



YOUR GUIDE TO

SHOULDER PAIN

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Introduction

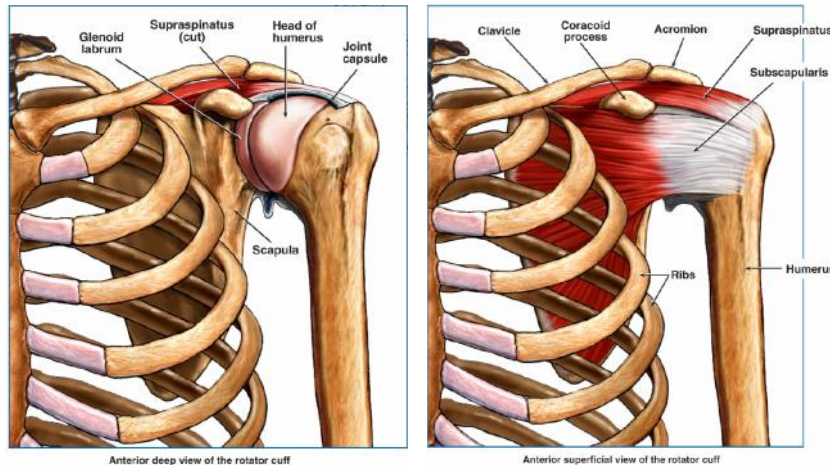
Please take note of the following before starting any of the exercises in this guide:

- The information contained in this guide is intended to assist in managing your recovery.
- This guide is based on the latest medical research in the field and contains the best advice available to the best of our knowledge.
- This guide is complimentary to other medical services and is not intended as a substitute for a health care provider's consultation.
- Never disregard medical advice or delay in seeking it because of something you have read in this guide.

● Many people have found quick and lasting relief from their Shoulder Pain by acting upon the information provided, but everyone decides for themselves what to do with this information. Should you doubt a particular exercise in your situation, please consult your health professional.

When consulting your health professional, it is wise to take this guide with you to show them.

The Shoulder



The shoulder complex is made up of three bones that are connected by muscles, ligaments and tendons - the large bone of the upper arm (humerus), the shoulder blade (scapula) and the collar bone (clavicle). These three bones form three separate joints which work together in all shoulder movements to make the shoulder the most mobile joint in the body. Being so mobile, the shoulder is very dependant on the surrounding

soft tissue to provide its stability. The main muscle groups responsible for providing this stability are known as the "rotator cuff" muscles. The rotator cuff is made up of four muscles which attach to both the scapula and humerus and provide stability of the shoulder joint throughout its range of movement. Any weakness or damage to these muscles will result in pain, as they will no longer be able to work as efficiently, causing damage to occur.

What causes Shoulder Pain?

Most shoulder problems involve the muscles, ligaments and tendons, rather than the bones.

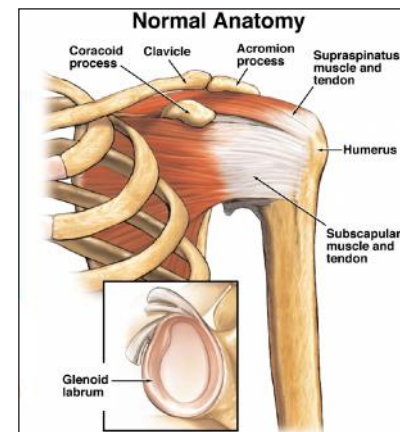
These problems fall into three categories:

1. **Tendonitis/Tendonosis/Bursitis**
2. **Injury/Instability**
3. **Arthritis**

Other more serious causes of shoulder pain include tumors, infection or nerve-related problems. It is therefore very important that you contact your GP or allied health professional, (Physiotherapist, Chiropractor, Osteopath) to get an accurate diagnosis for your shoulder pain.

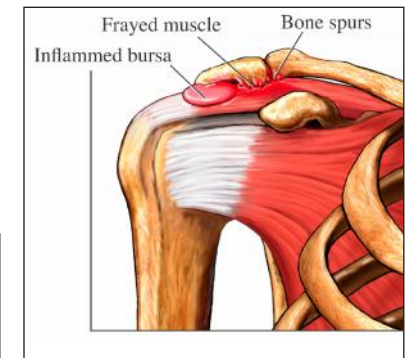
TENDONITIS/TENDONOSIS

A tendon is a band of tissue that connects the muscle to the bone. Tendonitis is an inflammation of the tendons that attach on to the humerus



resulting in pain and discomfort. Tendonosis is a thickening of the tendon, with no inflammation present but with resultant pain. The tendons affected are mostly those of the rotator cuff muscles, and injury is mostly a result of rotator cuff muscle weakness. This weakness results in a poor movement pattern of the shoulder joint and subsequent pain.

Tendonitis often occurs from mechanical impingement of the rotator cuff or recent injury whereas tendonosis is a result of overuse or age related degeneration.

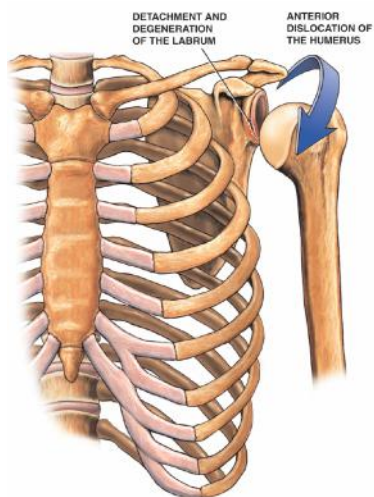


BURSITIS

Sometimes pain is a result of inflammation and swelling of the bursa, known as Bursitis. Bursas are fluid filled sacs located around the joints and serve to lessen the friction on the tendon/muscle caused by movement of the shoulder. Bursitis often occurs in association with tendonitis/tendonosis

INSTABILITY/INJURY

Shoulder instability either occurs due to a direct trauma causing a dislocation of the joint, or as a result of weakness in the rotator cuff muscles causing slackness with movements of the shoulder joint.



A shoulder dislocation occurs when the head of the humerus moves out of its normal position in the socket of the shoulder complex. As a result the ligaments and muscles that stabilise the joint will be injured or torn.

The chance of a dislocation recurring is quite high and it is therefore essential that you receive the correct treatment and continue with a regular home programme to ensure that you maintain the strength of your rotator cuff muscles.

ARTHRITIS

Although not as common, shoulder pain can also be a result of arthritis. There are many types of arthritis, but generally it involves wear and tear changes with inflammation of the joint causing swelling, pain and stiffness.

What treatment can I receive?

The treatment of **shoulder pain** depends on its cause.

TENDONITIS/TENDONOSIS AND BURSITIS

These conditions are mostly treated conservatively, with treatment including stretches, strengthening exercises, anti-inflammatory

medications, activity modification, and/or heat/cold therapy. In some cases a cortisone injection may be required to help decrease the pain and inflammation. Surgery may be required in cases where no improvement is achieved with conservative measures. This is mostly performed with key hole surgery

INSTABILITY/DISLOCATIONS

Shoulder instability can also be treated conservatively, with treatment focussing on stability and strengthening exercises for the rotator cuff muscles. A **dislocation** however will usually be treated by doctors in the emergency department as it is essential that the head of the humerus is returned to the correct position. This relocation may have to take place under anaesthetic. With dislocations, surgery may be required to repair torn soft tissue structures, or to tighten soft tissue structures in patients who suffer from recurring dislocations.

After a dislocation, the long term goal is for you to return to your previous level of activity. Achieving this goal will depend on the functional activity, the stability of the shoulder joint, and any complications that may have occurred. A period of immobility will be followed by a shoulder rehabilitation programme that should focus on regaining the strength and stability around the joint.

It is essential that you consult with your doctor or therapist before starting any exercise programme to ensure that you start at the right stage and do the correct exercises for the diagnosis of your shoulder pain.

What exercises should I do?

An **exercise programme** for all shoulder pain is generally indicated, as it is important to regain the strength in the **rotator cuff muscles**. This is to provide the joint with the stability that it needs to function efficiently and pain free. The focus of the programme is stability and strengthening exercises, but it is also important to include mobility, flexibility and general aerobic activity in your regular exercise routine.

The exercises given in this pack are a general programme divided into three stages. Start with the first stage and **gradually progress** as you feel comfortable. If you have any problems with any of the exercises or are experiencing pain, it is essential that you consult your doctor or therapist as you may be doing it incorrectly or it may not be indicated for the stage of your injury.

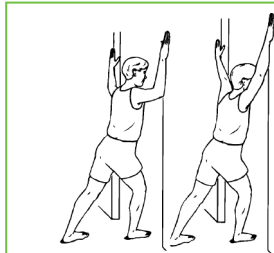
Exercises phase 1

When first starting an exercise programme it is important that you **start slowly** and gradually progress. If you have pain it is important that you work within your pain range i.e. you can still do the exercises but ensure that you decrease the range that you do them in. You may feel slight

discomfort, but this should clear quite soon after doing the exercises. It is essential that you don't work into pain as this will merely prolong your recovery by causing further damage. Once you feel comfortable with the exercises in phase 1 you can progress to phase 2.

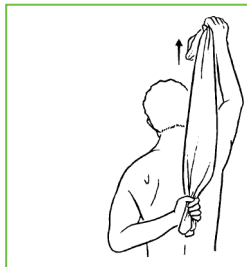
STRETCHING EXERCISES

- Hold each stretch for at least 30 seconds and repeat 2-3 times on each side. Repeat 2-3 times a day where possible.
- Make sure you hold the stretch and do not bounce.
- Try and warm up before stretching (warm bath, walk etc)



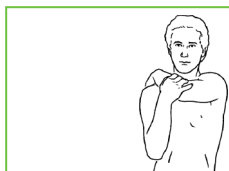
DOOR STRETCH

Stand in a walking position, side on to a doorway or corner. Bend your elbow and support the forearm against the doorframe. Gently rotate your upper trunk away from the arm until the stretching can be felt in the chest muscles



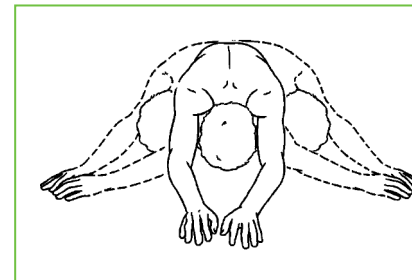
MEDIAL/LATERAL ROT STRETCH

Holding a towel, take one hand over your head and one hand behind your back, firstly pull down with the bottom hand and hold, and then pull up with the top hand and hold. Now swap hands



POSTERIOR CUFF

Take one arm across your chest, taking care to keep your shoulders level. Use the other hand to pull your arm across your body.

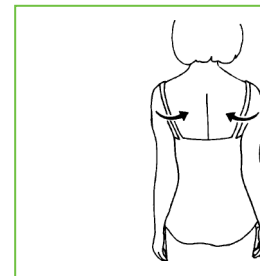


UPPER BACK

Kneeling down on both knees, sit back on your heels and stretch your arms out straight on the floor ahead of you. Stretch out as far as you can. Now move your arms to the side and hold and then walk them to the opposite side and hold

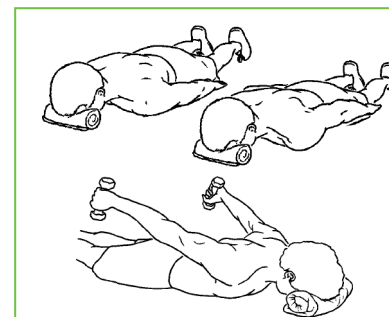
STABILITY AND MOBILITY EXERCISES

- Do each exercise within your painfree zone.
- Hold each position for 10 seconds and repeat 10 times unless otherwise stated within the exercise.



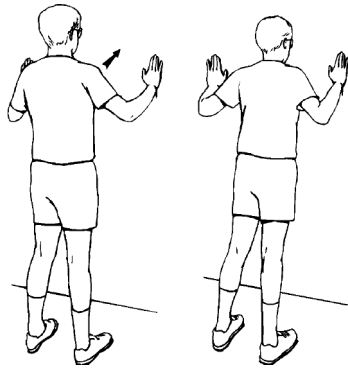
STABILIZING

Sitting on the edge of a chair or bed, both feet flat on the floor, your shoulders back, your stomach in, your posture good. Keeping your shoulders level, bring your shoulder blades down your back and the points in towards each other and hold.



PRONE FLIES 1

Lying face down, arms against sides with thumbs pointing upwards and head supported with a towel. Take your shoulder blades down your back and slightly in towards each other, and slowly lift your hands off the floor maintaining your shoulder blade position. You can progress this by holding light weights in your hands.



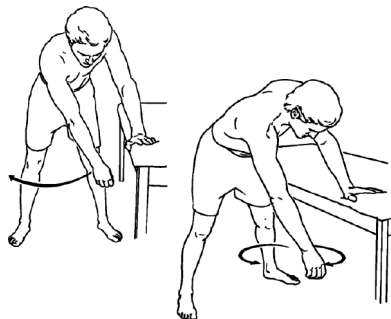
PUSH-UP PLUS RETRACTION

Stand facing a wall, place both hands against it at about shoulder level. Stabilize your shoulder blades (down and in) and now slowly and controlled, perform a push-up against the wall maintaining control of shoulder blades (i.e. don't allow your shoulders to come up towards your ears). The movement must be slow and controlled, with the push back being through your palms.



WALL CLIMBING

Stand facing a wall. Walk your fingers up the wall as high as possible. Reverse down in the same way. Repeat 10 times per arm. Keep your arm moving up and down.

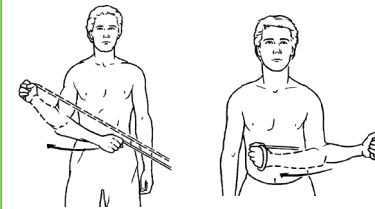


PENDULUM EXERCISES

Bend over from your hips so that your back is flat, with your one arm hanging next to your side and the other holding onto a table. Now perform swinging movements with your arm (ie forwards/backwards, side/side, and circles in both directions). Repeat 10 times in each direction.

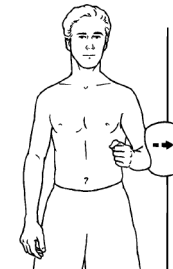
STRENGTHENING EXERCISES

- Perform 2 sets of 10-12 repetitions
- For Isometric exercises hold the position for 10 seconds and repeat 5- 10 times
- Work in a pain free range of movement. The movement should be slow and controlled with your shoulders in neutral at all times.
- Perform the isometric exercises below against a door/wall so that movement is eliminated and the contraction is static.
- Resist against the door with your fist in a neutral position



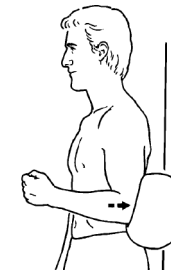
INTERNAL AND EXTERNAL ROTATION

Stand with arm close to side, and elbow at a right angle. Holding an exercise band, pull inward towards stomach. Now face the opposite way and pull band away from your body.



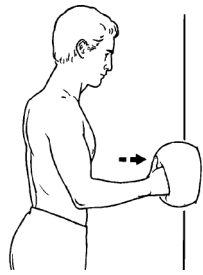
ISOMETRIC ABDUCTION WITH BENT ELBOW

Standing with elbow in at side, and bent to 90° at the elbow. Place a pillow between your elbow and the wall. Push out against the pillow and hold for 10 seconds repeat 10 times. Progress this to use theraband and moving the arm outwards.



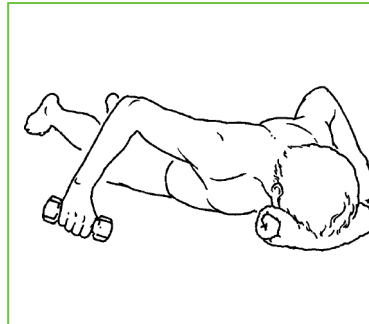
ISOMETRIC EXTENSION WITH BENT ELBOW

Standing with elbow bent at 90° and in at side. Place a pillow between your elbow and the wall and push backwards against the pillow. Hold for 10 seconds and repeat 10 times. Progress this to use theraband and perform a rowing movement



ISOMETRIC FLEXION WITH BENT ELBOW

Standing with elbow bent to 90° and in at side. Make a fist and place a pillow between your fist and the wall. Push forwards against the pillow. Hold for 10 seconds and repeat 10 times. Progress this to use theraband and moving the arm forwards



RHOMBOID STABILITY EXERCISE

Lying on your stomach on a bed with your arm hanging over with elbow bent at 90° and in line with your shoulder. Raise your elbow up towards the roof, bringing your shoulder blade in towards the other. This can be done with one arm at a time or both together, and theraband can be added to increase the difficulty.

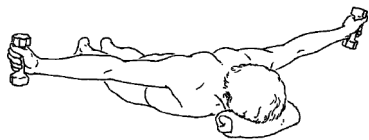
Exercises phase 2

Phase two should be started once you are able to perform the exercises in phase 1, pain free and with control (especially in the stability/mobility exercises). This will probably be after a week or two of starting with this programme. If you progress to phase 2 and find that you are unable to do some of the exercises, don't be afraid

to use some exercises from each phase at the same time and progress yourself slowly as you **feel comfortable**. Continue with the stretching programme from phase 1 at the beginning and end of each session, and continue with the rotator cuff strengthening exercise but change the colour of the band

STABILITY AND MOBILITY EXERCISES

- Hold each exercise for 10 seconds and repeat 10 times
- Theraband or small weights can be added to make the exercises harder
- Ensure that you maintain a neutral position in your shoulder blades

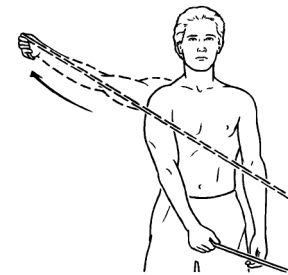


PRONE FLIES 2

Lying face down, arms out at your sides in a T-position with your thumbs pointing upwards. Take your shoulder blades down your back and slightly in towards each other at the same time raising your arms off the floor. Look down at the floor while doing this exercise. You can progress this by raising your trunk off the floor at the same time as lifting your arms.

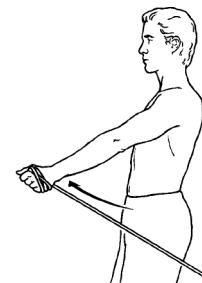
STRENGTHENING EXERCISES

- Perform 2-3 sets of 10 on each side
- Maintain a neutral scapula position throughout



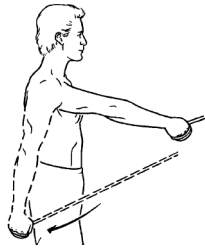
SIDE LATERAL RAISES

Stand or sit. Place a piece of theraband under foot, or hold a small weight in hand. Lift arms up sideways at about a 45° angle to the body. Lift the arms, keeping the shoulder blades stable and in neutral. Only lift to 90° and not beyond. Start with your thumb down and then change to a thumb up position. One set of each



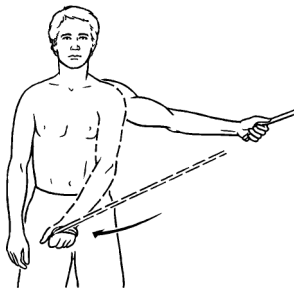
STANDING SHOULDER FLEXION

Stand in the neutral position with feet shoulder-width apart. Stand on the one end of the band with right foot. Grasp the other end of band with your right hand. Straighten right arm, raising it to shoulder height. Keep your abdominals tight and shoulder blades stable throughout the movement



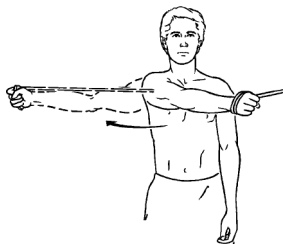
STANDING SHOULDER EXTENSION

Stand facing a rubber band which is fixed in front of you. Bring the arm straight backward pulling the band. Repeat 10 times per arm



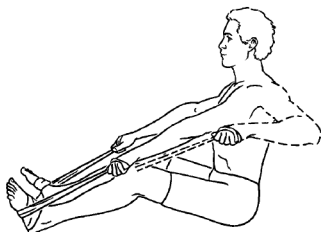
STANDING SHOULDER ADDUCTION

Fasten one end of the band roughly 1m above your shoulder height (or close the one end in the top of the door). Grasp the other end of your band with your right hand. With your arm up and out to your side and at shoulder height, pull the band down next to your side. Keep your abdominals tight. Do not round your shoulders.



STANDING HORIZONTAL ABDUCTION

Stand in the neutral position. Grasp the ends of your band with both hands. Raise both arms to shoulder height. Move your arms out to the sides of your body. Do not round your shoulders.



LONG SITTING SHOULDER ROWING

Sit with your legs straight out in front of you. Grasp the ends of your band in both hands. Loop the band around both forefeet. Pull both elbows back squeezing the shoulder blades together. Repeat 10 times. Be sure to keep your feet down and not to lift your shoulders while executing these exercises.

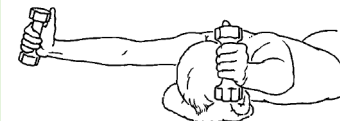
Exercises phase 3

Progress onto phase 3 once you feel confident that you are able to complete the exercises at phase 2 **without pain and with control**. The main progression for phase 3 is to try and make your exercises more functional. Progress to a harder band

strength or add heavier weights. Ensure that you are able to maintain a neutral scapula position throughout the exercises. If you cant, it is too hard or the weight is too heavy and you need to regress slightly.

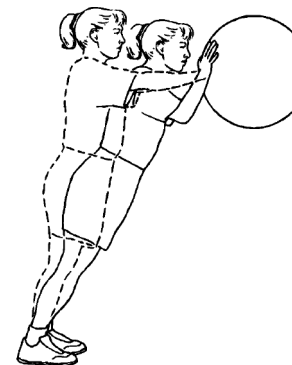
STABILITY EXERCISES

- Hold each position for 5-10 seconds and repeat 10 times
- Control the scapula position throughout the exercise.



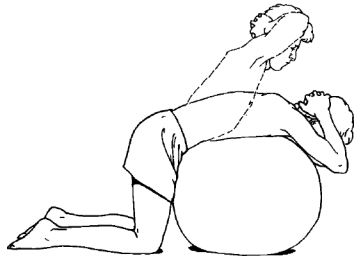
PRONE FLIES 3

Lying on your stomach with your arms straight out above your head on the floor. Take your shoulder blades down your back and slowly raise both arms off the floor. Hold this position for 10 seconds and repeat 10 times. You should feel this between your shoulder blades, not in your neck



PUSH-UP PLUS RETRACTION

Perform as in phase one, but this time place a ball against the wall, placing hands on ball and performing the pushup. Can also be done in the normal push-up position on the floor, slowly and controlled, and controlling scapula position throughout the movement.

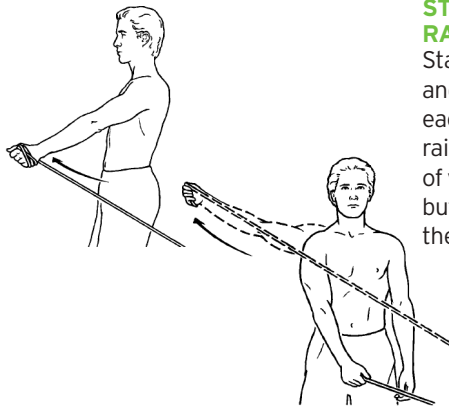


UPPER BACK EXTENSIONS

Kneeling, sitting back on your heels with your arms outstretched on the floor in front (or leaning over a ball if you have one). Slowly unravel yourself, by lifting your chin and head, opening the chest and bringing the shoulder blades in towards each other. Bend your elbows and bring them out to the side (i.e. 90° angle to your shoulder). Hold for 5-10 seconds and repeat 10 times.

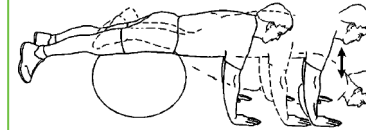
STRENGTHENING EXERCISES

- Repeat two sets of 10 repetitions of each exercise on each side
- Maintain scapular control throughout the movement and ensure all movements are controlled



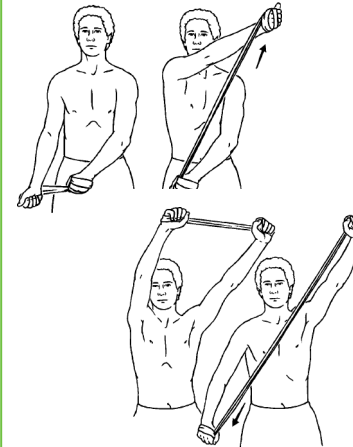
STANDING FRONT AND SIDE RAISES

Standing on the middle of the band and hold the ends of the band with each hand, arms at your side. Now raise your arms straight out in front of you. Perform the same exercise but this time move your arms out to the sides.



PRONE BALL WALKOUTS

1. Lie over a ball on your stomach. Slowly walk yourself out until your thighs are resting on the ball. You can go down into a push up or simply walk back to the start position
2. Now walk out slightly further and perform a push up, going a little closer to the floor.
3. Walk out so only your feet are on the ball and perform a full push up

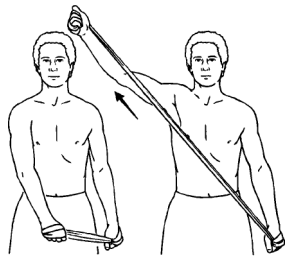


D1 INTO FLEXION

Stand with the hand next to your hip. Hold on to a rubber exercise band which is fastened below. Pull the band diagonally upwards across your body with your thumb leading the movement.

D1 INTO EXTENSION

Attach band above and reverse the movement. Try rotate into the move.

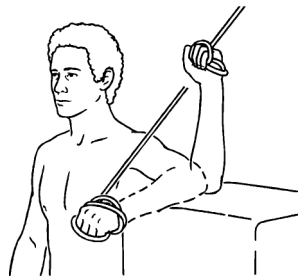
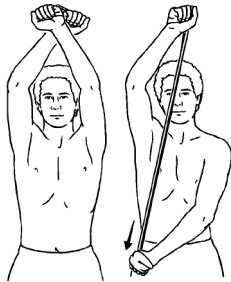


D2 INTO FLEXION

Stand with the hand on opposite hip. Hold on to a rubber exercise band which is fastened below. Pull the band diagonally upwards across body with your thumb leading the movement.

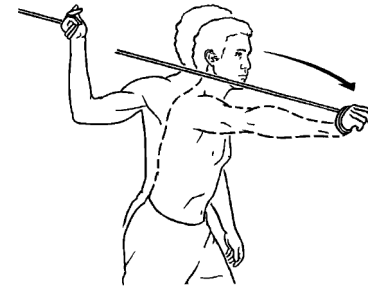
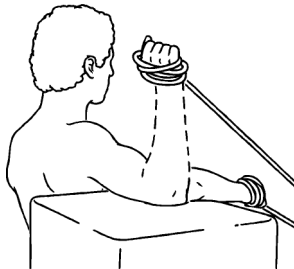
D2 INTO EXTENSION

Attach the band above and reverse this movement. Try rotate into the move.



INTERNAL AND EXTERNAL ROTATION

Stand with your arm at shoulder height with your elbow bent to 90°. Holding onto the band, rotate your arm forwards. Now turn around facing the band attachment, and rotate your arm back wards (start this movement with your palm facing the floor). Ensure that the movement is slow and controlled. Maintain your shoulder blade position throughout. Progress this into a throwing movement including trunk rotation



PUNCH EXERCISE

Attach a band to a door and face away from it holding one end in your hand. Straighten your arm, and initially keeping your arm straight, punch forwards with the band making sure the movement is just with your shoulder blade. Progress this to performing a full punch and then throwing movement with your arms (bending your elbow this time)

Contact us

This guide is designed to assist you in the self-management of your injury/condition.

We are here to assist your recovery in the shortest but safest possible time. If you have any uncertainties or queries regarding the information, please do not hesitate to contact us on:

Phone 017890400999 / 07870166861

www.mdphysiotherapy.co.uk