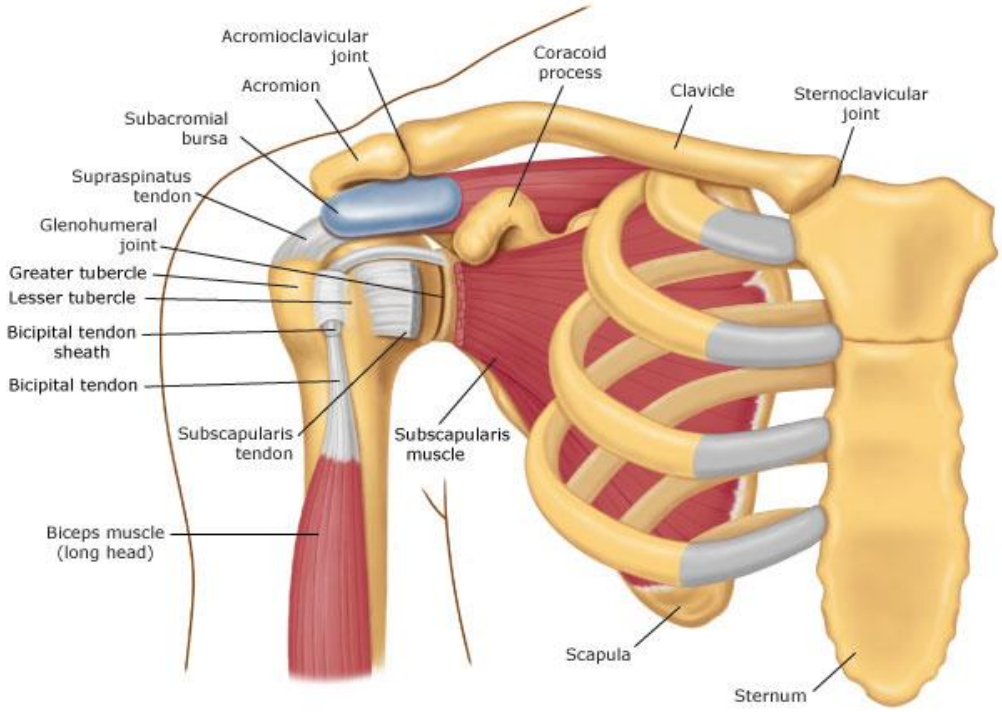
Shoulder
Advice & Exercise

Physiotherapy Service

Northern Health and Social Care Trust

INTRODUCTION

The shoulder includes the humerus (upper arm), scapula (shoulder blade) and the clavicle (collar bone). It is one of the most mobile joints in the body, but also a complex joint with supporting ligaments, muscles and tendons that give stability, and allow us to move our arm.



Shoulder pain is one of the most common reasons for people to visit their GP.

Injuries can be the result of a single fall or accident or can develop over time. Shoulders can get painful with too much or too little stress and strain.

HOW IS SHOULDER PAIN MANAGED?

Management will depend on the diagnosis. Your physiotherapist will ask you questions and perform tests to help diagnose most shoulder conditions.

Sometimes an x-ray or scan is required, and your GP may refer you for these images when appropriate, but not everyone requires this.

Pain is sometimes managed with an injection, but they can have downsides as well. If too many injections are given you may be at risk of a torn tendon.

Your GP may also prescribe appropriate painkillers or anti-inflammatories for your condition.

CAUSES OF SHOULDER PAIN

SOFT TISSUES

If there is a soft tissue problem with the muscles or tendons, physiotherapy should be the first option.

This might be a sudden injury, a response to an unusual period of increased activity, or a buildup of calcium residue in one of the tendons. These issues are common from the age of 30+.

A physiotherapist can prescribe an exercise programme to help improve movement and restore strength and function.

SHOULDER OSTEOARTHRITIS (OA)

Shoulder OA is uncommon under the age of 65. It is characterized by a gradual process of stiffness, commonly worse in the morning, and sleep is often disturbed with pain.

Learning suitable exercises to do at home can be very helpful to improve the stiffness and maintain function, while helping ease the symptoms of pain too.

FRACTURES

If a fracture is stable you will usually be placed in a collar and cuff for a few weeks while the bones heal.

If the fracture is unstable you may require surgery to fix the bones together allowing them to heal with a plate and/or screws.

Exercise after a short period of immobilization is the most effective management.

FROZEN SHOULDER

This condition is characterized by pain in the early stages and a gradual loss of movement, followed by a gradual recovery. It can sometimes take over 2 years to improve and in some instances can also affect the other side.

It is more common in diabetics and from 40-60 years of age. Research shows that there is inflammation and thickening of the capsule around the joint, but it is not fully understood why this happens.

Sleep is often disturbed and you may have trouble getting dressed. You may be referred for a pain relieving injection to help control the pain and allow you to start an exercise programme.

A physiotherapist can prescribe exercises to restore movement, strength and function.

SHOULDER INSTABILITY

Instability is when the humerus is forced out of the socket, either fully (dislocated) or partially (subluxed), and has different causes such as:

- general joint hypermobility in younger people
- the result of a fall or accident
- sporting people doing repetitive overhead motions, like in swimming, volleyball and tennis

A physiotherapist can prescribe exercises to improve stability and control of the muscles around the shoulder.

RECOVERY

Your recovery will depend on the type of injury and how closely you follow your rehabilitation programme. It is not unusual for your recovery to take many months.

SURGERY

Surgery should be considered as the last resort for managing shoulder pain after exhausting rehabilitation options. Engaging with a well-designed exercise programme is as effective as surgery in many cases. Even when surgery is necessary, appropriately prescribed exercises are needed to maximise the recovery.

EXERCISE

Your physiotherapist will prescribe appropriate exercises and advise you how to progress.

Sometimes doing a lot of exercise at one time can cause a flare up of pain, so little and often is a good place to start.

People who exercise consistently have the best recovery outcomes. Be patient, it can take longer than you think.

On the next page you will find a range of exercises that you may wish to try to enhance your shoulder range of movement, strength and function.

Flexibility Exercises

1. Pendulum

Loose and relaxed

2. Side Raise

As far as comfortable

3. Wall Slide

Smooth surface, tea towel

4. Lateral Rotation

Keep elbow in tight

5. Up The Back

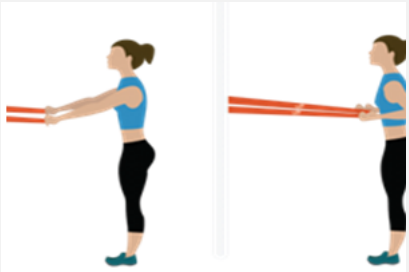
Don't over stretch

6. Pulley

Up to 5 minutes

Strengthening Exercises

7. Low Row



Squeeze shoulder blades

8. Front Raise

Thumb up

9. Pull Apart

Elbows in, pull band apart

10. Punch

Reach forward

11. Press Up

Keep trunk straight

12. Shoulder Press

Exercise Prescription			
Exercise	**Repetitions**	**Sets**	**Frequency**

Useful resources:

Physiotherapy Service (MSK Outpatient Service) | Northern Health and Social Care Trust (hscni.net)

The information in this booklet is for guidance only and is in no way intended to replace professional clinical advice from a registered Physiotherapist. *Updated May 2023*