An Information Booklet

THE PAINFUL SHOULDER

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Published by the Arthritis Research Campaign
First published 2000
Introduction

Shoulder problems are common. Most cases of shoulder pain only last for a short while and are not caused by arthritis.

This booklet explains why people get shoulder pain and discusses the usual conditions which cause problems. Most cases settle with simple treatments, but more complex treatments, such as arthroscopy and surgery, are also discussed. Words which first appear in italics are explained in the glossary at the back of the booklet.

How does the shoulder work?

The shoulder is the most mobile joint in the body and is often affected by painful problems which limit movement. The diagram below shows the main parts of the shoulder. Movement takes place at the main shoulder joint (glenohumeral joint) as well as the shoulder blade (scapula) which moves over the back of the chest. A group of muscles called the rotator cuff play a very important part in the working of the shoulder, helping to move it and hold the joint together. Problems with the rotator cuff can cause several painful conditions.

Where is the pain coming from?

Not every pain felt in the shoulder region is actually caused by a problem in the shoulder joint. Pain from the shoulder is often felt over the front of the shoulder or in the upper part of the arm. It can appear to spread down the arm to the elbow (known as referred pain) but if it spreads further, or if there is tingling or pins and needles, the pain probably comes from a problem in the neck. Sometimes pain is felt on the top of the shoulder from the small joint at the end of the collar bone (the acromio-clavicular joint). However, if pain is felt more towards the side of the neck or over the shoulder blade then this problem too is often in the neck.

Pain from the shoulder itself is often caused by inflammation, either around a tendon, or around the outer coating (capsule) of the shoulder joint. Arthritis in the shoulder joint is uncommon, although minor degrees of arthritis are often found in the acromio-clavicular joint.

The various problems that can affect the shoulder have their own pattern to them. Most conditions cause pain with use and movement and it is worth noting which movements give most pain. Most shoulder problems do not give much pain when the shoulder is at rest, other than at night, which can be a particularly difficult time. Some people cannot lie on the affected side and find it better to be propped up in bed.
What can I do?

Unless the pain is extremely bad or you have a definite injury, you do not need to see your doctor straight away. You should partially rest the shoulder, avoiding the movements that are most painful, but try not to let it stiffen up. One good exercise for all shoulder problems is called a pendulum exercise, and this is shown in the diagram below. Rest against a table with your good arm and, with the other, lean to the side and let your shoulder dangle downwards, as shown. Try to swing it gently. Also, use your good arm to help lift your painful arm up. Simple painkillers or anti-inflammatory tablets and anti-inflammatory creams that can be bought in the chemist's can be helpful, but only use them for a few days.

Pendulum exercise: Stand leaning against a table with one hand. Let your other arm hang down and swing it backwards and forwards and in a circular motion.

What if the pain continues?

If the problem continues for more than a few weeks, or gets worse, you should see a doctor. You will be asked how the problem started, how it has developed and how it interferes with your life. Your doctor will examine you to see which movements are painful or stiff.

Do I need tests?

For most shoulder problems, blood tests are not helpful. However, your doctor might ask for them to rule out other conditions or as part of an investigation of arthritis.

What about x-rays?

For most people, an x-ray is not needed to diagnose a shoulder problem. X-rays can be very useful in certain cases, but they need to be interpreted carefully. They can be normal even if you have severe pain. This may mean that the pain is coming from the soft tissues around the joint (muscles, tendons and so on). An x-ray may show minor changes due to wear and tear, especially in the small joint at the end of the collar bone called the acromio-clavicular joint (see the diagram on page 2). This wear is quite common but rarely causes much of a problem.

Sometimes an x-ray can show a deposit of calcium in the tendons. Usually this is a chance finding, but occasionally calcium in the tendon can cause a most intense pain due to inflammation. This is called acute calcific tendinitis. There are treatments which usually work very well for this (see the section ‘Where is the injection given?’ on page 8).
**Do I need a scan?**

Magnetic resonance imaging (MRI) and ultrasound scans are only needed in certain situations. What you have told the doctor and what the doctor found by examining you will give all the information needed to plan treatment for most shoulder problems. Scans are ordered when there is a complex problem in the shoulder and when further, more specialised, treatment is planned. They have the advantage over x-rays that they allow the soft tissues around the shoulder to be seen (as mentioned, these include muscles and tendons, but also cartilage). One of the most common reasons to have a scan is to see if there is a tear in the rotator cuff muscles.

**Does physiotherapy help?**

Yes it can. A physiotherapist will assess your condition and may use ultrasound or other treatments to ease the pain. More importantly you will be given exercises to do. These might be designed to make sure you can keep doing certain movements or to keep your shoulder from stiffening up generally. You may also be given exercises to strengthen your rotator cuff muscles (see the diagram opposite). Make sure you do these with your elbow and upper arm close to your body and not raised, otherwise you could cause more pain and make the condition worse. It is important to strengthen your muscles as much as possible so that they will support the shoulder more effectively and help ease your pain.

**Will an injection help me?**

Injections of steroids (cortisone) help many shoulder problems. The injections work by reducing the inflammation and allowing you to move your shoulder more comfortably. Be careful not to use your shoulder for anything too strenuous in the first two weeks after an injection. Sometimes there is more severe pain on the night of the injection. This does not mean that it has gone wrong. You only need to seek advice if the pain continues. For many people an injection is all that is needed to allow recovery, but for some people the problem can come back and in this case you may need...