following organisations may be able to provide additional advice and information:

Arthritis Care

Floor 4, Linen Court
10 East Road
London N1 6AD
Phone: 020 7380 6500
Helpline: 0808 800 4050
Email: info@arthritiscare.org.uk
www.arthritiscare.org.uk

Benefit Enquiry Line

Phone: 0800 882 200
www.gov.uk/benefit-enquiry-line

Chartered Society of Physiotherapy

14 Bedford Row
London WC1R 4ED
Phone: 020 7306 6666
www.csp.org.uk

Pain Relief Foundation

Clinical Sciences Centre
University Hospital Aintree
Lower Lane
Liverpool L9 7AL
Phone: 0151 529 5820
Email:
secretary@painrelieffoundation.org.uk
www.painrelieffoundation.org.uk

ShoulderDoc

52 Alderley Road,
Wilmslow,
SK9 1NY
Phone: 01625 545071/2/3
Email: info@shoulderdoc.co.uk
www.shoulderdoc.co.uk

College of Occupational Therapists

106-114 Borough High Street
Southwark
London
SE1 1LB
Phone: 020 7357 6480
Email: reception@cot.co.uk
www.cot.co.uk

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We're here to help

Arthritis Research UK is the charity leading the fight against arthritis.

We fund scientific and medical research into all types of arthritis and musculoskeletal conditions.

We're working to take the pain away for sufferers with all forms of arthritis and helping people to remain active. We'll do this by funding high-quality research, providing information and campaigning.

Everything we do is underpinned by research.

We publish over 60 information booklets which help people affected by arthritis to understand more about the condition, its treatment, therapies and how to help themselves.

We also produce a range of separate leaflets on many of the drugs used for arthritis and related conditions. We recommend that you read the relevant leaflet for more detailed information about your medication.

Please also let us know if you'd like to receive an email alert about our online quarterly magazine, *Arthritis Today*, which keeps you up to date with current research and education news, highlighting key projects that we're funding and giving insight into the latest treatment and self-help available.

We often feature case studies and have regular columns for questions and answers, as well as readers' hints and tips for managing arthritis.

Tell us what you think of our booklet

Please send your views to:
feedback@arthritisresearchuk.org
or write to us at:
Arthritis Research UK, Copeman House, St Mary's Court, St Mary's Gate, Chesterfield, Derbyshire S41 7TD

A team of people contributed to this booklet. The original text was written by John Haines, who has expertise in the subject. New content was provided by consultant shoulder and trauma surgeon Mike Walton and specialist shoulder physiotherapist Julia Walton. It was assessed at draft stage by physiotherapists Caroline Alexander and Jane Cohen; occupational therapists Charlie Laver and Louise Hollister; GP Sean Macklin; and rheumatologist Dr Lorraine Croot. An Arthritis Research UK editor revised the text to make it easy to read, and a non-medical panel, including patients with shoulder complaints, checked it for understanding. An Arthritis Research UK medical advisor, research physiotherapist Dr Jonathan Hill, is responsible for the overall content.

Keeping active with shoulder pain

It's important to keep active, although you should aim for a balance between rest and exercise. It's best to remain generally active and try to get some level of exercise every day. If your pain increases when exercising, stop doing it and seek medical advice.

Remember to keep exercising regularly, even after your shoulder pain has cleared up!

Exercises for shoulder pain

This handy tear-off section contains exercises that are designed to help ease shoulder pain and strengthen the structures that support your shoulder.

Stretching and strengthening exercises

1



Pendulum exercise

Stand with your good hand resting on a chair. Let your other arm hang down and try to swing it gently backwards and forwards and in

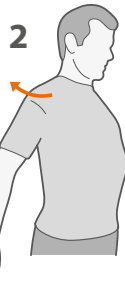
a circular motion. Repeat about five times.

! We recommend that you repeat this exercise twice a day.

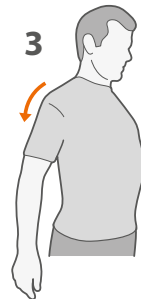
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1



2



3

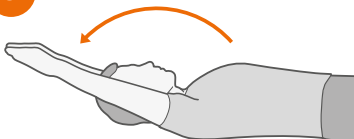
Shoulder stretch

Stand and raise your shoulders. Hold for five seconds. Squeeze your shoulder blades back and together and hold for five seconds. Pull your

shoulder blades downward and hold for five seconds. Relax and repeat 10 times.

! We recommend that you repeat these exercises twice a day.

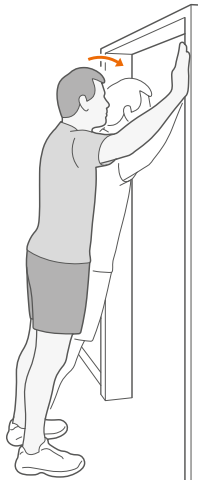
3



Arm stretch

Lie on your back. Raise your arms overhead as far as you can. Hold for five seconds and relax. Repeat 10 times.

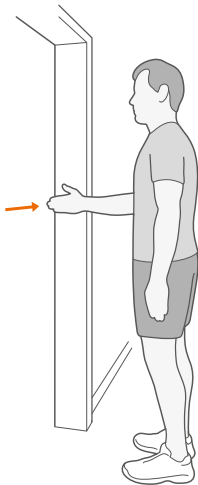
4



Door lean

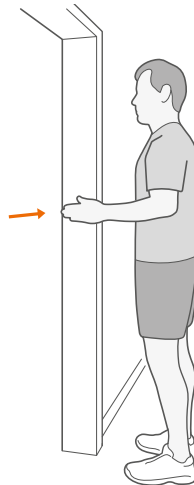
Stand in a doorway with both arms on the wall slightly above your head. Slowly lean forward until you feel a stretch in the front of your shoulders. Hold for 15–30 seconds. Repeat three times.

5



Door press

a) Stand in a doorway with your elbow bent at a right angle and the back of your wrist against the door frame. Try to push your arm outwards against the door frame. Hold for five seconds. Do three sets of 10 repetitions on each side.



b) Use your other arm and, still with your elbow at a right angle, push your palm towards the door frame. Hold for five seconds.

Do three sets of 10 repetitions on each side.

Taking painkillers before you exercise can help you stay active without causing extra pain.

Get involved

You can help to take the pain away from millions of people in the UK by:

- volunteering
- supporting our campaigns
- taking part in a fundraising event
- making a donation
- asking your company to support us
- buying products from our online and high-street shops.

To get more **actively involved**, please call us on **0300 790 0400**, email us at **enquiries@arthritisresearchuk.org** or go to **www.arthritisresearchuk.org**



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Registered Charity England and Wales No. 207711, Scotland No. SC041156

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Published June 2015 2039/SHOULDER/15-1