

Rotator cuff related shoulder pain

Information for patients

Sheffield Teaching Hospitals



In hospital and in the community

proud to make a difference

Who gets rotator cuff related pain?

- People who work or do sports / hobbies with their hands above shoulder height.
- Rotator cuff problems can develop as we get older.
- A shoulder injury or repetitive or unaccustomed activity may also cause the condition to develop.

Why do we get rotator cuff related pain?

The rotator cuff is a group of muscles which help to control the movement of the ball and socket joint of the shoulder, with the tendon attaching the muscle to the humerus bone (upper arm bone). These tendons can either be intact or torn.

A number of other terms such as supraspinatus tendinopathy, tendinitis and bursitis are used by different people, but the diagnosis and treatment are essentially the same, and is referred to as rotator cuff tendinopathy.

Overuse or unaccustomed activity, or sometimes trauma, such as a fall onto the hand or shoulder, can cause them to become painful.

What happens to the tendons?

In the majority of cases, the tendon becomes painful without any serious damage and responds well to self-management, such as modifying your activity and progressive strengthening exercises. However, in some instances, the tissues can become inflamed (usually in younger people under the age of 40), show signs of degeneration or develop a tear.

A tear can be acute (sudden onset) following trauma, or can be chronic (long-lasting) due to tendon degeneration. Chronic tears are much more common in patients over the age of 60. A tear that does not extend the full way through a tendon is called a partial thickness tear.

Tears are very common, with up to 34% of the population having them. They do not always lead to pain and weakness and therefore do not always require surgery to repair them.

In smaller degenerative tendon tears, physiotherapy involving progressive strengthening exercise programmes has been shown to be very effective, as long as they are continued on a daily basis for at least 3 months and possibly up to 6 months.

What are the symptoms?

Shoulder and outer arm pain particularly when lifting the arm, lying on it or using the sore muscle, e.g. taking a jacket on or off.

How can I deal with it?

- In the very early stages or with a flare up, have relative rest from the activity causing the pain.
- Pain relief as advised by your pharmacist or GP.
- Gentle exercises to prevent your shoulder from stiffening up and to strengthen your muscles. It is fine to have some discomfort during your exercises as long as the discomfort is not severe, and settles within 30 minutes of your exercise.

What should I do if this doesn't help or if the symptoms are severe?

- Physiotherapists will plan an individual rehabilitation programme in order to improve your day-to-day function and increase or maintain your movement and strength.
- You may require investigations, eg X-rays, ultrasound, etc, if your shoulder is not improving.
- You may benefit from an injection if you fail to benefit from physiotherapy. However, this may not be done if you have a tear, and repeated injections are not recommended.
- You may require a surgical procedure if your symptoms are severe and fail to settle with self-management, pain management and adequate physiotherapy. However, in the vast majority of patients, management with physiotherapy is enough to settle symptoms.

How can I avoid getting rotator cuff related pain or prevent a recurrence of a previous rotator cuff problem?

- Avoid excessive unaccustomed activity with the hands above shoulder height eg painting a ceiling, hanging curtains and trimming the hedge in short periods of time.
- If you exercise, ensure you balance your training programme to incorporate strength work for all muscle groups.
- Take breaks from repetitive shoulder movements and heavy lifting.
- Try to keep physically active.
- Try to keep your weight within normal limits, as individuals who are overweight have an increased risk of rotator cuff problems and tendon problems in general.



Produced with support from Sheffield Hospitals Charity
Working together we can help local patients feel even better

To donate visit

www.sheffieldhospitalscharity.org.uk Registered Charity No 1169762



**Alternative formats can be available on request.
Please email: alternativeformats@sth.nhs.uk**

© Sheffield Teaching Hospitals NHS Foundation Trust 2018

Re-use of all or any part of this document is governed by copyright and the "Re-use of Public Sector Information Regulations 2005" SI 2005 No.1515. Information on re-use can be obtained from the Information Governance Department, Sheffield Teaching Hospitals. Email infogov@sth.nhs.uk