Shoulder Pain

Understanding pain, movement and recovery

Shoulder Pain

A guide to symptoms, treatment and self-management



Understanding shoulder pain

Shoulder pain is common at any age. The shoulder contains bones, muscles, tendons and ligaments that allow a wide range of movement. Pain can develop gradually or suddenly with strain, overuse, posture issues or age-related changes.

Supporting your recovery

Most shoulder problems improve with self-management, exercise and time. Many improve over 6-12 weeks; conditions such as frozen shoulder can take longer. Flare-ups usually settle with supportive measures.

Causes, symptoms and assessment

Understanding your shoulder and recognising warning signs

Common causes

Rotator cuff-related pain: tendon irritation; pain lifting, reaching overhead or behind the back.
Shoulder impingement: pain, often sharp, when raising the arm.
Tendinopathy: tendon changes with age or overuse.
Frozen shoulder: gradually developing pain, stiffness and reduced movement.
Osteoarthritis: age-related joint changes. **Bursitis:** inflammation of the cushioning fluid-filled sac.
Muscle or ligament strain: lifting, repetitive use or awkward movement.

Common symptoms

- 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, clicking or catching
- Night pain, especially when lying on the affected side

Symptoms vary with the cause. Most shoulder pain is not due to serious disease.

Diagnosis

Assessment usually uses symptoms, physical examination, and checks of movement, strength and posture. X-ray or MRI is usually unnecessary unless symptoms are severe, unusual or persistent.

When to seek urgent medical attention

- Sudden severe pain after a fall or injury; visible deformity
- Unable to move the arm at all
- New numbness, pins and needles or weakness
- Chest pain or shortness of breath, which may be heart-related
- Fever, swelling or redness with severe pain, which may indicate infection

Recovery reminder

Most shoulder problems improve with exercise and self-care, often over 6-12 weeks. Frozen shoulder can take longer. A physiotherapist can tailor your programme.

Exercises and rehabilitation

Gentle movement, strength and shoulder control

Exercise examples

A physiotherapist can tailor your programme. Exercise helps strength, posture and pain. Mild discomfort can occur; avoid sharp pain. Keep movements within comfort.



Movement and activity guidance

Move regularly in gentle directions and avoid long periods in one position. Perform your prescribed exercises daily. During flare-ups, reduce heavy or overhead lifting and repetitive shoulder movements, and take frequent breaks. Return to normal activity gradually as pain improves.

Common questions

Do I need a scan? Most shoulder problems can be assessed without one.
Why night pain? Inflammation, stiffness and sleeping position may irritate the joint. Sleep on the unaffected side or support the arm with a pillow.

Management and next steps

Pain relief, self-care and further support

Pain relief and self-care

Pain relief: paracetamol or NSAIDs such as ibuprofen if suitable; follow your GP or pharmacist's advice.
Ice: 10-15 minutes during acute flare-ups. **Heat:** may ease muscle tension.
Keep moving: avoid long periods in one position and heavy lifting during flare-ups.

Posture and ergonomics

- Keep shoulders relaxed rather than hunched
- Set computer screens at eye level
- Avoid slouching and take breaks from screen time
- Strengthen the upper back and neck muscles with suitable exercises

Further treatment options

Manual therapy: physiotherapy, massage or joint mobilisation may give short-term relief; combine with exercise.
Injections: a specialist may consider corticosteroids for inflammation or hydrodilatation for frozen shoulder if conservative treatment does not help. Not everyone needs injections.
Surgery: rarely needed; may be considered for a full-thickness rotator cuff tear affecting function, severe arthritis limiting daily life, or symptoms persisting after months of conservative treatment.

Recovery and where to get help

Most shoulder pain improves with exercise and time, often within 6-12 weeks. Frozen shoulder may take longer. Speak to your GP, MSK clinician or physiotherapist for concerns; a local MSK service can assess persistent pain. NHS shoulder pain resources offer further information.

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