

Shoulder pain

[arthritis-uk.org](https://www.arthritis-uk.org)



 **Arthritis** UK

We are Arthritis UK

We're the 10 million adults, young people and children living with arthritis. We're the carers, researchers and healthcare professionals. The families and the friends. All united by one powerful vision: a future free from arthritis. So that one day, no one will have to live with the physical, emotional and practical challenges that arthritis brings.

There are many different types of arthritis. And we understand that every day is different. What's more, what works for one person may not help another. That's why our trusted information blends the latest research and expert advice with a range of lived experiences. In this way, we aim to give you everything you need to know about your condition, the treatments available and the many options you can try, so that you can make better-informed choices to suit your needs.

We're always happy to hear from you whether it's with feedback on our information, to share your story, or just to find out more about the work of Arthritis UK. **Contact us at healthinfo@arthritis-uk.org**

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Shoulder pain

Many people experience shoulder problems, but they aren't usually caused by arthritis.

Your shoulder has a lot of moving parts and your pain could be caused by problems in specific muscles, tendons or other soft tissues.

Sometimes you can also experience pain in your shoulder if you have a problem with your neck.

However, it is possible the pain could be caused by arthritis in one or both of the two joints in your shoulder.

Some shoulder problems will clear up after a short time and you may not need to see a doctor. Here are a few things you could try at home that may help your shoulder pain:

- taking painkillers, such as paracetamol, and non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen
- applying ice packs or heat pads to the painful area
- pacing yourself, resting your shoulder at times but also keeping it mobile with exercise
- trying to improve your posture
- thinking about which daily activities make your shoulder problem worse and ways you can avoid them.

How does the shoulder work?

To understand more about the causes of the pain you're experiencing it helps to know how the shoulder works.

Your shoulders each have two joints, making them the most flexible parts of your body.

The main shoulder joint, the **glenohumeral**, is a ball-and-socket joint. It's called this because the top of the upper arm bone, the **humerus**, is shaped like a ball. This ball fits into the shoulder blade bone, which acts as the socket, giving your shoulder a wide range of movement.



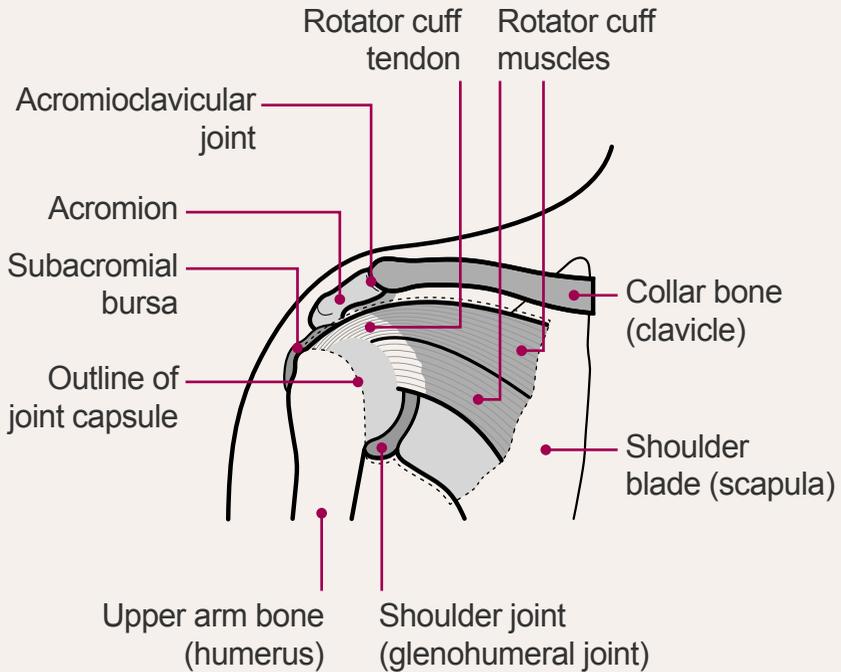
The shoulder socket is very small, compared to other ball-and-socket joints, such as the hip. It's held together and controlled by strong muscles and tendons, which form a protective **capsule** around it, but can make it more likely to dislocate than other joints.

Inside the capsule is the **synovium**, which lubricates the joint with **synovial fluid** and keeps the **cartilage** healthy. The cartilage helps protect your bones from any impacts and sits between the bones of your shoulder joints to stop them rubbing together.

Above the main shoulder joint there's a smaller plain synovial joint where the top of the shoulder blade – the **acromion** – meets the collar bone.

This is known as the acromioclavicular joint. It helps the larger joint below to move through its full range, particularly when you're raising your arm, lifting or throwing.

Figure 1. Main features of the shoulder



What causes shoulder pain?

Most shoulder problems only affect a small area and should last a relatively short time.

But sometimes the problem in your shoulder could be part of a wider long-term condition such as **rheumatoid arthritis**, **osteoarthritis** or **polymyalgia rheumatica**.

It's fairly common for people with rheumatoid arthritis to have pain and swelling in their shoulders. Osteoarthritis is less likely to affect your shoulders than other joints, unless you've injured them in the past.

There are several other possible causes of shoulder pain, such as:

- **inflammation** or damage to the muscles and tendons around the shoulder
- tension in the muscles between the neck and shoulder – this is usually down to your posture in your upper back or neck and is often linked the way you stand or sit when you're at work or using a computer
- inflammation in the bursae, which normally help the muscles and tendons slide smoothly over the shoulder bones
- damage to the bones and cartilage, which can be caused by arthritis.

It's also possible the pain you're feeling in your shoulder is coming from a problem in another part of your body, such as your neck.

Problems in your neck can make your shoulder blade or upper outer arm painful, and when this happens it's known as **referred pain**. If you're feeling a tingling sensation in your hand or arm, as well as pain in your shoulder, it's likely to be from a problem in your neck.

Should I see a doctor?

Unless you've had a serious injury or get a sudden, continuous pain, you can usually treat your shoulder pain without having to see your GP.

If, after two weeks of treating yourself, you feel the pain isn't any better you should see your doctor or a physiotherapist.

You should also see your doctor as soon as possible if you:

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

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



What can I do to help myself?

There are several ways you can help yourself if you have shoulder pain:

Painkillers

Simple painkillers, such as paracetamol, or non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen tablets and gels, from a chemist or supermarket can help.

A pharmacist should be able to give you good advice on what could work best for your condition. But don't use them for more than two weeks without seeking further medical advice.

Heat or cold therapy

An ice pack may be helpful if your shoulder is painful after a minor injury or if it's swollen and warmer to touch than the other side.

You can use a bag of frozen peas, wrapped in a damp towel to protect your skin. Leave it in place for no longer than 20 minutes.

Alternatively, heat packs can help relieve most other types of shoulder pain, particularly if your muscles feel sore and tense.

Chemists and sports shops sell reusable heat pads. Or you could use a microwaveable wheat bag or a hot-water bottle, wrapped in something dry, such as a towel, on the painful area for up to 20 minutes.

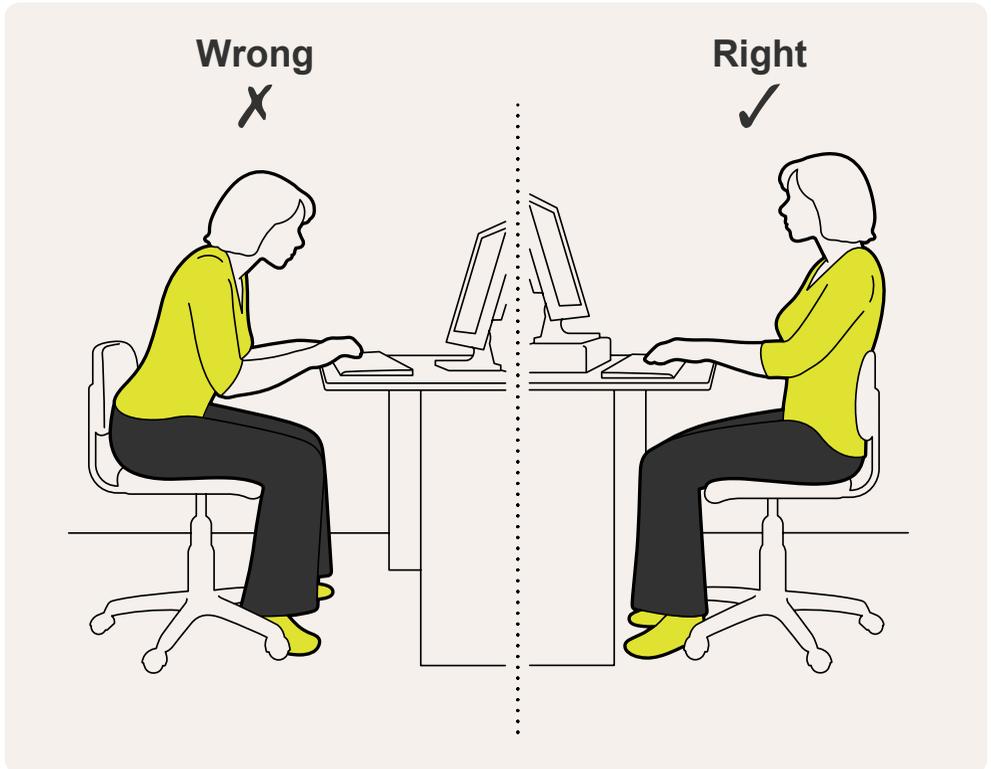
Posture

Bad posture or working habits – such as slouching at your desk or rounding your shoulders – can make your shoulder problems worse.

Try these tips:

- When you're sitting down try to avoid leaning forwards and resting on your arms too much.
- Try to relax your shoulders and let your arms hang by your sides, rather than gripping them tightly into your sides, especially if some of the pain is coming from your neck.
- Change your position frequently.
- Sit in a supported upright position.
- Support your lower back with a pillow, cushion or a chair with lumbar support to improve your upper body posture.
- If your arm is really sore keep it supported and comfortable with a cushion or pillow on your lap.
- Use a mirror to practise holding your shoulder blades down and back – focus on your shoulder blades and imagine keeping your chest still and pulling the blades downwards and back towards each other.

The below image shows the ideal posture you should have when working.



If your shoulder is painful when you lie down, try:

- lying on your good side with a pillow under your neck
- using a folded pillow to support your painful arm in front of your body
- placing another pillow behind your back to stop yourself rolling onto your painful side
- using one or two pillows under your painful arm for support, if you prefer to sleep on your back.

Reduce the strain

Generally, it's best to carry on with your normal activities as much as you can – but don't overdo it. You may need to pace yourself more than usual and try to gradually do a bit more each day.

There are ways you can do some tasks slightly differently, so you don't hurt your shoulder.

At home:

- When vacuuming, keep your upper body upright with the vacuum 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 your shopping. Or you could 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. The key is to try to spread the load of what you want to carry.
- Ask your friends with cars if they could help you out by adding anything heavy to their shopping list.
- Use a delivery service for heavy or bulky goods.
- Limit the amount of time you spend sitting down looking at mobile phones and tablets. Instead use a stand on a table to reduce neck strain.
- If you have to do tasks that involve raising your arms or sweeping movements give yourself plenty of time and ask someone to help you. Take lots of breaks and try to switch tasks and positions.

At work:

- Try to maintain a good posture when you're sitting or standing. Avoid holding your neck in fixed or twisted positions.
- If you sit or stand at a workstation, such as a desk or workbench, try to get up and move around every so often. Make regular gentle movements through the full range of the neck and shoulders.
- If you use a computer keep the keyboard and monitor 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 for it.
- A good chair that supports you properly and can be adjusted to your needs could also help you keep a good working position. An occupational health advisor or your manager could be able to help you with this.
- When using the phone don't hold the receiver to your head with your shoulder. If you're on the phone a lot, use a telephone headset.
- Avoid any manual work that hurts while you're doing it.

Your line manager or human resources department should be able to help you. Some companies have an occupational health department which might be able to give you some advice and support.

You could also contact your local Jobcentre Plus office, who can put you in touch with advisors specialising in physical difficulties at work.

If you've been diagnosed with a condition your employer is legally required to make reasonable adjustments to your work and your working environment to help you do your job.

For more information about the Equality Act visit [gov.uk/reasonable-adjustments-for-disabled-workers](https://www.gov.uk/reasonable-adjustments-for-disabled-workers)

Rest and exercise

It's important to keep active, even if you don't feel you can do much. If you try to get a good balance between rest and activity it should help stop your shoulder getting stiff.

Try avoiding movements that really hurt. Raising your arm above your shoulder or holding it away from your body can be very painful so it's best to try to avoid movements like this as much as possible until it becomes less painful.

If you have to raise your arm you can reduce the strain on your shoulder by:

- keeping your elbow bent and at the side 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.

The exercises in this booklet should help ease your pain and prevent future symptoms. But they're not suitable for all conditions, so if you're unsure seek advice from a medical professional first.

You may find it more comfortable doing these exercises after applying ice to your shoulder or taking painkillers. Remember to wrap ice in a damp towel, so you don't burn or irritate your skin.

Complementary treatments

There are several complementary treatments that some people find relieve their shoulder pain. Some are available on the NHS, such as acupuncture. But, on the whole the NHS doesn't recommend complementary treatments, as there's no conclusive evidence that they work.

Generally speaking, complementary treatments are relatively safe. But, you should always talk to your doctor before you start using them in case they interfere with specific treatments you're already taking.

Before starting any therapy or treatment it's important to make sure the therapist or supplier has a set ethical code, is legally registered and fully insured.

Because you will, more than likely, be paying for any complementary treatments, you should consider whether or not they're helping your condition before deciding if you're going to keep using them.



How are shoulder problems diagnosed?

Each shoulder problem has its own pattern of symptoms that can help your doctor or a physiotherapist make a diagnosis. Most conditions make it painful to use or move your shoulder, but some make your shoulder feel stiff.

Your doctor or physiotherapist will need to see which movements are the most painful, as this could show where the problem is. They will usually ask how the problem started, how it has developed and how it affects your daily activities.

Try to write a few notes about when and how the problem started and what makes it feel worse, before your appointment. This will help you get a more accurate diagnosis.

Usually your physiotherapist or GP can recommend the best course of treatment once they've diagnosed what your condition is. However, they may send you for further tests if they suspect your problems are being caused by arthritis or a more complicated condition.

What tests are there?

Blood tests aren't usually needed for most shoulder problems, but they're sometimes used to rule out other conditions, including some types of arthritis.

X-rays are good for looking for any problems with the bones of the shoulder and minor changes in the joints. However, small changes can be quite common and may not be the cause of your trouble.

X-rays can show changes caused by arthritis in the shoulder. But they won't show any other problems in the muscles, tendons or cartilage around the joint. This is because x-rays can only show bones and other hard substances, and not soft tissue like muscles.

An ultrasound scan can show swelling, as well as damage and problems with the tendons, muscles or other soft tissues in the shoulder.

You may be referred for **magnetic resonance imaging (MRI) scans** if your doctor suspects a more complex problem with the soft tissue in your shoulder. An MRI scan allows the soft tissues to be seen and is particularly helpful in showing tears in tendons.

Sometimes dye is injected into the shoulder before the scan to get a clearer picture – especially in cases of shoulder dislocation.

Nerve conduction studies can show whether your problems are being caused by the nerves in your arm being pinched or irritated.

They measure the electrical activity in the muscles and nerves. It's common to feel slight pain or discomfort, like a tapping on the skin, but the test doesn't last long.



Specific shoulder conditions

Some of the specific conditions that affect the shoulder include:

Calcific tendonitis and calcific peri-arthritis

Sometimes pain, swelling and difficulty moving your shoulder is caused by calcium crystals that form inside a tendon. Tendons are the strong cords that attach muscles to bones.

We all need the mineral calcium in the body, as it helps make bones and teeth strong. But sometimes, if you have too much of it in the body, sharp, tiny, crystals can form in the wrong places.

If they form in tendons, this is called calcific tendonitis. This can happen at various places around the body, including the shoulder.

Calcium crystals can then shed from a tendon and cause pain and swelling around a joint. This is called calcific peri-arthritis.

Steroid injections often work well to reduce swelling. But sometimes the calcium deposits may need to be removed by **keyhole surgery**.

Frozen shoulder (adhesive capsulitis)

If you have a frozen shoulder the capsule around the joint has become too tight, stopping you moving your shoulder. We don't always know why this happens, though sometimes it follows an injury, a heart attack or stroke, and it's more common in people with **diabetes**.

The condition will usually resolve itself in time, but it may take as long as two to three years.

The pain can be severe, and you may feel sudden muscle pains, called muscle spasms, especially at night. You may need painkillers to help deal with this.

Sometimes a treatment called a volume hydrodilatation is used for frozen shoulder. This involves a combination of:

- a steroid injection, which can be directed into the correct position by ultrasound
- local anaesthetic to numb the area
- a solution of salt and water.

This treatment is injected into the shoulder to stretch the lining of the joint capsule. It can be a bit painful, but your shoulder should feel less painful afterwards. Most people find it very helpful, but for some people it only works for a short time.

Physiotherapy or a steroid injection on its own may also help.

Most people with frozen shoulder make a full recovery. But, if your problem continues even after trying other treatment options you may need to consider surgery.

Your doctor or physiotherapist will talk to you about which operation will help your condition most – keyhole techniques to release the tight capsule around the joint or surgery to manipulate the joint.

To stop the problem returning you'll need to follow a programme of exercises afterwards. It's important to do your exercises regularly to get your shoulder back to full use and keep it working properly.

Osteoarthritis

Osteoarthritis is a common condition which can affect any joint. But it's less common in the shoulder, unless you've had a previous injury, or your shoulder joints have been put under extra stress.

In osteoarthritis of the shoulder the cartilage becomes thinner and tiny bits of extra bone, called osteophytes, can form on the joint and change its shape.

This can be very painful and makes moving your arm and shoulder difficult. It might be painful reaching across your body, reaching up above your head or when you lie on the affected side.

Your treatment will depend on the level of pain you're in and how it has affected your range of movement. Physiotherapy can help but you may also need painkillers. If you have a flare-up – where your condition suddenly becomes worse – you might need a course of non-steroidal anti-inflammatory drugs (NSAIDs).

A steroid injection may be helpful.

If non-surgical treatments don't help and your osteoarthritis is really affecting your quality of life, you may need to talk to your doctor and physiotherapist about the pros and cons of joint replacement surgery.

You can find out more about surgery on our website: arthritis-uk.org

Polymyalgia rheumatica

This condition typically causes pain and stiffness in the muscles of your shoulders and 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 in your hips, and you're feverish or feel generally unwell, try to speak to your doctor as soon as possible.

The earlier polymyalgia rheumatica can be treated the better, as it can cause other complications – such as inflammation of the blood vessels in the head.

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

If you've been told the pain in your shoulder is caused by referred pain it could be coming from an injury or inflammation in your neck.

Often, it's linked to the sensation of pins and needles in your arm or hand, as well as pain that travels down your arm.

Occasionally, you may be sent to a neurosurgeon, but sometimes the condition is only confirmed when physiotherapy treatment to the neck resolves the problem.

Lung conditions

Conditions affecting the lungs, for example cancer, can sometimes cause pain in a shoulder. Cancer is more of a risk if you're a smoker and over 40.

If you've been experiencing unexplained pain for more than three weeks your doctor may recommend you have a chest x-ray. You should also tell your GP if you've had any unexplained weight loss or night-time sweating.

Rheumatoid arthritis

This is a type of inflammatory arthritis which typically starts in the hands and feet but can affect the shoulders.

The inflammation affects the lining of the joint capsule, known as the

synovium but may, after a period of time, cause damage to the cartilage, bones and ligaments.

There's currently no cure, but there are many different treatments available. Some of these will help ease the symptoms, while others can slow down or halt the progression of the disease.

Treatments include:

- painkillers
- non-steroidal anti-inflammatory drugs (NSAIDs)
- disease-modifying drugs
- steroid tablets, creams or injections.

Joint replacement surgery can help if the joint is badly damaged by the arthritis.

Tendon problems

Various tendons in and around your shoulder can become **inflamed**, damaged or sore. These can cause a range of different problems.

Shoulder impingement or painful arc syndrome

The **rotator cuff** is a group of muscles and tendons that keep the upper arm bone held in the shoulder blade socket.

Pain from a problem with the rotator cuff is often called shoulder impingement. The condition causes swelling or damage to the tendons of the rotator cuff, which can make it painful and difficult to move your arm properly.

You may find it painful and difficult to lift your arm away from your body, particularly if you're trying to lift your arm above your head. Your arm may feel weak or you may have a dull lingering pain in your upper arm.

Technically it's nothing to do with your tendons being impinged or trapped by bones, as was previously thought. Instead, it's caused by overuse or age-related problems with the tendons themselves – but the name is still used. This condition can also be called painful arc syndrome.

Rest and physiotherapy are the main courses of treatment for a shoulder impingement. Your doctor may recommend an injection of steroids and a local anaesthetic, to help with the pain.

If the pain doesn't settle, or comes back within a few months of treatment, you may need keyhole surgery.

Subacromial bursitis

Subacromial bursitis causes pain and swelling in the shoulder. It can make it difficult to raise your arm above your head.

It's diagnosed when the subacromial bursa becomes inflamed. A bursa is a pocket of fluid that cushions a joint and allows bones to move freely. The subacromial bursa is the name for one particular bursa in each shoulder.

This condition is often caused by overuse or can be due to an injury from something like a fall. It can be linked to shoulder impingement.

Treatment will probably include rest, physiotherapy and NSAID tablets or creams. Surgery is rarely needed but could be recommended if your condition doesn't improve.

Rotator cuff tear

A torn rotator cuff is more common in people over 40. Many people don't remember hurting themselves beforehand. Some people have pain for a few weeks before they notice any difficulty moving their shoulder - though it isn't always painful.

If you've torn your rotator cuff you may find it painful and difficult to raise your arm properly, especially above shoulder height.

Sometimes your neck and shoulder muscles over-compensate for this lack of movement, which can make you hunch your shoulders and can lead to neck pain.

The symptoms are similar to shoulder impingement and tendon tears are often only found after an ultrasound or MRI scan.

Physiotherapy is usually helpful, but some people need to have the torn part of their rotator cuff repaired by surgery.

Biceps tendonitis

The biceps tendon is connected to the biceps muscle on the front of the forearm and runs through the front part of the shoulder joint.

If this tendon becomes inflamed you'll find it painful to flex your elbow or bring your arm forwards. The front of your shoulder may also be sore. This is called biceps tendonitis.

Avoiding lifting your arm overhead will help it recover. You can help the pain by:

- using NSAIDs
- putting ice packs on the affected area
- doing gentle stretching exercises.

If your condition doesn't improve, your GP may recommend a local anaesthetic and steroid injection to ease your pain.

Occasionally the tendon can rupture, causing bruising just above your elbow. This doesn't stop you moving your shoulder or arm but the biceps muscle may bunch. This can look unusual, but it's unlikely you'll need surgery to repair the injury.

Treatments for shoulder pain

If your shoulder pain doesn't improve with simple home treatments, there are other alternatives your doctor can recommend for you to try:

Physiotherapy and occupational therapy

Most shoulder problems will benefit from physiotherapy. A physiotherapist will put together a treatment programme specifically designed to address your shoulder problem.

They'll work with you to improve your symptoms and help get your shoulder moving properly again. What they suggest for you will depend on whether your problem is short-term or a long-standing condition. Almost everyone will benefit from physiotherapy, using methods such as:

- exercises to strengthen weakened muscles, change their co-ordination and improve function
- advice on improving shoulder, neck and spine posture
- exercises to ease or prevent stiffness
- exercises to increase the range of joint movement
- 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
- manual treatments to the soft tissues and joints – such as massage and manipulation.

Your doctor can refer you to a physiotherapist, and in some areas you can refer yourself, but this referral could take a while.

You could see one quicker if you go privately but you would have to pay for this.

To find a private physiotherapist visit the Chartered Society of Physiotherapy website at [csp.org.uk/public-patient/find-physiotherapist](https://www.csp.org.uk/public-patient/find-physiotherapist)

If your shoulder problem is making daily activities difficult, such as dressing, washing, driving or working it may help to see an **occupational therapist**.

They may recommend aids or gadgets, or suggest different ways of doing things, to reduce the strain on your shoulder.

Your doctor or physiotherapist can refer to you to see an occupational therapist, but you can also see an occupational therapist privately. You might be able to get an appointment quicker, but it will cost you money.

To find an occupational therapist visit: [rcotss-ip.org.uk/find](https://www.rcotss-ip.org.uk/find)

Steroid injections

Steroid injections into the joint can help ease some shoulder problems. The steroid is usually given with a local anaesthetic to ease the pain. You should find your shoulder pain improves quite quickly.

The injection reduces inflammation and allows you to move your shoulder more comfortably. The pain relief should also make your physiotherapy exercises easier, but you shouldn't use your shoulder for anything too strenuous for the first two days after an injection.

It isn't usually recommended to have more than two or three injections into your shoulder as this can do more damage to the joint. If the problem keeps coming back, your doctor will probably suggest further investigations to find a solution to the problem.

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

Some steroid injections may be done with the help of ultrasound imaging. This allows the inflamed tissues to be seen on a monitor and makes sure the injection is given in the correct area.



Surgery

Most shoulder problems improve without surgery. If an operation is needed it can often be performed using keyhole techniques, which require a smaller incision and tend to reduce your recovery time.

Keyhole surgeries include:

- subacromial decompression which involves trimming bone and tissue at the top of the shoulder. This can help if you keep having shoulder

impingement which has not improved after physiotherapy and injections. It will give space for the rotator cuff tendons to move freely.

- repairing tears in the rotator cuff
- releasing the tight capsule of a frozen shoulder.

Conventional open surgery may sometimes be needed, for example to repair larger tears in the rotator cuff or for joint replacements.

Shoulder replacement is well established and can be very successful, particularly for osteoarthritis and rheumatoid arthritis, when severe pain stops you moving your shoulder properly.

There is also a newer type of shoulder operation called a reverse geometry shoulder replacement. In this procedure the ball and socket are reversed. This helps if your rotator cuff tendons have been damaged by arthritis.

Physiotherapy and exercise are important after surgery to help restore movement – so be sure to do any recommended daily exercises.

You may not regain your full range of movement or strength after a total shoulder replacement, but it should be much better than it was after your shoulder problem started.

Try to use your affected arm and shoulder carefully but confidently to help build and retain the muscle strength.

Research and new developments

Our research has shown that subacromial decompression surgery, a common treatment for chronic shoulder pain, may have limited benefits and so should only be considered for people with this condition if other treatments haven't helped.

We've also looked at ways to stop people having unnecessary operations by funding research into better ways to work out what's causing a person's shoulder problems, based on their lifestyle and the way they do things.

The aim is to find the best treatment that is most likely to work for them. This could reduce the long-term pain, disability and time off work caused by their condition.



Glossary

Acromion – 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.

Capsule – the tough, fibrous sleeve of ligaments around a joint, which prevents the bones in the joint from moving too far.

Cartilage – a layer of tough, slippery tissue that covers the ends of the bones in a joint. It acts as a shock absorber and allows smooth movement between bones.

Conventional open surgery – an operation which requires an incision large enough for the surgeon to see the entire area they are operating on.

Diabetes – a medical condition affecting the body's ability to produce insulin, which it needs to absorb glucose. If your body can't absorb glucose from foods the level of sugar in the blood increases, causing a wide variety of symptoms.

Glenohumeral – the largest joint within the shoulder. This is the joint where the top part of the upper arm sits within the cup of the shoulder blade. It's often called a ball-and-socket joint.

Humerus – the long bone in the arm that runs from the shoulder to the elbow.

Inflamed – when a joint or other part of the body becomes swollen, red, hot and painful as a reaction to infection or injury.

Inflammation – a normal reaction to injury or infection, which increases the flow of blood and fluid to the affected area, making it hot, red and swollen.

Keyhole surgery – a minimally invasive surgery done using a small incision, a surgeon will use special techniques and instruments, such as a small fibre optic camera.

Magnetic resonance imaging (MRI) scan – a scan that uses high-frequency radio waves to build up pictures of the inside of the body. An MRI scan can show up soft-tissue structures as well as bones.

Occupational therapist – a trained specialist who can give you advice on equipment, adaptations or changing the way you do things to help you maintain your independence.

Osteoarthritis – the most common form of arthritis, mainly affecting the joints in the fingers, knees and hips. It causes cartilage thinning and bony overgrowths (osteophytes), which become painful, swollen and stiff.

Polymyalgia rheumatica (PMR) – a condition that causes many (poly) of your muscles to be painful (myalgia). You typically get pain and stiffness in the muscles of the neck, hips, shoulders and thighs, which is usually worst in the mornings.

Referred pain (radiated pain) – when an injury or disease in a specific area makes you feel pain in a different part of the body - for example, pain in the thigh or knee caused by osteoarthritis of the hip.

Rheumatoid arthritis – a common inflammatory disease affecting any joint in the body, particularly in the lining. It commonly starts in smaller joints, such as the hands or wrists, and will affect both sides of the body at once.

Rotator cuff – a group of four muscles and their tendons which surround, support and control the movement of the glenohumeral joint and the shoulder. Its tendons are particularly prone to inflammation (tendonitis) and damage.

Synovium – the inner layer of the capsule, it produces a fluid that helps to nourish the cartilage and lubricate the joint.

Ultrasound scan – a type of scan that uses high-frequency sound waves to examine and build pictures of the inside of the body.

Keeping active with shoulder pain

Although you should aim for a balance between rest and exercise, it's best to remain generally active and try to exercise every day.

You may feel some slight discomfort during and after the exercises, but this should settle within 24 hours. If you feel a sudden or sharp pain you should stop exercising and speak to a doctor, physiotherapist or nurse before trying again.

Remember to keep exercising regularly, even after your shoulder pain has cleared up.

Some conditions, such as a rotator cuff injury, will need specialist advice from a physiotherapist or doctor before you start doing any exercise. If you are unsure about how best to improve your condition seek advice first.

These exercises are designed to help ease some shoulder pain and strengthen the structures that support your shoulder.

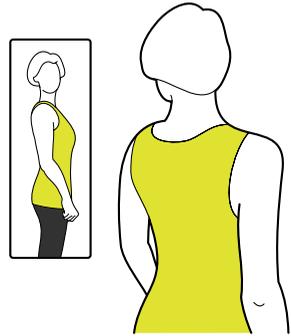
When you start these exercises, it's important to take them in your stride and not push yourself too much.

Before you start your exercises

Shoulder posture check

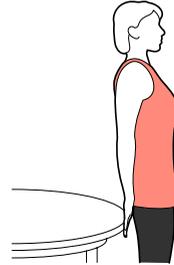
Before starting any exercise make a habit of checking your posture. Standing sideways on look in a mirror and gently slide your shoulders up and back.

Your head and neck should be relaxed and your chest should stand out slightly, as though you are taking a deep breath. You should also feel a little taller. This is called scapula setting and is the starting point for every exercise.



Backwards table press

Standing upright with your back to the table and your palms against its edge, gently push your shoulder blades back and your hands against it. You are not trying to move the table, just to meet its resistance. This exercise should help strengthen your muscles around the shoulder.

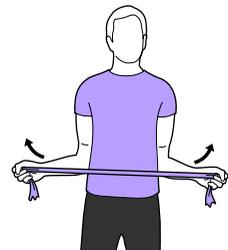


Resistance band stretch for shoulders

Hold an elasticated resistance band in your hands, with your fingers curled around it facing inwards. Your elbows should be bent at waist height, just above your hips, with your arms and hands in line with your shoulders. Resistance bands come in different strengths so you may need to experiment a bit, or seek professional advice, to find what's right for you



Keeping your elbows in the same position at your sides, stretch the band to the furthest comfortable point and hold for a count of 10. Gently bring your hands back in line with your shoulders. Repeat this 10 times. Try to do this three times a day.



Shoulder circles

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 circle motion. Repeat about five times.

We recommend that you repeat this exercise twice a day.



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 doorframe. Hold for five seconds. Do three 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 doorframe. Hold for five seconds. Do three sets of 10 repetitions on each side.

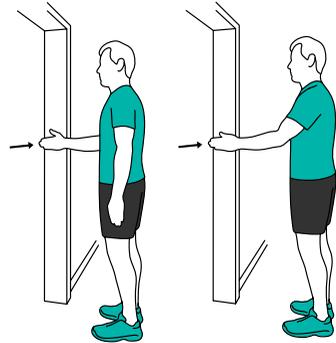


Table slide

Sitting upright, with your knees bent and feet flat on the floor beneath them at hips width apart, bend your elbows and rest the palms of your hands on a flattened cloth on the table in front of you.

Gently, slide the cloth forwards across the table, tilting from your waist and keeping a straight back. Slide both hands as far as is comfortable, aim to straighten your arms. Allow your head to slowly drop forward and hold for five seconds. Slowly slide back, rest and repeat.

If it's uncomfortable to place your palms flat on the table have them facing each other for this exercise.



Notes

Notes

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Track your symptoms with our easy app, go to:
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Thank you!

A team of people helped us create this booklet.

We would like to thank:

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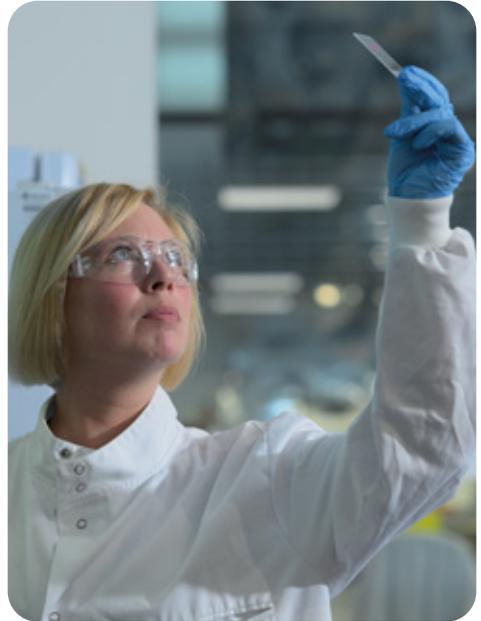
We would also like to give a special thank you to the people who shared their opinions and thoughts on the booklet. Your contributions make sure the information we provide is relevant and suitable for everyone.



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