Arthritis Research UK

Condition
Shoulder pain

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 in the booklet.

What's inside?

At a glance
Shoulder pain

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

Shoulder problems are very common but they're not usually caused by arthritis and they generally improve in a relatively short time and with simple treatments. In most cases you won't even need to see your doctor.

What can I do to help myself?

There are several ways you can help yourself, including:

- taking painkillers
- applying an ice pack
- balancing rest and exercise
- checking your posture
- thinking about whether your daily activities might be contributing to your shoulder problem and what you can do to reduce the strain.

When should I see my doctor?

You should see your doctor:

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

How is it diagnosed?

This is usually based on your symptoms and an examination of your shoulder, but may sometimes require:

- blood tests
- x-rays, 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 joint itself. Sometimes pain in the shoulder is related to a problem in the neck.

What treatments are there?

The usual treatments include:

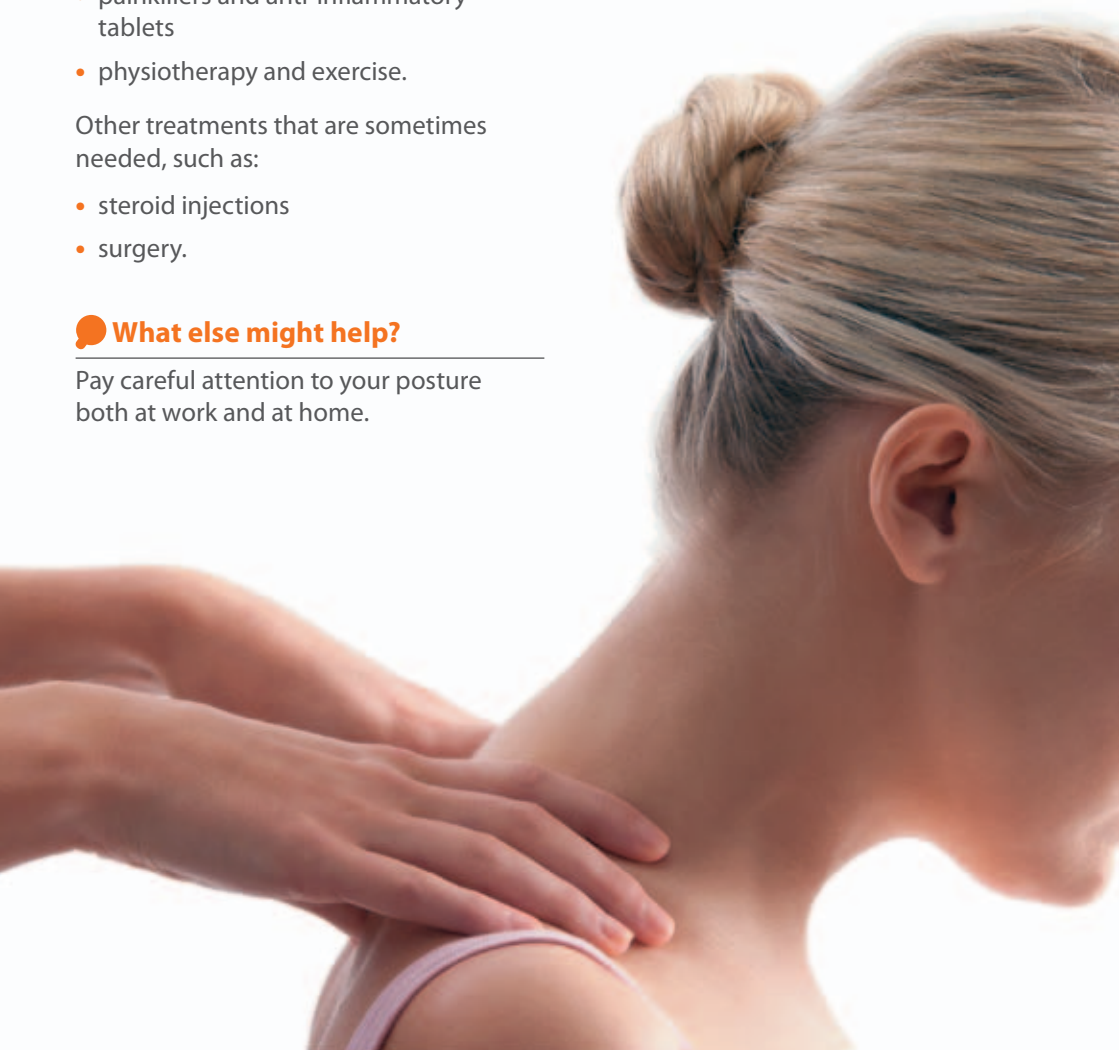
- painkillers and anti-inflammatory tablets
- physiotherapy and exercise.

Other treatments that are sometimes needed, such as:

- steroid injections
- surgery.

What else might help?

Pay careful attention to your posture both 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 tingling pain across your shoulder blade.

Other causes may include damage to muscles and tendons, or arthritis.

How does the shoulder work?

The shoulder is the most mobile joint in the body. The main shoulder joint (the glenohumeral joint) is a ball-and-socket joint, which allows a very wide range of movement. The 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.

What causes shoulder pain?

Most shoulder problems will only affect a small area and are relatively short-lived. But sometimes 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, but it can sometimes follow on from previous shoulder injuries.

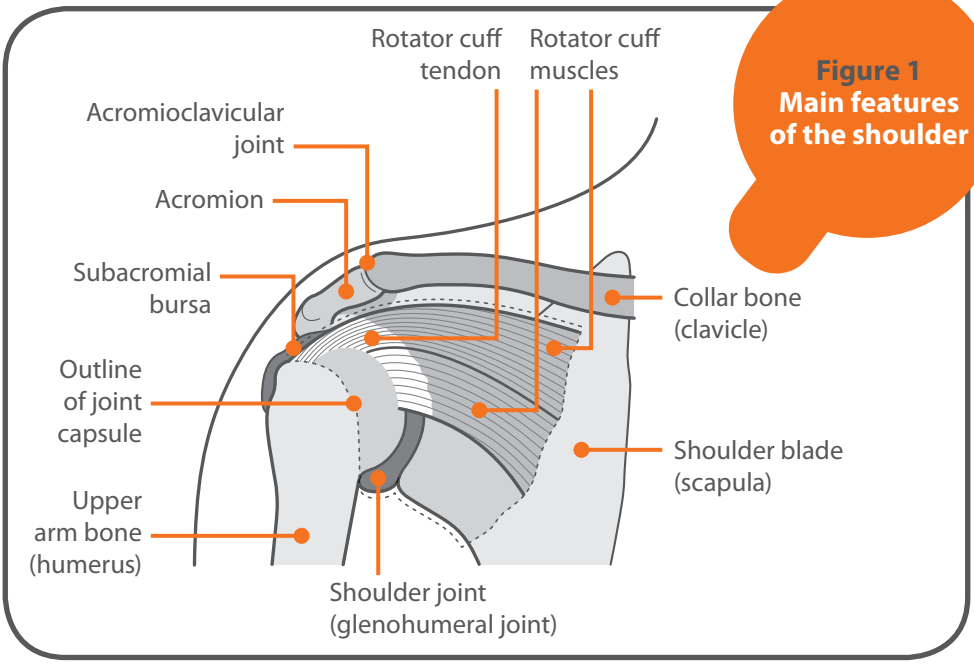


Figure 1
Main features of the shoulder

Many shoulder problems will clear up with simple over-the-counter medications and other self-help treatments.

There are several possible causes of shoulder pain, including:

- inflammation or damage to the muscles and tendons around the shoulder
- 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 the neck can cause pain that is actually felt over the shoulder blade or in the upper outer arm (this is known as referred pain). If your shoulder pain is accompanied by a tingling sensation, this is also more likely to be caused by a problem in the neck.

Specific shoulder problems are described in more detail later in the booklet.

See Arthritis Research UK booklets *Osteoarthritis; Rheumatoid arthritis.*

Should I see a doctor?

Unless the pain is extremely bad or you have a definite injury there's no need to see your doctor straight away. But if the pain isn't improving after about 2 weeks then you should see your doctor or a physiotherapist in case you have a more complex problem.

However, you should see your doctor as soon as possible:

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

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

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

What can I do to help myself?

There are several ways that you can help yourself if you have shoulder pain. These include using painkillers and ice, balancing rest and exercise and being careful about your posture.

Painkillers

Simple painkillers or anti-inflammatory tablets and creams that you can buy at the chemist can be helpful, but don't use them for more than 2 weeks without seeking medical advice.

Ice

If your shoulder is inflamed (warmer to touch than the other side), an ice pack may be helpful. Leave the ice pack in place for 10 minutes or so, making sure you protect your skin from direct contact with the ice by wrapping it in a damp towel.

Rest and exercise

Aim for a balance between rest and activity to prevent the 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 in front 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.

A pendulum exercise (see Figure 2) can help with many shoulder problems. Another good exercise is to use your good arm to help lift up your painful arm. Some people find that placing a cushion or rolled towel under the armpit and gently squeezing it can ease the pain.

A pendulum exercise is good for all shoulder problems:

- 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.
- This exercise can be done two or three times a day and repeated about five times on each occasion.

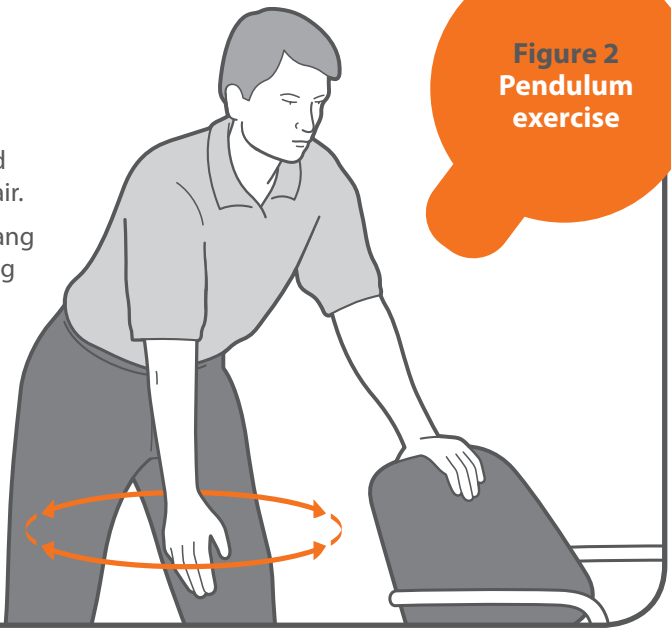


Figure 2 Pendulum exercise

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

See Arthritis Research UK booklet *Keep moving.*

Posture

Don't sit leaning forwards with the arm held tightly by your side. This position can make the problem worse, especially if some of the pain is coming from your neck.

When sitting, keep a pillow or cushion behind your lower back, with your arm supported on a cushion on your lap.

If your shoulder is painful to lie on, 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 try not to overdo it. You need to pace yourself to start with and try to do a bit more each day.

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.

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.

At work:

- Try to maintain a good posture when sitting or standing. Avoid holding your neck in fixed or twisted postures.
- If you use a computer make sure the keyboard and monitor are 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 have to stretch.
- When using the phone don't trap the receiver between your head and your shoulder.
- 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 you in touch with advisers specialising in physical difficulties at work.

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

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 complementary treatments. However, on the whole these treatments are not recommended for use on the NHS because there's no conclusive evidence that they're effective.

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

How are shoulder problems diagnosed?

If the problem continues for more than 2 weeks or gets worse you should see a doctor.

Each shoulder problem has its own pattern of symptoms, but most cause pain when you use or move your shoulder. Your doctor will need to establish which movements produce the most pain because this will be a good indication of where the problem is. Your doctor 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 sometimes to rule out other conditions.

What tests are there?

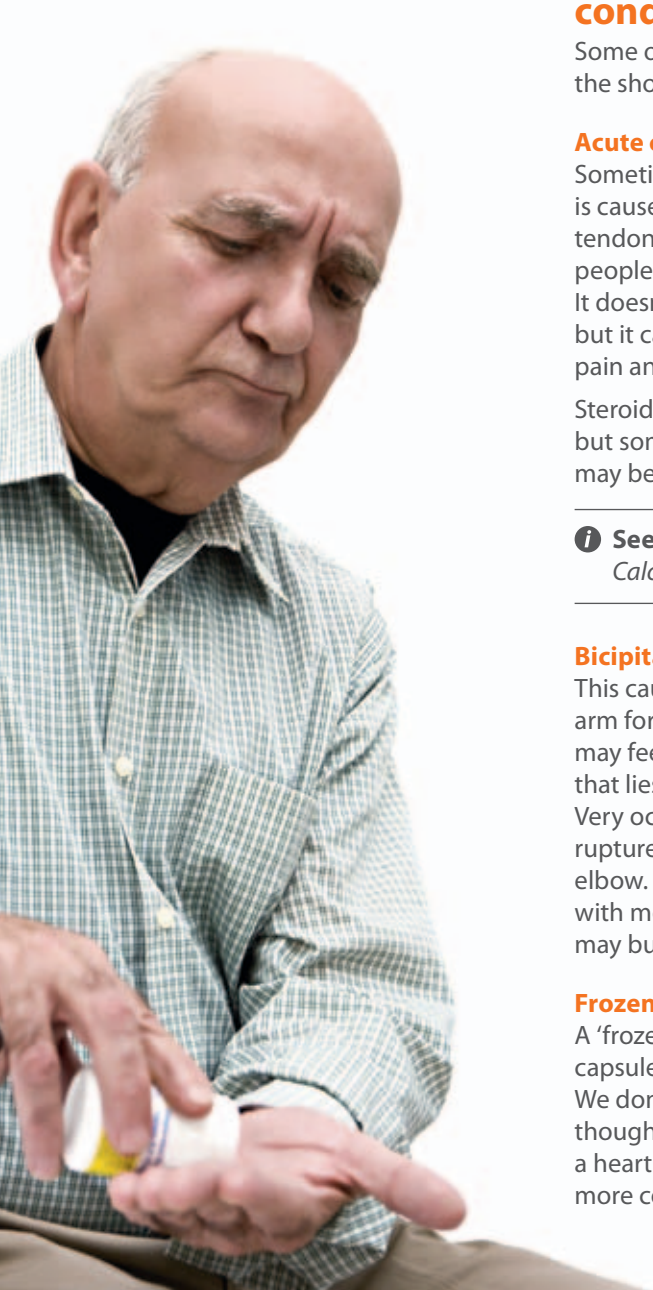
Blood tests aren't helpful for most shoulder problems, but they're sometimes used to rule out other conditions, including arthritis.

X-rays can be useful in certain cases, 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 ultrasound scan can be very helpful. It allows thickening in the soft tissues of the shoulder to be seen, and can also detect fluid and damage to tendons and muscles. It may also show larger tears in the rotator cuff, although an MRI scan is more reliable in assessing rotator cuff problems. Ultrasound or MRI can also be helpful in confirming a diagnosis of painful arc or impingement syndrome.

Magnetic resonance imaging (MRI) scans may be carried out if your doctor suspects a complex problem in the shoulder, 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 medium is injected into the shoulder before the scan is carried out – this works a bit like a dye and allows more detail to be seen.

Nerve conduction studies can help in diagnosing a condition called brachial neuritis. Very small needles are placed in 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, but most people are able to complete the test comfortably.



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.

See Arthritis Research UK booklet *Calcium crystal diseases (pseudogout).*

Bicipital tendinitis

This causes pain when you bring the arm forward or flex the elbow and you may feel tenderness over the tendon that lies in front of the shoulder joint. Very occasionally the biceps tendon may rupture, causing bruising just above the elbow. This doesn't cause any problems with movement, but the biceps muscle may bunch – rather like a 'Popeye' muscle.

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 much more common in people with diabetes.

The condition will usually resolve itself in time but it may take as long as 2–3 years.

Pain can be particularly bad at night and you may need painkillers to deal with this. A transcutaneous electrical nerve stimulation (TENS) machine can also help with pain relief. Physiotherapy or a steroid injection into the shoulder may be helpful. If your shoulder movement remains very restricted then 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 afterwards to reduce the risk of the problem returning.

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 the way 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 or when you lie on the affected side.

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

Painful arc/impingement syndromes

In this condition pain is usually felt as you lift the arm away from the body. Often this occurs because there isn't enough space below the acromion 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 painful arc includes physiotherapy and sometimes a steroid injection, usually combined with a local anaesthetic, into the space below the acromion. If the pain doesn't settle or comes back within a few months then keyhole surgery will usually be very effective.

Polymyalgia rheumatica

This condition typically causes 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.

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.

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

Referred neck pain

Often this problem causes pain in the upper outer arm, which will ache and feel heavy. 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.

See Arthritis Research UK booklet *Neck pain.*

Rheumatoid arthritis

This is an inflammatory disease which typically affects the hands and feet but may also 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 is no cure as yet, but there are many different treatments available. Some of these will help ease the symptoms while others can slow down or even 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. Although the name suggests an injury, most people don't remember hurting themselves beforehand. If you have a torn rotator cuff you may find you 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. The muscles between the neck and the shoulder tend to compensate for lack of movement in the rotator cuff muscles, which results in hunching of the shoulder.

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

What treatments are there for shoulder pain?

If your shoulder pain doesn't improve with simple medications there are a number of treatments available. The following sections explain the main treatments and which conditions they can help with, but your doctor will be able to give more specific advice.

Physical therapies

The vast majority of shoulder problems will benefit from physiotherapy. A physiotherapist will make an assessment of your condition and put together a treatment programme tailored to your needs.

The aim of physiotherapy may be to improve your symptoms or to restore function. The approach taken will also depend on whether you have a short-term (acute) problem or a more long-standing (chronic) condition. Almost everyone will benefit from a physiotherapy programme, which might include some or all of the following:

- exercises to ease or prevent stiffness
- exercises to strengthen weakened muscles and improve function
- advice on improving shoulder, neck and spine posture
- exercises to increase the range of joint movement
- ultrasound or other local treatment, such as transcutaneous electrical nerve stimulation (TENS) or heat/cold therapy, to ease pain
- 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.

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

If you're having problems at work speak to the occupational health team if there is one at your workplace. Otherwise, contact your local Jobcentre Plus office and ask them to put you in touch with a Disability Employment Adviser.

See Arthritis Research UK booklets *Physiotherapy and arthritis; Occupational therapy and arthritis.*

Steroid injections

Steroid injections help many shoulder problems. Often the steroid is given along with a local anaesthetic, and you may 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 in the first 2 weeks after an injection.

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

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

The injection may be carried out with the aid of ultrasound images. These allow the

inflamed tissues to be seen on a monitor so that the injection can be directed precisely.

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:

- Trimming bone and tissue from the underside of the acromion at the top of the shoulder (subacromial decompression – see Figure 3). 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.

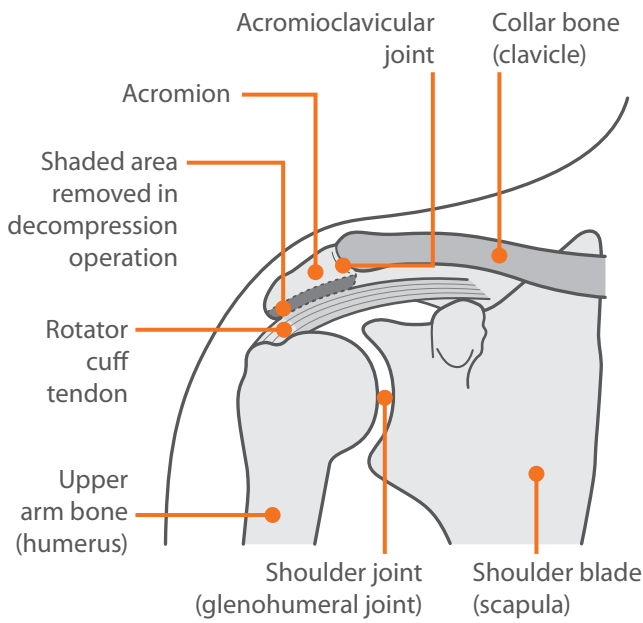


Figure 3 Subacromial decompression operation

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

Conventional surgery (i.e. not keyhole surgery) may be necessary in some circumstances, for example to repair larger tears in the rotator cuff.

Shoulder joint replacement and shoulder resurfacing are well established and can be very successful, particularly for osteoarthritis and rheumatoid arthritis when severe pain restricts movement and use of the shoulder. Some people regain more movement than others, depending on how severe the shoulder problem was before surgery (see Figure 4).

Physiotherapy and exercises are very important after surgery to help you regain movement, although you may not regain your full range of movement following a total shoulder replacement.

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.

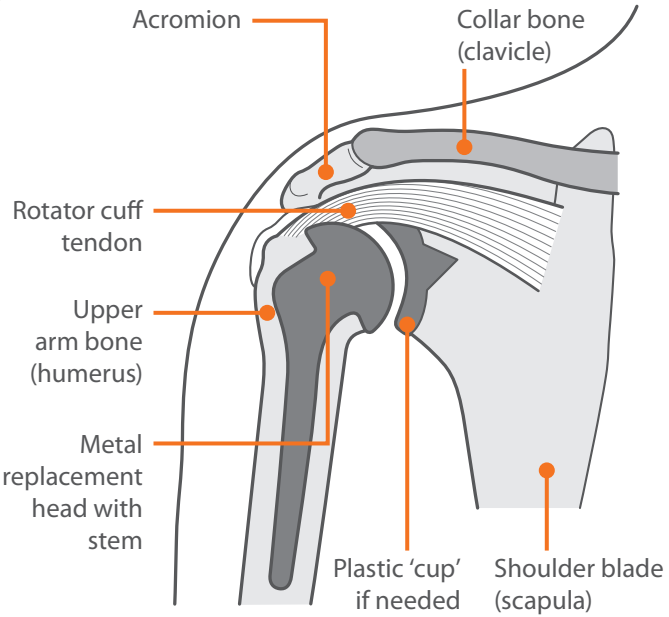


Figure 4 Total shoulder replacement

A total shoulder replacement can restore movement if the joint has been damaged by osteoarthritis or rheumatoid arthritis.

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.

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 in the affected tissues, and fluid and cells leak into the tissue, causing swelling.

Magnetic resonance imaging (MRI) – a type of scan that uses high-frequency radio waves in a strong magnetic field to build up pictures of the inside of the body. It works by detecting 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 therapist who helps you to get on with your daily activities (e.g. dressing, eating, bathing) by giving practical advice on aids, appliances and altering your technique.

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 is 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 the joints, particularly the lining of the joint. It most commonly starts in the smaller joints in a symmetrical pattern – that is, 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.

Transcutaneous electrical nerve stimulation (TENS) – a small battery-driven machine which can help to relieve pain. Small pads are applied over the painful area and low-voltage electrical stimulation produces a pleasant tingling sensation, which relieves pain by interfering with pain signals to the brain.

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 (pseudogout)*
- *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 leaflet

- *Local steroid injections*

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

Arthritis Research UK
PO Box 177
Chesterfield
Derbyshire S41 7TQ
Phone: 0300 790 0400
www.arthritisresearchuk.org

Related organisations

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

Arthritis Care
18 Stephenson Way
London NW1 2HD
Phone: 020 7380 6500
Helpline: 0808 800 4050
www.arthritiscare.org.uk

Benefit Enquiry Line
2nd Floor
Red Rose House
Lancaster Road, Preston
Lancashire PR1 1HB
Phone: 0800 882 200
www.direct.gov.uk

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
www.painrelieffoundation.org.uk

Notes

Notes

We're here to help

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

We're the UK's fourth largest medical research charity and 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 our 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, PO Box 177, Chesterfield, Derbyshire S41 7TQ.

A team of people contributed to this booklet. The original text was written by John Haines, who has expertise in the subject. It was assessed at draft stage by physiotherapist Jane Haynes. An **Arthritis Research UK** editor revised the text to make it easy to read, and a non-medical panel, including interested societies, checked it for understanding. An **Arthritis Research UK** medical advisor, Mark Wilkinson, is responsible for the content overall.

Arthritis Research UK

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 gifts from our catalogue

To get more **actively involved,** please call us **0300 790 0400** or e-mail us at enquiries@arthritisresearchuk.org

Or go to:
www.arthritisresearchuk.org

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www.arthritisresearchuk.org

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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.

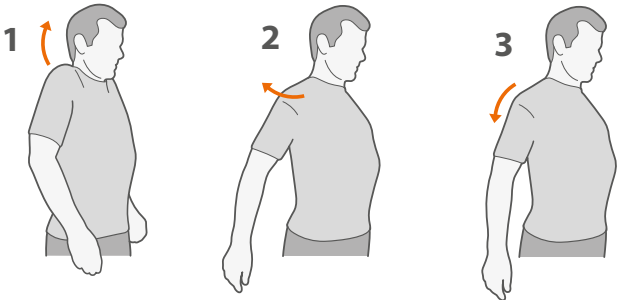
Stretching and strengthening exercises

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 5 times.

We recommend that you repeat this exercise twice a day.

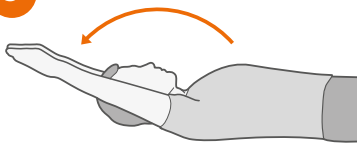
2



Shoulder stretch
Stand and raise your shoulders. Hold for 5 seconds. Squeeze your shoulder blades back and together and hold for 5 seconds. Pull your shoulder blades downward and hold for 5 seconds. Relax and repeat 10 times.

We recommend that you repeat these exercises twice a day.

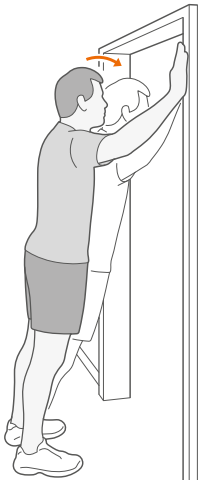
3



Arm stretch
Lie on your back. Raise your arms overhead as far as you can. Hold for 5 seconds and relax. Repeat 10 times.

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

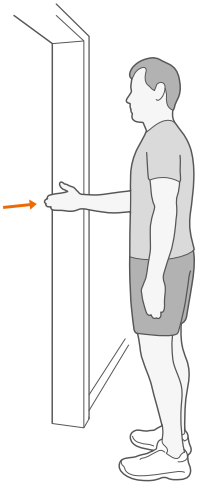
4

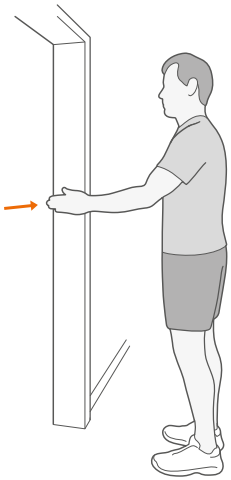


Door lean

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 3 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 5 seconds. Do 3 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 5 seconds.

Do 3 sets of 10 repetitions on each side.

Arthritis Research UK

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!