

# Painful Shoulder

Staff Information Leaflet

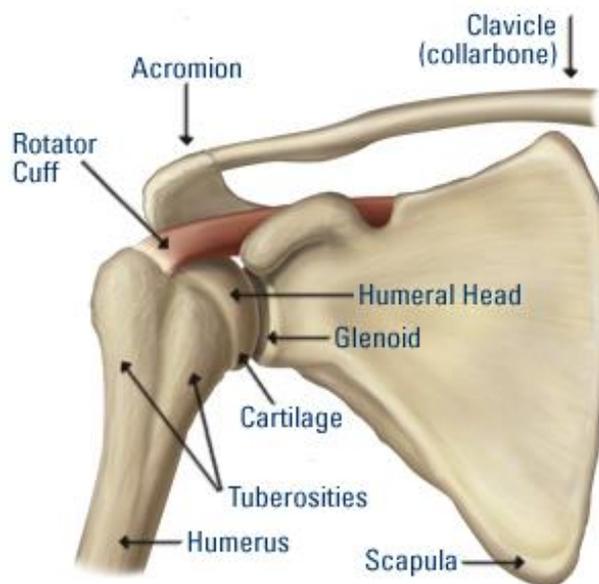
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**This leaflet is designed to give you an understanding of the painful shoulder, the treatment that may be beneficial and some advice on what you can do to help yourself. If your symptoms persist you should seek advice from your GP or Occupational health service.**

## Introduction

The shoulder joint is designed to give a large amount of movement. There are various structures that help to keep the joint in position:

- Ligaments and joint capsule which hold the bones together.
- A rim of cartilage (labrum) which deepens the socket.
- Muscles particularly the **Rotator Cuff** which keep the joint in the correct position when moving the arm.



## Rotator Cuff Related Shoulder Pain

This is one of the most common causes of shoulder pain. The gap between the top of the arm bone (humeral head) and the top of the socket (acromion) is called the 'subacromial space'. The rotator cuff tendons and a fluid filled cushion (bursa) are found in this space.

These structures can become painful if they are overworked or even under worked! Poor posture and using the arm in awkward positions can contribute to these problems, as can structural changes to the tendons or the surrounding bone.

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## What can I do to help myself?

If the shoulder feels better it will move better. Some people find applying a warm or cold compress to the area helps. Simple analgesia such as paracetamol and an anti-inflammatory such as Ibuprofen can be very effective for the treatment of shoulder pain. There are many different pain relieving medications that may help. Your doctor or pharmacist can advise you on what to take.

## Avoiding aggravating activities

Changing how you move can significantly help your symptoms. If you can avoid aggravating your symptoms and learn to move in a pain free way, the symptoms can often settle without any need for further treatment.

It is often easier and less painful if you use your arms close to your sides and avoid lifting objects at arms-length. Avoiding reaching above shoulder height or behind you for a little while can help to settle the pain.

## Get a good night's sleep

During the night our bodies rest and repair. The better we sleep the quicker we get better. Supporting the painful shoulder by lying on your opposite side, placing a pillow behind you and hugging a pillow with the painful arm can help prevent rolling onto the sore side or sleeping in funny positions. Alternatively lying on your back with a pillow under your arm may help to support the shoulder.

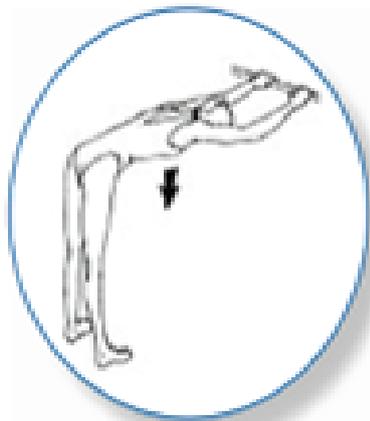


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## Exercises

These exercises may be a good place to start but should be pain free. They can be done regularly during the day. Remember to only move as far as you can comfortably.

**Do not** continue the exercises if they significantly increase your pain or swelling. If this were to occur, please see your GP / Physiotherapist for further advice.



### 'Walk Away'

Rest your hands on your kitchen worktop. Keeping your elbows straight, slowly walk your feet away and let your chest drop down to the floor (as far as you can comfortably) then return to the starting position. **Repeat 10 times.**



### 'Shoulder Rolls'

Sitting up tall, gently roll your shoulders forwards and up to your ears then down and back. Repeat the movement in the opposite direction. **Repeat 10 times.**

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## What about work?

Maintaining all normal activities including work improves your chance of recovery by keeping you moving. This helps you keep your 'work fitness' and prevents your shoulder getting weak, which can prolong your pain.

*Remember... You do not have to be pain free to return to or remain at work.*

It may be necessary to do temporary lighter or modified duties. This should be discussed with your line manager initially. If further clarification is needed your Occupational Health advisor can identify more specific role modifications.

## What should I do if I am still experiencing problems?

If you are unable to agree on restricted roles with your manager or you are still having problems despite following this advice then your Occupational Health team can help. The Occupational Health team can advise you on how to bridge the gap to help you return to normal activities. You can also gain access to the Occupational Health physiotherapist by:

### Self-referral

The Occupational Health can assist in the management of musculoskeletal problems that affect your ability to work. Staff are able to self-refer to physiotherapy via the Occupational Health intranet web page or from the trust Occupational health internet page.

<http://nuth-intranet/cms/SupportServices/OccupationalHealth/Physiotherapy.aspx>

[http://www.newcastle-hospitals.org.uk/about-us/staff-information\\_newcastleohs\\_ohs-referrals.aspx](http://www.newcastle-hospitals.org.uk/about-us/staff-information_newcastleohs_ohs-referrals.aspx)

### Management referral

If you feel your symptoms are having a significant effect on your ability to carry out your role, discuss this with your manager and request a referral to the Occupational Health Service.

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**For more information on shoulder pain or how to stay active, why not try:**



<https://www.nhs.uk/>



<https://www.nhsinform.scot/>



[www.activenewcastle.co.uk/](http://www.activenewcastle.co.uk/)

## NewcastleOHS

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