Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Acute Shoulder Pain

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Patient Information

MSK (Musculoskeletal) Therapy Services

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Introduction

Shoulder pain is very common and is typically not serious. It may come on suddenly, after an injury, or gradually over weeks or months.

It may also occur after doing a different or repetitive activity.

The pain is usually felt in your upper arm (sleeve area) but may also be felt up into the neck and around the shoulder blade.

You may have increased pain when you lift your arm out to the side or reach behind your back.

Some shoulder conditions can also cause stiffness and restriction of normal movement.

Most shoulder problems improve with time, simple changes to lifestyle and appropriate exercises.

Causes of shoulder pain

Possible sources of pain within your shoulder may include:

- Arthritis
- The tendons (rotator cuff)
- The shoulder joint capsule

What can I do to help myself?

- Painkillers - taking over the counter paracetamol and/or ibuprofen (as instructed on the packaging) may help
- Activity modification - avoiding the things that make your shoulder worse, for a short period of time
- Ice - for a recent injury, an ice pack (frozen peas) can help to reduce your pain
- Heat - for more persistent pain, a hot water bottle may provide some relief
- Gentle exercises - see below

Which exercises can I do?

Early painful stage

In the early, painful stage it is important to try supported exercises and ensure your shoulder does not stiffen. These exercises can be completed little and often throughout the day.

1. Step-back flexion in standing

Stand in front of a high table, worktop, desk, or window ledge.

Place your hands on the table and step one foot backwards, leaving the hands supported.

As you do this, lean forwards with your upper body, lowering your head between your arms.

Do not force the stretch or push through pain.

Stop when the movement becomes uncomfortable and hold for a few seconds.

Repeat x 10



2. Forward flexion in lying with stick

Lie on your back with your head and neck supported on a pillow if required.

Hold a stick (a mop handle, brush handle or walking stick is ideal) with both hands, shoulder width apart and resting on your hips.

Using both hands, gently raise the stick over your head as far as you are able within pain limits. Try and keep your elbows straight through the movement.

Do not force the stretch or push through pain. Return to the start position gently.

Repeat x 10



3. Abduction with stick in standing

Stand straight and hold a stick (as in the previous exercise) between both hands in front of your hips.

The aim is to lift the painful arm out to the side, away from your body.

You do this using a combination of effort from both arms.

The affected arm will “lift” itself out, and the unaffected arm can help it by pushing through the stick.

Lift the arm as high as you are able within pain limits. Do not force the stretch or push through pain.

Return to the starting position gently.

Repeat x 10



4. External Rotation with stick

This exercise can be done in standing or seating.

Using the same stick as previous, again hold it between 2 hands.

Bend your elbows to 90 degrees (roughly half-way between fully bent and fully straight) and keep your elbow (of the affected arm) tucked into your side.

Gently use the unaffected arm to push the stick across your body, rotating the affected arm outwards as far as you can within pain limits.

Keeping the elbow into your side will ensure that the rotation movement comes from the shoulder.

Do not force the stretch or push through pain.

Return to the starting position.

Repeat x 10



5. Isometric External Rotation

In standing or sitting bend both elbows to 90 degrees and keep both elbows into your sides.

Take the hand of the unaffected arm and gently hold/grip the wrist of the affected arm (In the photo example the right arm is the affected one, so the left hand is holding the right wrist)

Gently try and push that affected arm outwards in a similar movement to the previous exercise: - however this time, you stop that movement from happening by holding the wrist. Imagine a reverse arm wrestle with yourself.

Hold for 5 seconds

Repeat x 10



Once the acute pain has improved

As your movement improves, concentrate on building the strength around the shoulder, which will make your day-to-day activities easier and less painful.

The following exercises are only required to be completed once or twice daily.

Keep going with them until your muscles are tired and you can do no more, aiming to reach 3 sets of between 8-12 repetitions.

6. Crossover

Step up on bottom step of stairs at home.

Lift arms up and out, return to the starting position.

Repeat 8-10



7. Wall Slides with or without resistance loop/band

Stand facing a smooth wall with no obstructions. Start without a resistance loop, but feel free to progress using one if you find the exercise a little easy. The photos show both versions of the exercise.



Resistance loops can be bought online, at local sports shops or from your Physiotherapist if you are already under their care.

Place the little finger side of your hands against wall at approximately shoulder height and gently push them into the wall.

Keeping pressure on the wall at all times, slide both hands upwards and slightly outwards as high as you can.

Your hands should be slightly wider apart at the top of the movement than they were at the bottom.

Disclaimer

Not all exercises are suitable for everyone, and while every precaution was taken in selecting these exercises, they do not come without risks. If you have any concerns regarding injury, or whether or not you should partake in the exercises, then you should consult your General Practitioner (GP) or Physiotherapist prior to commencing any exercises shown here.

It is quite normal to feel some discomfort following exercise, but it is important that this disc omfort eases within 2 hours of finishing the exercise and that it doesn't have an overall negative effect on your symptoms.

The exercise plans shown here are designed to be used as a guide and a point of reference; the y are not exhaustive and can be modified and progressed under the supervision of your Physiot herapist.

When will the pain improve?

Most episodes of shoulder pain will get better on their own. The advice in this booklet can help to speed up this process.

Everyone recovers differently. However, you can expect the initial, severe pain to improve within days to a few weeks. For your shoulder to return to normal, depending on your injury, it may take 3 months or more. Some causes of pain may be due to longer term conditions which need ongoing self-management.

Where can I find more information about shoulder injuries?

The following websites are good sources of information:

www.bess.org.uk – ‘patient resource: non urgent shoulder and elbow problems during COVID-19 outbreak’.

Patient resource: Non-urgent shoulder and elbow problems during COVID-19 outbreak – British Elbow & Shoulder Society (bess.ac.uk)

www.patient.info – ‘shoulder pain’

https://patient.info/bones-joints-muscles/shoulder-pain-leaflet

www.shoulderdoc.co.uk – ‘simple shoulder care’

https://www.shoulderdoc.co.uk/article/1709

Contact Numbers

If your symptoms are not improving or you have any concerns; please contact:

Fracture Clinic: **01942 822595**

Adult MSK Physiotherapy Self-Referral

If you are over 16 you can also now self-refer into Physiotherapy by ringing any of the departments below or completing an online self-referral form on our website:

www.wwl.nhs.uk/msk-services

Boston House Health Centre telephone: **0300 707 1113**

Leigh Infirmary telephone: **0300 707 1597**

Platt Bridge Health Centre telephone: **0300 707 1772**

https://www.wwl.nhs.uk/adult-msk-physiotherapy-self-referral

Please scan the QR Code to access the website.



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