

Stiff Shoulder

Staff Information Leaflet

Healthcare at its very best - with a personal touch

This leaflet is designed to give you an understanding of stiff shoulders, 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 is a ball and socket joint (gleno humeral joint). It is designed to allow a large amount of movement. Your arm (humerus) fits into the shallow socket (glenoid) which is part of the shoulder blade (scapula). There is a loose bag or 'capsule' which surrounds the joint.



What is a stiff shoulder?

A stiff shoulder (sometimes referred to as frozen shoulder or adhesive capsulitis) is a condition where the shoulder becomes painful and restricted, particularly in rotation and when lifting the arm out to the side. It is thought that the stiffness and pain could be caused by muscle guarding and tightening of the structures in and around the shoulder.

Who can get a stiff shoulder?

It often occurs in people aged between 40 and 65 years of age and is more common in women. It is more common in those who have diabetes and some other conditions, including overactive thyroid disease. It can also develop after shoulder injury.

Note: Frozen shoulder is not a form of arthritis and other joints are not affected.

Why does it happen?

The exact cause of a stiff shoulder is not known. Sometimes it can develop without any identifiable reason. In approximately 15% of cases, individuals have previous shoulder injuries.

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Symptoms

The most common symptom is restricted movement. In particular you may notice difficulty putting your hand behind your head or raising your arm out to the side. There is often pain associated with these movements and certain positions; you may also notice pain at night.

What can I do to help myself?

Stiff shoulders often get better although the timescale for full recovery can range from a few months up to 5 years.

Pain relief

Simple analgesia such as paracetamol and anti-inflammatory drugs such as Ibuprofen can be very effective at managing pain with stiff shoulders. You can obtain advice regarding medication from your local pharmacist or G.P, but remember to read the packet and do not take over the recommended dosage.

Exercises

It is essential to exercise regularly to maintain the movement and function of your shoulder. It is advised that you do exercises daily.

Taking regular pain relief can help you perform the stretches and push yourself a little further.

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

Exercise 1 – Shoulder Rolls



Sit or stand.

Roll your shoulders in both directions.

Repeat 10 times.

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Exercise 2 – Walkaways



Stand with one foot forward. Place your hands on a table.

Push with your hand to move your bottom back. Keep your neck and back straight.

Repeat 10 times.

Exercise 3 – Pullies



Stand or sit.

Using shoulder pullies which can be acquired widely on the internet. Hold both handles- bring one arm up as the other comes down, alternate and repeat for 2 mins. Using your "good" side to help stretch out the effected side.

Exercise 3 – External Rotation



Lying on your back with hands behind your neck and elbows pointing towards the ceiling.

Move elbows apart and down to touch the floor.

Hold for 20 seconds.

Exercise 4 – Internal Rotation



Stand or sit.

Stretch one arm over to the opposite shoulder by pushing it at the elbow with your other arm. Hold the stretching approx. 20 secs. - relax.

Repeat 3 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 you 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

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 stiff shoulder or how to stay active, why not try:



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



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



www.activenewcastle.co.uk/

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