

# Rotator cuff related shoulder pain

*The aim of this leaflet is to give you some understanding of the problem you may have with your shoulder. It is not a substitute for professional advice and should be used along with information given by your GP or Physiotherapist.*

## **What is the rotator cuff ?**

The shoulder joint is a ball and socket joint. The socket is very shallow to allow for a large range of movement. The rotator cuff is made up of 4 tendons which attach to the shoulder blade and then weave together to form a cuff-like structure. The shoulder joint relies on the rotator cuff to position the ball on the socket through movement.

The rotator cuff tendons lie around the ball and socket joint. When the arm is lifted at or above shoulder height the tendons can become compressed.

## **What are Rotator cuff disorders ?**

These conditions are extremely common and can happen to anyone. They normally affect people between the ages of 35-75 years. Rotator cuff disorders are often a result of age related wear and tear, however can be caused by trauma, overload, or repetitive stress (through sport, leisure activities or profession). These can cause the cuff to become irritated, painful or torn.

## **What are the symptoms of Rotator cuff disorders?**

**Pain:** Pain occurs in and around the shoulder joint and can spread down the top of the arm. If there has been an injury, the pain may come on suddenly. Pain is usually worse when you use your arm for activities above your shoulder level. This means that combing your hair or trying to dress yourself can be painful but writing and typing may produce little in the way of pain. Pain may also be worse at night and affect sleep.

**Weakness:** Occasionally your arm may also feel weak and you may have reduced movement in your shoulder. Some people feel clicking or catching.

## **Factors which can contribute to rotator cuff disorders:**

**Posture:** How you hold your head and shoulders is very important. If the head and shoulder blade are pushed forward (for example, hunched or rounded shoulders), this position forces the shoulder muscles to work in an abnormal way. This can then lead to a reduction in the mechanical efficiency of the shoulder during movement.

**Weak rotator cuff tendons:** The rotator cuff works together to hold the ball on the socket during movement, preventing the structures in the joint space from becoming compressed. If one or more of the tendons are weak they will not be able to do their job properly.

**Stiffness of the shoulder:** If the shoulder is stiff the mechanics of movement and the way the tendons work to support the joint will be changed.

## **Do I need any tests?**

The diagnosis of rotator cuff disorder is usually made by clinical examination. You may have an X-ray of your shoulder joint to confirm or exclude other causes of your symptoms. An ultrasound may be requested to exclude a complete rotator cuff tear, if clinically it is felt relevant. Investigations may not change the management of your symptoms.

### What are my treatment options?

The aims of treatment are pain relief, to improve range of motion, reduce duration of symptoms, and return to normal activities. One or more of the following may help ease your symptoms.

**Medication:** You can take medication in addition to other treatments. Paracetamol may be advised first to try to control the pain. Anti-Inflammatories, such as Ibuprofen and Naproxen can help to ease pain and reduce any inflammation in your shoulder. There are many different brands, therefore if one does not suit, another may be fine. Side-effects sometimes occur with anti-inflammatory painkillers. Always read the leaflet that comes with the medicine packet.

**Physiotherapy:** Many people are referred to a physiotherapist who can give expert advice on the best pain relieving techniques and exercises to allow you to recover. The aim of physiotherapy is to improve your shoulder's range of motion and regain its strength and control, which should improve your pain

**Exercises:** Commonly advised with the aim of regaining movement in your shoulder and decreasing pain. For most benefit, it is important to do the exercises regularly, the exercises should be comfortable to perform. If the pain gets worse then stop exercising and seek advice from your doctor or physiotherapist. Please see below for exercises to try.

**Rest or activity modification:** This does not mean you stop moving or using your shoulder altogether. It means avoiding or reducing activities over your head or behind your back as this can help to reduce the irritation of your shoulder.

**Ice therapy:** May be helpful to relieve pain. Place a damp cloth on your shoulder and then place an icepack (or bag of frozen peas) over the top of this. Leave it on for 10-15 minutes. People should be cautious using these treatments who have altered sensation or circulatory problems.

**Steroid injection:** A steroid injection into the shoulder may be considered if your symptoms are not settling with initial management.

**Surgery:** A very small percentages of patients need surgery. This may be considered if you have not improved with initial management. You may need physiotherapy after your operation

#### Contact details

Therapy Services Department: 01202 442121

For further general health-related information, please ask the relevant department for an Information Prescription or contact:

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Date: September 2017  
Review Date: August 2019  
Version Number: 2  
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