



MSK self-management workbook

The shoulder

MSK Shoulder

Disclaimer

This workbook provides general advice which may not be specific to you. It is important that if you are in pain you see a health care professional for an assessment to rule out serious, but rare, pathology. Please talk to a health care provider if you have not seen one before. This workbook can be used on your own, however we recommend that you use this book alongside a health professional.

Health and safety

This workbook is designed to help you manage your condition. It is recommended that the workbook is used alongside advice from a health professional. Together you can work to help with your recovery.

You may progress quickly or slowly through this workbook depending on your symptoms and other factors related to your condition.

It is important that if you are experiencing a lot of pain during the activities in this workbook then you should discuss your symptoms with a health professional.

Purpose of this workbook

This workbook has been designed to give you a general overview on how to manage your condition. The workbook is split into different sections with the main focus being education, self-management advice and exercise. We recommend reading all the sections over time. You may find not all this information is relevant to you.

The exercise section has been designed to give you the choice of what feels best to you based on your pain and confidence levels. You then have the option over time to make these exercises more challenging or reduce to a more basic level that meets your needs.

The self-management section has been developed to provide education on other management options. This can be used together with exercise to improve your condition.

Finally the workbook provides a range of other resources that are available to you. For example, leaflets, videos and contact details for other services.

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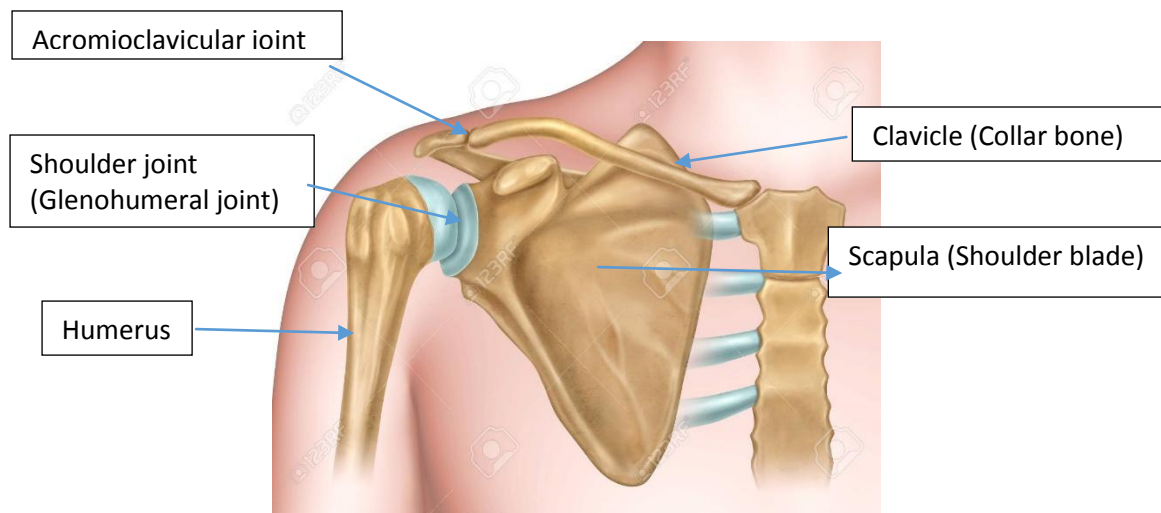
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Introduction to the shoulder joint

Shoulder pain is the third most common musculoskeletal complaint in the United Kingdom (UK). Half the population will experience shoulder pain at least once a year.

You may have shoulder pain as a result of injury. Shoulder pain can also start after a change in activity or doing more than normal. This is called “loading.”

Sometimes shoulder pain can begin for no apparent reason.



To understand shoulder pain, it is helpful to understand the anatomy and mechanics of the shoulder joint. The main shoulder joint is a ball and socket joint, and is one of the most mobile joints in the body. The joint relies on soft tissues, including a group of tendons called the rotator cuff to support it as it moves.

There is also as a small joint at the top of the shoulder where your collar bone (clavicle) meets your shoulder blade (scapula). This is called the acromioclavicular joint (AC) joint. This can be injured with a fall or direct blow. It can be affected by normal age related wear and tear changes.

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It is important to gain an understanding of how pain works in general as this has been shown to improve people's ability to manage their condition better.

How is this relevant to you?

The most important thing you should know is that pain does not always mean harm. It is possible to feel no pain with damage to our body. It's also possible to experience a lot of pain even when no damage to our bodies has been shown.

We know now that pain is far more complex than only what is going on in our bodies and can be influenced by other areas of your life. These include:

- Mood and emotions
- Beliefs about pain
- Avoiding meaningful activities/social contact.
- Lifestyle choices

This is often referred to as "*The Bio - Psycho - Social model of pain*". This means all areas of your life can influence pain. It is important to look at your life as a whole when dealing with shoulder pain to see if there are any other contributing factors.

Further information can be found by clicking the link below:

<https://www.nhsaaa.net/pain-management-service/>

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What's wrong with my shoulder?

The questions that you have been asked by your health care professional will have helped to decide the problem with your shoulder

The majority of shoulder symptoms can be classified into:

1. **Weak and painful**

or

2. **Stiff and painful**

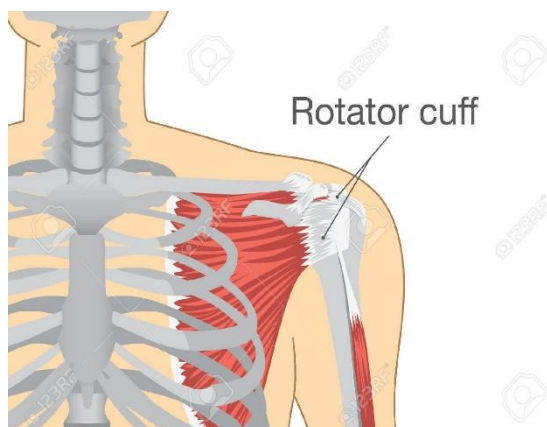
1 – Weak and painful; Rotator Cuff Related Shoulder Pain (RCRSP)

Weak and painful shoulders are related to problems with the rotator cuff tendons in the shoulder. This term includes a range of conditions which involve the bursae (small sacs of fluid in all shoulders) and the tendons of the rotator cuff. The tendons of the rotator cuff can be inflamed, overloaded, and can also have tears or develop calcium deposits. This term for this condition is tendinopathy.

Very often, people do not have any injury to cause their pain. Sometimes you may just have been doing more than your shoulder is used to doing (overloading) or your muscles may be weaker and underused. All of this can lead to pain and loss of movement.

Lifestyle factors such as being overweight, unfit or smoking have all been linked to tendon problems and shoulder pain.

What is the rotator cuff?



Four muscles

Supraspinatous

Infraspinatous

Teres Minor

Subscapularis

These muscles and their tendons work as a team to support the shoulder and help the joint move normally

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The rotator cuff is an extremely hard working muscle group. It is a group of four muscles. They rotate the arm inwards and outwards as well as helping to lift your arm away from your side.

The rotator cuff muscles attach to the head of the humerus (arm bone) by their tendons, and work as a unit known as a 'cuff'. They all help to support the shoulder joint and are very important in supporting the shoulder when your arm is away from your side. When these muscles and tendons are not working properly then the shoulder is affected and pain can be a result.

How common is RCRSP?

Having a weak and painful shoulder is very common!

Usually symptoms appear between the ages of 35 to 75, but it can occur at any age

Research suggests that around one in five people will experience RCRSP symptoms at some point in their lives.

Symptoms can include:

- Shoulder pain which can travel down the arm (people often feel pain in their upper arm only)
- Pain or aching at night usually when lying on the sore arm
- Pain getting worse when doing overhead movements
- You may have a catching feeling as you lift your arm
- You would **not** normally expect to have tingling or numbness in the arm related to your shoulder problem.

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Rotator Cuff Tears

It is very common to develop tears in these tendons as you age. We can often have small tears in the tendon with no pain. Tears in these tendons with no history of injury do not always mean tears seen on scans are the source of your pain.

For example, an analogy is a small hole in a picnic blanket. It does not stop you using the blanket for your picnic or to keep you warm! If pain develops, it is usually because the rotator cuff is weaker and not supporting the shoulder as well as it should. These tears are called non traumatic tears.

The amount of pain you feel does not necessarily match with the size of a tear. Small tears can be very painful and larger tears may not cause any major pain or problem.

If you have had an injury associated with a sudden loss of movement it is important that you seek health care advice to find out how bad the injury is. These are called traumatic tears.

Traumatic rotator cuff tears

Sometimes you can tear the tendons of the rotator cuff muscles after a trauma. This is likely to cause a lot of pain with loss of movement. You may find you are unable to lift your arm or move it in the way you could before.

Usually a rotator cuff tear is diagnosed from symptoms and history, but x-rays, ultrasound and MRI can be useful in certain situations.

Current research has shown that rehabilitation exercises can be equally effective in treating these injuries compared to surgery. Shoulder surgery should only be considered when these measures have failed to restore function.

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2 - Stiff and painful shoulder

The two main causes of a stiff painful shoulder are:

- ***Capsulitis, also known as a frozen shoulder***
- ***Arthritis of the shoulder joint***

Sometimes your shoulder can stiffen because you are too sore or too weak to move or when you are worried about moving your arm.

Frozen shoulder

People often report a very painful and stiff shoulder that begins suddenly without any reason. Frozen shoulder can be the cause of pain and stiffness in your shoulder. It is a self-limiting condition that can improve without treatment but this can take several months or on some occasions, years.

The shoulder is a ball and socket joint. The joint is surrounded with a loose fibrous capsule. During the development of a frozen shoulder the capsule can become inflamed and tightens over time. This can happen in either one or both shoulders.

You're more likely to get a frozen shoulder if you're aged between 40 and 60. It is slightly more common among women. There is a strong link between frozen shoulders and smoking.

People with certain health conditions, such as diabetes, thyroid issues, lung disease, heart or neck problems, are more likely to develop the condition. If you have diabetes, a frozen shoulder may take a bit longer to get better. It is important to make sure that you are taking care to control your diabetes.

Sometimes a frozen shoulder can occur following an injury, trauma or surgery. However, it's often not clear why people get a frozen shoulder.

The main features of a frozen shoulder include:

- **Pain:** Usually described as a constant, often severe toothache pain with a sharper pain occurring on certain arm movements.
- **Stiffness:** your shoulder will be stiff in some or all movements particularly reaching above and turning your arm away from your body.
- Sleep can be affected and not easily changed by moving position in bed.

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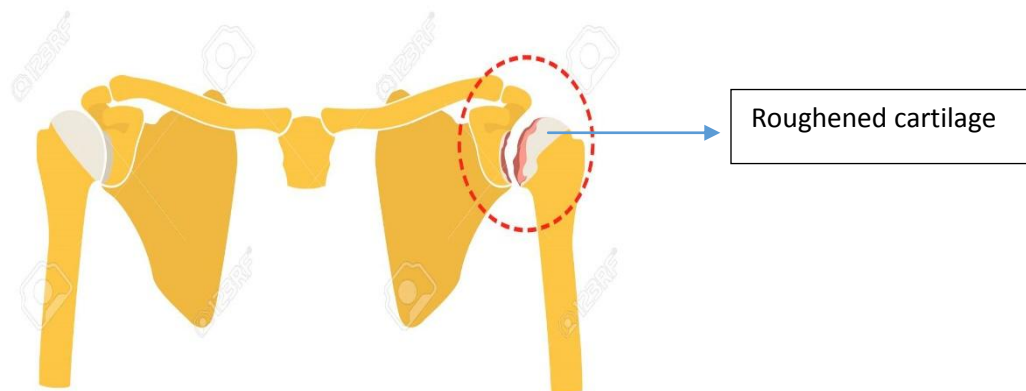
Osteoarthritis

Osteoarthritis (OA) is a very common condition. It mostly affects weight bearing joints such as the knee or hip but can also affect the shoulder. In a healthy joint, a coating of tough but smooth tissue, called cartilage, covers the surface of the bones. It helps the bones to move freely against each other. When a joint develops osteoarthritis, part of the cartilage thins and the surface becomes rougher. This means the joint doesn't move as smoothly as it should. This can be part of a normal aging process and we may not be aware of it. Sometimes there can be pain, inflammation and swelling with this process which can cause pain and stiffness.

Arthritis can either affect the main ball and socket joint of the shoulder or the small acromioclavicular joint at the top of the shoulder.

Versus arthritis website is a useful website for further information on arthritis

(<https://www.versusarthritis.org/about-arthritis/conditions/osteoarthritis>)



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Shoulder pain myths and facts

Myth *I need to rest my shoulder to get it better*

Fact *Sometimes it is necessary to reduce some movement if it is aggravating your pain. Resting your shoulder altogether can lead it to becoming weaker and stiff.*

Myth *If my pain is worse following exercise I am doing more harm than good*

Fact *Sometimes the exercises can be uncomfortable but you are usually not causing harm. See the guide to exercising in pain on page for help in finding the right level of exercise.*

Myth *Steroid (Cortisone) injections will cure my shoulder*

Fact *Steroid injections are a powerful anti-inflammatory medicine but they cannot cure your shoulder. They can be used to settle your pain temporarily to allow you to carry out your rehabilitation. They do not come without side effects. There is now evidence which shows steroid injections may not be helpful for tendon health.*

Myth *I will need an operation to sort my shoulder*

Fact *Most shoulder problems can improve with rehabilitation. Surgery is sometimes needed. See the section on surgery for more details.*

Myth *A scan will show me exactly what is wrong*

Fact *Sometimes it can but often it won't. People without shoulder symptoms will commonly have abnormal findings around their shoulder. Scans can cause fear about movement which can make your symptoms worse.*

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What can I do to help my shoulder?

The good news is that a progressive strengthening exercise programme has been shown to be highly successful in reducing your pain. It can take up to 12 weeks or more so you may need to be patient.

Try not to worry

It is only natural to feel worried. Unfortunately, feelings such as worry and fear, or negative feelings about treatment are barriers in preventing you recover.

Don't worry too much about a specific diagnosis. People with the following conditions can have no symptoms at all;

- calcification,
- degeneration,
- bony spurs,
- bursal thickness or
- partial or full thickness tears of the rotator cuff

These are often normal age related changes, and could be thought of as wrinkles or grey hair.

The current research has shown that a rehabilitation programme can be equally effective in treating these injuries compared to surgery.

There is no good research evidence to support the use of electrotherapy such as ultrasound, or other techniques such as taping or acupuncture to treat symptoms of rotator cuff pain.

Painkillers

A range of different medications are available to help reduce your pain and allow you to move more comfortably. Pain control can help your rehabilitation progress and does not just “mask” your pain.

If you are unsure of what medication you can take, speak with your local pharmacist, practice nurse or family doctor (GP). Do not exceed the daily allowance of these medicines even if your pain is high. Always consult a health professional before taking any new medication. It is important that if you are prescribed medication that you take them regularly and at the recommended dose (see medication packet for details). All medicines can cause side effects, particularly if they are not used as prescribed. Side effects range from common to uncommon and vary from person to person. Information on possible side effects are available on the leaflet inside the



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packaging of your medication. It is important to speak to your local pharmacist, practice nurse or GP who may be able to change the dose or the medication to something more suitable.

Heat and ice

A hot water bottle or ice pack (such as a bag of ice cubes) can also be used regularly to help control pain in the early stages.

If using ice, wrap the ice pack in a towel and apply to the painful area for up to ten minutes every two hours.

If you are using heat, wrap the warm compress in a towel and place it on the painful area for up to 20 minutes every two hours.

If you have any concerns about the sensation or feeling on the skin where you are using either ice or heat, ask your GP to assess this before following this advice.

If you feel there may be an infection in the area please seek advice from a local pharmacist or GP before following this advice.

Corticosteroid injection

If your symptoms are severe, or not improving after trying the advice and exercises on this sheet then you may be offered a corticosteroid injection. This can help to ease your pain, making rehabilitation more comfortable for you. Steroid injections are **not** a cure. They do not offer shortcuts to rehabilitation and come with some side effects.

In the case of true frozen shoulders, a steroid injection is offered early. This can reduce the pain and help limit the length of time a frozen shoulder lasts.

General health

It is important that you look after your health. There are many factors that can affect your shoulder pain. The following can have a positive impact on your pain and help your shoulder improve:

- reducing or stopping smoking
- losing weight
- increasing your fitness
- sleeping well
- reducing stress

See the links in the website section for more information and support.

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Surgical options

If the self help and non surgical treatments fail to improve your symptoms you may be referred to the orthopaedic service for a surgical opinion.

For rotator cuff related pain

If your pain is caused by some impingement of the bone at the top of your shoulder, an operation called a sub-acromial decompression can help. Your surgeon will look into the area called the sub-acromial space within your shoulder by using an arthroscope (a small camera). They'll insert specially designed surgical instruments to cut and improve the space in the area.

Recent research has shown that surgery is not needed as much as previously thought. People who complete a programme of exercises recover just as well as people who have had surgery. This improvement is maintained for up to ten years.

If your pain is constant and caused by tendinopathy then surgery is unlikely to help this.

Recovery time can take from six weeks to three months, depending on the amount of work that has been done by the surgeon. Some people do take longer to recover. All people having surgery will still need to go through a rehabilitation exercise programme.

Rotator cuff tendon tears

Occasionally, these tendons can completely tear. In a younger person with a clear history of injury they may need surgical repair. However even in this case rehabilitation still has a vital role.

If all of the rotator cuff has completely torn (a massive rotator cuff tear), repair of these tendons is not always possible, especially in an older person. If rehabilitation does not work in this case, then the option may be a type of shoulder replacement called a reverse shoulder replacement.

Osteoarthritis of the shoulder (ball and socket) joint

For severe arthritis of the shoulder joint, the surgical option would be a complete shoulder replacement. This surgery can only be done if the rotator cuff tendons are working normally.

This surgery is mainly done for pain relief. After this surgery it is very unlikely that you will regain full movement with your arm above your head.

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Goal setting

Before starting rehabilitation for your shoulder, it is important to consider setting some goals. Setting meaningful activity goals can help with motivation during rehabilitation as the recovery process can be slow.

By setting activity goals (alongside your exercise targets) and tracking progress, this allows you to see improvements. If you are struggling to achieve these goals then you can make the necessary changes to your rehabilitation programme as required.

There are a few things worth considering when setting goals.

The key is to set goals that are:

- realistic
- enjoyable
- specific
- timed

An example of a goal for shoulder pain is shown below:

'By the end of September, I would like to have enough strength in my shoulder to be able to lift and carry my grandchild'

At set intervals you can review the activity to see if it is getting easier for you to do.

If it is not, maybe the goal is too much of a challenge for you at the moment. Remember, setting realistic targets will help you achieve them and keep moving forwards.

If you continue to see no progress, it might be time to talk with a health care professional to see if they can help you problem solve. This will allow you to get back on track with your goals.

Further information can be found on goal setting by clicking the link below:

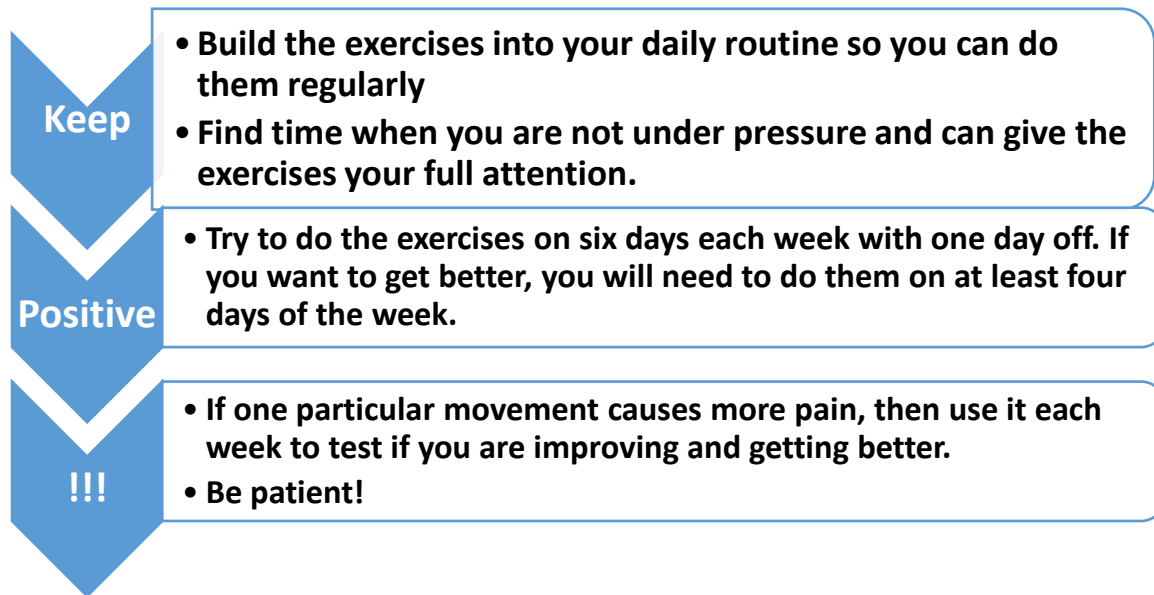
<https://www.nhs.uk/health-a-z/musculoskeletal-service-msk/>

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Exercise

Exercise has consistently been shown to improve symptoms associated with a painful shoulder. It is important to remember that there is no magic recipe for what exercises you should perform.

The key to success and to get the most out of your exercises is to:



You may find that these exercises slightly increase your symptoms to begin with. You should find that the exercises become easier to do and that you begin to move your shoulder more easily.

A rehabilitation programme starts with easier exercises and then progresses until you are able to do the activities you need to do with less pain.

Don't give up too early!

These exercises can take around 12 weeks for you to notice a great improvement. If your shoulder does not improve at 12 weeks, or gets worse despite the exercises, then please contact your health professional.

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How much should I push my exercises?

Pain during your exercise

Aim to keep your pain under 5 out of 10 during exercise. If your pain is over this, then you can modify the exercises by either;

- reducing the amount of movement during an exercise
- reducing the number of repetitions
- reducing the weights
- reducing your speed
- increasing how long you rest between sets.

0= no pain 10=worst pain imaginable

0 to 3 Minimal Pain	4 to 5 Acceptable	6 to 10 Excessive
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Pain after exercise

Your pain or other symptoms should return to **your** pre exercise normal within 30 minutes of exercising. You should not feel an increase in your pain or stiffness the next morning. Sometimes it is normal to feel some muscle soreness that you have not been used to.

General exercise

The recommended levels of physical activity for adults is 150 minutes of moderate intensity exercise every week (30 minutes, five days a week). Research has shown that general aerobic exercise can be an effective way of keeping us healthy. It can reduce the risk of developing diabetes, heart disease, cancers and mental health problems.

We also know that aerobic exercise keeps our joints and tendons healthy, and can actually help with your shoulder pain.

You might think there is no way you could exercise when you are sore. There are ways around this. For example, if your shoulder is sore and you are limited in what shoulder exercises you can do, exercise a different part of your body. You could go for a 30 minute walk or cycle or perform some leg strengthening exercises such as squats or step ups. There is even evidence to show that exercising your unaffected side can help to reduce pain in your painful side.

Tip Research has shown that exercise in any form can be an effective way of managing pain, therefore it's worth giving something a try! The NHS Ayrshire & Arran MSK website provides additional information on exercise for every part of the body.

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Managing daily activity

The longer we have pain, the harder it can be to keep active. Our activity levels often change based on our pain. This often leads to a change in how we approach day to day activities.

You may find that on your good days, when pain is not too bad, you overdo it. This can then make you sorer, meaning you then need to rest for either the rest of the day or for days later. This is known as “over and under activity cycling” or “boom/bust cycling”.

Over the long term this pattern may cause you to rest for longer periods, which then reduces your motivation and may lead to you avoiding activity. In most cases this will lead to reduced strength, stamina and flexibility of the tissues in your shoulder.

This can often lead to more pain from your tissues having to then work harder when trying to be active.

Successful management of activity

Remaining active with pain can be achieved. The example below shows a patient with shoulder pain who wants to paint their garden fence.

Plan	<p>Plan the activity in advance and consider what your capabilities are. Look at what options are available, such as equipment that could make it easier. This could include step ladders, rollers and sprayers. It may reduce the amount of load through the shoulder</p> <p>Consider if there are options available to get help from a family member or friend.</p>
Prioritise	<p>Consider what else you have to do in that day or week in order to reduce the overall load within your shoulder. Prioritise what’s most important at this time.</p>
Pace	<p>Try to spread the activity out over the course of the day or week. Take small breaks on a regular basis and plan for these breaks before the point of pain.</p>
Adjust and adapt	<p>Manage your expectations of yourself from what you can do now over what you did in the past. Make adjustments around this.</p>

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Further information can be found on managing activity by clicking the link below:
<https://www.nhsaaa.net/musculoskeletal-service-msk/>

Flare-up management

It is normal for your pain levels to go up and down, even as you are getting better. These are called flare ups". It can be helpful to have a **“flare up”** plan in place to help you stay in control of your pain.

By having a flare up plan in place, you are giving yourself the best chance of controlling your symptoms.

You may have noticed that certain situations or activities may cause a flare up of your pain. An example may be being over active, social activities or emotions such as stress or low mood. These things cannot always be avoided, however if we recognise the things that aggravate our symptoms, we can plan strategies to help manage this.

For example, if you have a large fence to paint and you would normally be able to do this in a day, you would plan the job ahead, splitting it into manageable chunks.

Recognising changes in your pain, mood, and irritability may help you to be aware of a flare up and the situations which can cause this. Patients often tell us that they notice other signs first before a rise in their pain, such as feeling stressed and tension across their shoulders or neck.

Flare up plan

By recognising the factors which aggravate your pain, you can plan in advance the tools and strategies needed to help you manage these. You may find it helpful to write these down.

Examples of strategies to help may include:

- Medication
- Managing activity (remember the fence example on the previous page)
- Short periods of rest
- Meditation/relaxation
- Ask for help (family, friends, work)

Further information can be found on self-management by clicking the link below:
<https://www.nhsaaa.net/musculoskeletal-service-msk/>

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Section one: Exercises for painful and weak shoulders

It is important to remember there is no magic recipe for exercises. Strengthening exercises are particularly important, and have been shown to improve movement, reduce pain and build strength, compared to stretching or range of motion exercises.

These exercises have been separated into three levels of difficulty. How sore you are will determine what exercise you will feel comfortable starting with.

Tip Remember, it may be better to start with easier exercises then progress, than to deal with a flare up in your pain if you overdo things.

There is no clear agreement on how often exercises should be performed. Higher repetitions and at least three sets are recommended. These do not need to be performed every day. Four times a week would be the minimum number of days you should aim for.

Remember it is normal to have some pain and discomfort when exercising. This should improve the more you practise. If your pain gets worse and does not ease by reducing your exercises or having more recovery time between sessions, please contact your GP or physiotherapist.

Tip You wouldn't run a full marathon straight away after an injury, so don't try to do too much too soon.

Aim to start with a lower number of repetitions of exercises and check how you feel afterwards. Look at the pain guide on page 16 then gradually build up to the number of exercises recommended below.

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Level one

Early painful stage

Isometric exercises are a type of strength training that causes a gentle static contraction of the muscle. These can be very helpful for pain relief.

It is better to stand for these exercises but they can be done sitting if this is easier.

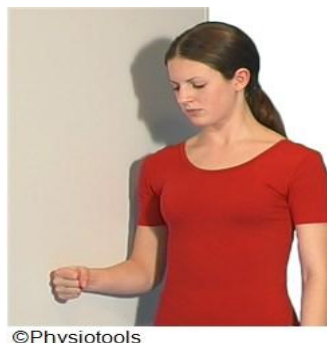
1. External rotation

Stand with your upper arm close to your side, elbow at a right angle and the back of your hand against a wall. Push the back of your hand against the wall. Hold for ten seconds. Repeat five to six times. Try to perform three to four times a day. You can progress the exercise by holding the muscle contraction for longer (up to 45 seconds).



2. Abduction (lifting your elbow away from your side)

Stand sideways against a wall with your upper arm close to your side and elbow at a right angle. Push the forearm to the side against the wall. Hold for ten seconds. Repeat five to six times. Try to perform three to four times a day. You can progress the exercise by holding the muscle contraction for longer (up to 45 seconds).



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3. Shoulder flexion lying with or without assistance

People with painful and weak shoulders often find it difficult to raise their arms above their head. Lying down can often be a useful starting point for rehabilitation as the muscles have less work to do.

Lie on your back and slowly lift your affected arm up as far as you can above your head. If you struggle you could use your other hand to assist the movement. Aim to repeat ten to 15 times, three sets, daily.



Option

If this becomes easy, you can do this in standing, or try the “scaption” exercise in Level three with no weight and within your comfort.

4. Low rows

Sit up straight and lift your arms forwards, with your elbows straight. Pull your elbows backwards and shoulder blades together. Straighten your arms back to starting position. Repeat eight to 15 times, three sets.

Tip This can easily be progressed by using an exercise band or weights if this feels too easy.



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Painful and weak shoulders: Level two

When the exercises in level one become too easy or if you do not find them helpful then add in or swap to level two exercises.

You can add in exercises one or two at a time and either progress or stop exercises that have become too easy.

Wall slide

Stand facing a wall and place the edges your hands on the wall with your thumbs facing you. A cloth or socks over your hands may help your hands to slide on the wall. Now step forward as you gently push into the wall and slide your arms up as far as you can. Relax and return to starting position Repeat eight to 15 times, three sets.



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Option to progress

Make this harder by using a resistance band around your hands. Stretch your hands apart to start with keeping your elbows narrower than your hands.

Step forwards as you raise your hands upwards.



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External rotation strengthening

Side lying with your hips and knees bent. A thin towel is placed under your top arm with your elbow bent to 90 degrees. Keep your upper arm pressed to your side by squeezing the towel gently, and raise your hand up towards the ceiling. Return to the starting position in a controlled manner. Aim to repeat eight to 15 times, working towards three sets.

Tip *Once this starts to feel easy you can progress the exercise by using a weight. This might mean you have to reduce your repetitions as your body adjusts but this should improve with time.*



Wall press up

Stand facing a wall with your arms straight and hands on the wall. Do push ups against the wall keeping your body in a straight line. Repeat eight to 15 times, three sets. This exercise can be made more difficult by moving your feet further away from the wall, and lowering your hands so that your hands always stay level with your shoulders. *Other progressions could be performing the exercise on a work top or table or you could try to clap between press ups.*



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Chair press

To do this exercise sit in a chair with your palms placed down on the seat. Straighten your elbows and lift your bottom slightly off the chair. Squeeze your shoulder blades together (these are at the back of shoulder). Keep your shoulder relaxed whilst doing this exercise. Hold for five seconds and then slowly return your bottom back on to your seat. Repeat eight to 15, three sets.



Painful and weak shoulders: Level three

Level three exercises should be performed if you have found the exercises in level one and two too easy or not helpful. These exercises are for patients who have good movement of the shoulder but have ongoing pain and weakness.

Scaption

Stand tall with arms by your sides, holding small weights (tin can/water bottle). Lift your arms out in front of you, with thumbs pointing upwards. Lift up to 90 degrees. Hold for five seconds. Lower your arms to the starting position in a controlled manner. Don't sway your back and try not to shrug your shoulders. Repeat times eight to 15 times, three sets. Progress this by taking your arms higher.



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Bent over row

Stand holding small weights then tilt forward from your hips, keeping your spine and neck in a neutral position. Pull your elbows back and squeeze your shoulder blades in and down. Lower the arms down in a controlled manner. Repeat eight to 15 times, three sets



Shoulder press

Stand tall. Hold small weights at shoulder height, elbows pointing forward. Press the weights up by straightening your elbows. Return back to the starting position. Avoid shrugging your shoulder or arching your lower back. If you struggle standing, do this in a seated position. Repeat eight to 15 times, three sets.

Tip This exercise can be progressed by starting in a squat position and straighten your knees as you as you push your arms up. By exercising your legs at the same time you can make this exercise more effective.



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Rotation strengthening

If you are still getting pain when you take your hand above your head or if you play a racquet sport, you still need to strengthen your muscles in this position.

Sit tall with your shoulder and elbow at 90° and your arm supported on a table. Slowly externally rotate the arm backwards as far as you comfortably can and slowly return. Then slowly let your arm rotate back down. Repeat eight to 15 times, three sets. Once you can do this comfortably you can take the support of the table away or the exercise could be performed in standing.



Ready to progress?

Make this harder by doing it standing and then adding a weight or resistance band.

Press ups

On your hands and knees, hands slightly wider than shoulders, and keeping your body in a straight line (do not let your bottom stick up or let your back arch too much), slowly lower your chest towards the floor, then push back up. Repeat between eight to 15 times, for three sets. This exercise can be progressed by moving to a full press up.

Tip *As you come up make sure you are drawing your shoulders away from your ears*



MSK Shoulder

Shoulder taps

Start on your hands and toes, with your body in a straight line. Push your chest slightly away from the floor and hold the position. Shift the weight onto one arm and tap the supporting arm with the other hand. Try to keep the position of your upper back (push strongly with the supportive arm towards the floor) and keep your pelvis as level as possible. Bring the weight back to two arms and repeat with the other side. Repeat eight to 15 times, three sets. This exercise could be made easier by placing your knees on the floor or standing up leaning on a table or a wall.



MSK Shoulder

Section two: Exercises for painful and stiff shoulders

The main aim of exercise in the treatment of a painful and stiff shoulder is to reduce pain and improve the range of motion. The exercises below are examples of how you can achieve this. The exercises are split into three levels of difficulty.

You may find that these exercises slightly increase your symptoms to begin with. You should find that the exercises themselves will become easier to do.

If the exercises do cause some discomfort then taking prescribed medication from your GP or pharmacist may help you to continue to exercise.

There is no recipe for what exercises you should do for a stiff and painful shoulder. Feel free to try out the examples and find the ones that you feel help. The exercises have been split up into active movement exercises (Level one), strengthening exercises (Level two) and capsular stretches (Level three).

Level one

You may find that if you are in the painful stage of a frozen shoulder or are having a flare up of osteoarthritis these exercises may be helpful to get your painful shoulder moving with support.

Active assisted flexion

While sitting rest your hands on a table. Using a duster or cloth slide both hands forwards as far as comfortable. Let your head drop forwards slightly at the end of the movement. Do not force into a stretch. Repeat eight to 15, three sets. This can also be performed standing up.



MSK Shoulder

Active assisted external rotation

While sitting, keep good posture and place a folded or rolled up towel between your affected arm and your side. Hold a stick with both hands, shoulder width apart palms facing upwards. Keeping your elbows in, use your unaffected arm to push the bar outwards away from the affected arm. Do not force into a stretch. Repeat eight to 15 times, three sets. This exercise can also be performed lying down.



Active assisted abduction

Standing in good posture, hold the stick with both hands shoulder width apart with your hands near your hips. With your unaffected hand push the stick moving the affected arm away from the body out to the side. Return to starting position. Do not force into a stretch. This can be made easier by bending your elbow of your affected arm or can be performed lying down. Repeat eight to 15 times, three sets.



MSK Shoulder

Hand behind back

In standing with your feet hip width apart, place a stick behind your back, with the affected arm at hip height and the unaffected hand behind your head. Use the unaffected hand to pull the affected arm further up your back, applying a stretch at the end of the movement. Return to your start position. Repeat eight to 15, three sets



Painful and stiff shoulders: Level two

If your pain is under control and your main issue is stiffness or if you feel no benefit from the exercises in level one then these exercises may be helpful. These exercises are examples of eccentric strengthening which has been shown to be an effective way of increasing movement in the shoulder and improving strength. This type of exercise can cause some discomfort to begin with. This is a normal reaction and should settle down.

Rotation strengthening

Lie on your back, with your arm out to the side to shoulder level. Your elbow is bent to 90 degrees and your hand is pointing towards the ceiling holding a weight (can of soup for example). Rotate your shoulder outwards by bringing the back of the hand towards the floor. Hold in this position then slowly rotate your shoulder in the opposite direction so the palm of your hand is moving towards the floor. Hold this position then return to starting position. Repeat eight to 15 times, three sets. This exercise can also be performed while sitting with your arm supported on a table.



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Shoulder flexion strengthening

Lie on your back holding a weight in both hands. Slowly lift your arms up and above your head as far as you can. Hold in this position then slowly bring your arms back down. This exercise can be made more difficult by using only your affected arm or increasing the weight that you use. Repeat eight to 15 times, three sets



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Painful and stiff shoulders: Level three

If your pain is under control and your main issue is stiffness at the limits of your movements, or if you feel the exercises in level two cause too much discomfort, these exercises may be helpful. These exercises are stretches and in order for them to be effective they need to be performed daily, such as three times a day.

Crossbody stretch

Stand up tall or sit up straight. Take one arm across your chest into and place the hand over the opposite shoulder. Push slightly further with your other hand until you feel a stretch in the back of your shoulder. Hold for 20 seconds.



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Doorway stretch

Stand with one hand and upper arm against the corner of a wall or edge of a doorway.

Turn your trunk away from the arm so that you feel a stretch in your chest muscles. Stop if you feel tingling or numbness in your fingers. Hold for 20secs



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Sleeper Stretch

Lie on your affected side, with your shoulder at 90 degrees and your elbow flexed to 90 degrees. Take your affected hand down towards the bed as far as it will go. Then gently resist the movement with your unaffected hand. Relax and then push your hand a little bit further towards the bed. Repeat and gradually increase your range of movement.



When you have regained the mobility in your shoulder, you may find that you need to strengthen your shoulder to regain full function.

You may want to try some of the strengthening exercises in the "Painful and weak" section to help if the level Two exercises here are too easy for you.

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Useful websites

The websites below are useful for further information on shoulders

NHS Ayrshire & Arran MSK

<https://www.nhsaaa.net/musculoskeletal-service-msk/>

NHS Ayrshire & Arran Pain management

<https://www.nhsaaa.net/pain-management-service/>

British Elbow and Shoulder Society

www.bess.org.uk

MSK Reform

mskr.info (Type directly into browser with no “www.”)

If requested Code is MSKR19

Shoulder Doc

www.shoulderdoc.co.uk

Liverpool Shoulder Clinic

<http://www.liverpoolshoulderclinic.com>

Versus Arthritis

www.versusarthritis.org

The Sleep Council

www.sleepcouncil.org.uk

Quit your Way (Smoking advice and support) Tel: 0800 783 9132

<https://www.nhsaaa.net/better-health/topics/smoking/>

NHS Ayrshire & Arran Mental Health and Well being

<https://www.nhsaaa.net/better-health/topics/mental-health-and-wellbeing/>

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