

Shoulder Pain



Understanding Shoulder Pain

Shoulder pain is very common and can affect people of all ages.

The shoulder is a complex joint made up of bones, muscles, tendons, and ligaments that allow a wide range of movement.

Pain can develop gradually or suddenly, often due to strain, overuse, posture issues, or age-related changes. Most shoulder problems improve with simple self-management, exercises, and time.

Common Causes of Shoulder Pain

Many shoulder conditions have similar symptoms. Common causes include:

1. Rotator Cuff-Related Shoulder Pain

Irritation or inflammation of the tendons around the shoulder.

Symptoms: pain with lifting the arm, reaching overhead or behind the back.

2. Shoulder Impingement

Tendons get pinched when lifting the arm.

Symptoms: sharp pain when raising the arm.

3. Tendinopathy

Wear-and-tear changes in the tendons, common with age or overuse.

4. Frozen Shoulder (Adhesive Capsulitis)

Stiff, painful shoulder with reduced movement, typically develops gradually.

5. Osteoarthritis

Age-related wear in the shoulder joint.

6. Bursitis

Inflammation of the bursa (fluid-filled sac) that cushions the joint.

7. Muscle or Ligament Strain

Often due to lifting, repetitive use, or awkward movement.

Most shoulder pain is not caused by serious disease.

Symptoms

Shoulder pain may include:

- Pain with movement or at rest
- Difficulty lifting the arm
- Stiffness or reduced range of motion
- Pain spreading to the upper arm or neck
- Weakness in the shoulder
- Clicking or catching
- Night pain, especially lying on the affected side

Symptoms vary depending on the underlying cause.

When to Seek Urgent Medical Attention

Get urgent help if you experience:

- Sudden severe pain after a fall or injury
 - A visibly deformed shoulder
 - Inability to move the arm at all
 - New numbness, pins and needles, or weakness
 - Chest pain or shortness of breath (may be heart-related)
 - Fever, swelling, or redness with severe pain (possible infection — rare)
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Diagnosis

Diagnosis is usually made through:

- Your symptoms
- Physical examination
- Checking movement, strength, and posture

Scans (such as X-ray or MRI) are usually not needed unless symptoms are severe, unusual, or persistent.

Treatment and Management

1. Keep Moving

Movement helps prevent stiffness and maintain joint function.

- Avoid long periods in one position
 - Gentle movements in all directions
 - Avoid heavy lifting or overhead activities during flare-ups
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2. Exercise Programme

Exercises help strengthen the shoulder, improve posture, and decrease pain.

Helpful exercises:

- Pendulum exercises
- Shoulder rolls

- Wall slides
- Isometric strengthening
- Scapular (shoulder blade) stability exercises
- Rotator-cuff strengthening (with or without resistance bands)

A physiotherapist can create a tailored programme.

3. Pain Relief

- **Paracetamol**
- **NSAIDs** such as ibuprofen if suitable
- **Ice packs** for 10–15 minutes during acute flare-ups
- **Heat** for muscle tension

Always follow your GP or pharmacist's advice.

4. Posture and Ergonomics

Poor posture—such as rounded shoulders or “tech-neck”—can worsen symptoms.

- Keep shoulders relaxed, not hunched
 - Adjust computer screens to eye level
 - Avoid slouching or long screen time without breaks
 - Strengthen upper back and neck muscles
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5. Activity Modification

During painful phases:

- Avoid overhead lifting
- Reduce repetitive shoulder movements
- Take frequent breaks during tasks

Return to normal activities gradually as pain improves.

6. Manual Therapy

Short-term relief may come from:

- Physiotherapy
- Massage
- Joint mobilisation techniques

These should be combined with exercise for best results.

7. Injections (If Needed)

If pain persists despite conservative management, a specialist may consider:

- Corticosteroid injection for inflammation
- Hydrodilatation for frozen shoulder

Not everyone needs injections.

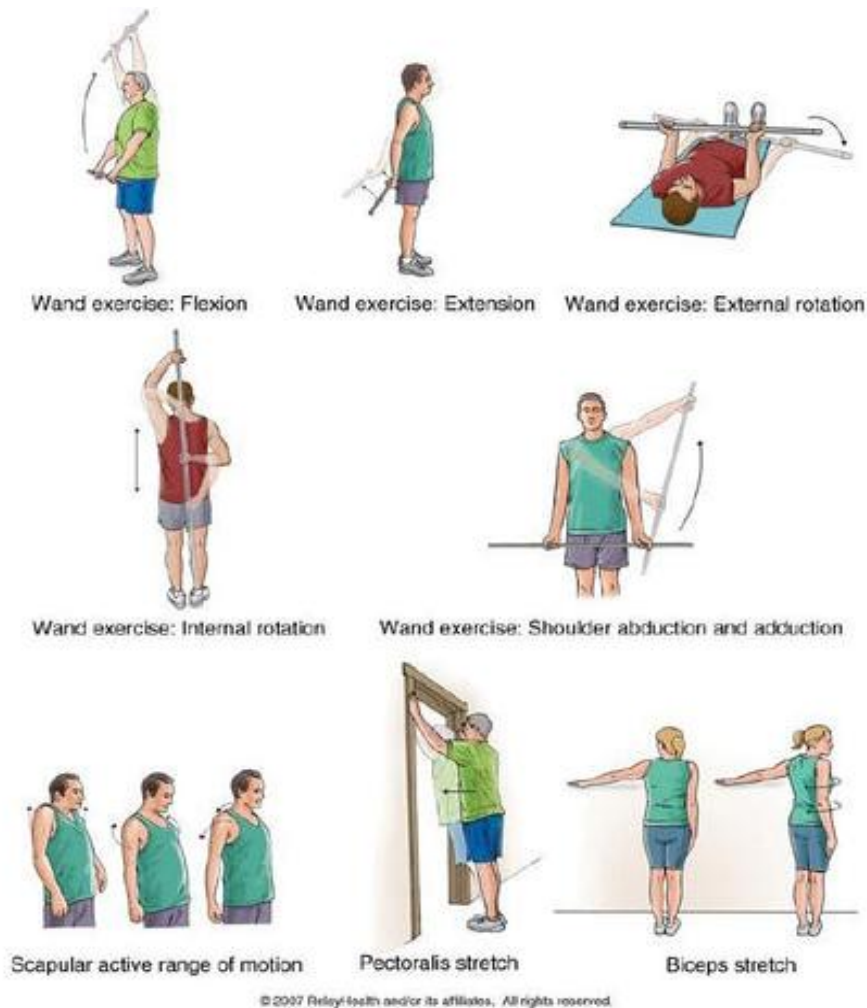
8. Surgery

Surgery is rarely required and is usually considered only when:

- There is a full-thickness rotator cuff tear affecting function
 - Severe arthritis limits daily life
 - Symptoms persist despite months of conservative treatment
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Self-Management Tips

- Move regularly
 - Perform exercises daily
 - Avoid heavy lifting during flare-ups
 - Use ice/heat depending on symptoms
 - Improve posture and ergonomics
 - Sleep on the unaffected side or use a pillow to support the arm
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Prognosis

Most shoulder problems improve over **6–12 weeks** with exercise and self-care. Some conditions (e.g., frozen shoulder) take longer but still resolve over time.

Flare-ups are normal but usually settle with supportive measures.

Frequently Asked Questions

Do I need a scan?

Most shoulder problems can be diagnosed without scans.

Why is shoulder pain worse at night?

Inflammation, stiffness, and certain sleeping positions can irritate the joint.

Can I exercise through the pain?

Mild discomfort is OK; sharp pain should be avoided.

Will it go away?

Yes—most shoulder pain improves with exercise and time.

Where to Get Help

- **GP or MSK clinician**
- **Physiotherapist**
- **NHS website (shoulder pain resources)**
- **Local MSK service** for persistent shoulder pain