

Joint Pain Advisory Clinic (JPAC)

Shoulder Pain





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Joint Pain Advisory Clinic for Shoulder Pain

The Joint Pain Advisory Clinic, or JPAC for short, is our way of getting you to the right clinician, at the right time, first time. For more information we recommend you watch our JPAC video on our website.

The JPAC makes use of the latest research for you to learn about your injury, explore self-care techniques and discuss the problems which may be contributing to your pain.

This booklet is designed specifically for those people suffering from shoulder pain.

Pain is unique and individual to you. During the JPAC you will meet with others who are experiencing similar problems which can help in supporting you during your ongoing treatment. For us to understand your experience to date we suggest you work through this booklet before you come to the JPAC.

Your Shoulder Pain

Status on shoulder pain (Circle, tick or write)	
Typical age range	Less than 18 18-40 and over
Location of pain	Front top down arm
Type of pain	Sharp dull ache catching shooting
Frequency of pain	Less than 1 hour 1-4 hours a day 4-12 hours Constant
Daily pain pattern	Morning pain Y/N Pain in day Y/N Pain in evening Y/N Pain through night Y/N
Pain	No pain 0 1 2 3 4 5 6 7 8 9 10 Worst pain
Associated symptoms	Stiffness weakness catching clicking limping throbbing
What makes it feel worse?	Reaching overhead movement lifting
What makes it feel better?	Exercise support ice heat

In our experience patients are better equipped to fully answer questions regarding their problem during their second or third session. The time between sessions is thought to help clarify the answers to our questions.

To guide your treatment at the time of your JPAC, it is important that you are able to answer some questions. The following section will allow you to work through some of these questions at your own pace, prior to your JPAC.

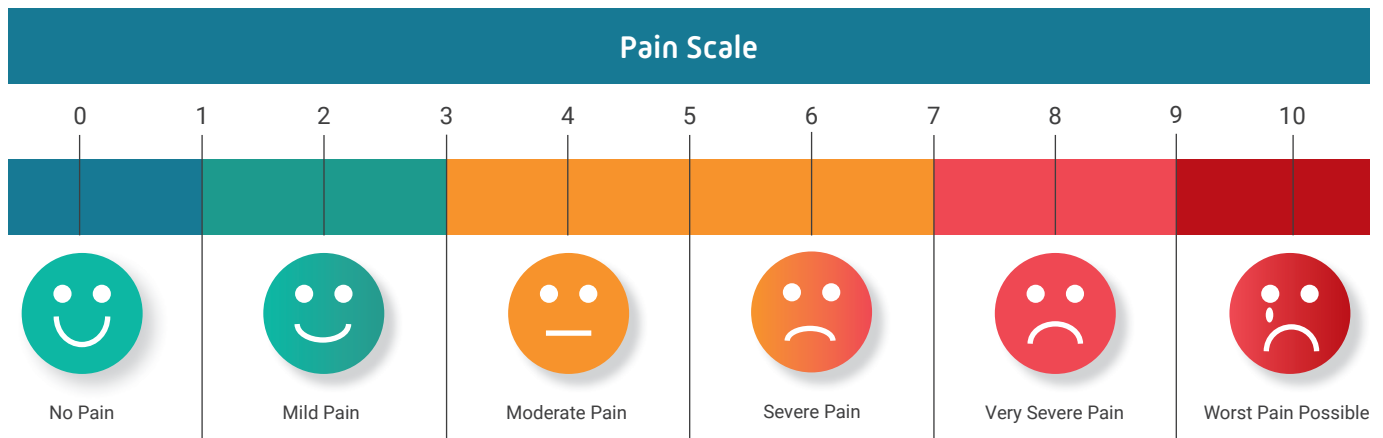
What brings on your pain or makes your shoulder feel worse?

It is understandable to be cautious or avoid certain movements, positions and activities when you are in pain. Understanding what irritates your shoulder enables you to modify your day to day activities.

Write down in the box all the things which aggravate your shoulder.

What hurts	For how long	Pain Scale (Use scale below)	Does the pain stop if you stop
i.e. Lifting	5 minutes	6/10	Yes

This list is a great way to measure recovery as you review it in the coming weeks.



What makes your shoulder feel better?

The obvious advice from this question is 'do more'. If you know of something which makes your shoulder feel better, then we encourage you to continue with this. Write down what does make your shoulder feel better.

What helps?	For how long?	How often can you do this?
i.e. Swimming	Helps for 4 hours	Once a day

Next time you are in pain you could use this as a reference to make sure you are doing everything you can to reduce your pain.

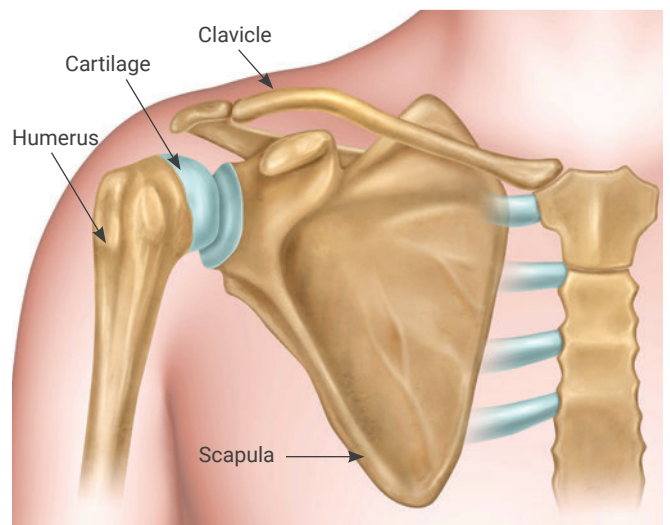
Understanding the Shoulder

At Healthshare we encourage you to be curious about your shoulder pain and what structures in and around your shoulder might be involved. The first part in exploring your shoulder complaint is to understand the basic workings of the shoulder joint.



Bones

The shoulder is made up of three bones, the humerus (arm bone) the clavicle (collar bone) and the scapula (shoulder blade). The shoulder is commonly described as a 'ball and socket' joint, the 'ball' can be seen at the top of the arm bone with the 'socket' of the shoulder blade surrounding it. This type of joint is unique in the way it allows movement of the arm in all directions, making the shoulder a flexible and functional joint.



Cartilage

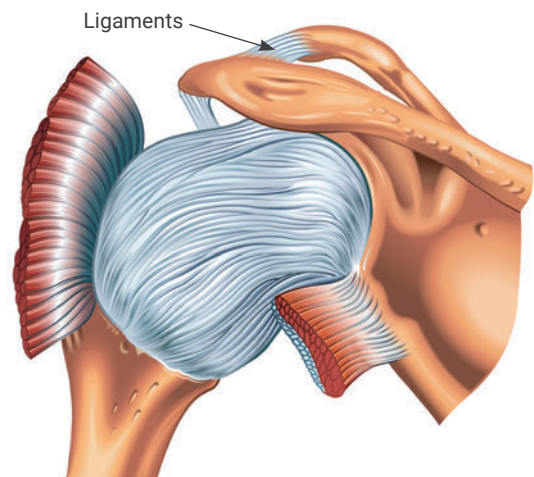
The two surfaces of the ball and the socket are covered with a smooth, hard coating called cartilage. This allows the two surfaces to glide on top of each other with very little friction. The socket of the shoulder also has a softer ring of cartilage called the labrum. The labrum makes the socket slightly deeper, increasing the surface area creating more stability.

Ligaments

Ligaments join bone to bone and act as 'guide-ropes' for our joints. They stretch enough to allow movement to occur within a joint but excessive movement is prevented as the ligaments stretches further and further.

The image beside shows the ligaments that surround the ball and socket.

Filling the space between the ball and socket is a lubricating jelly called synovial fluid, produced by a thin lining on the inner side of the ligaments.



Bursa

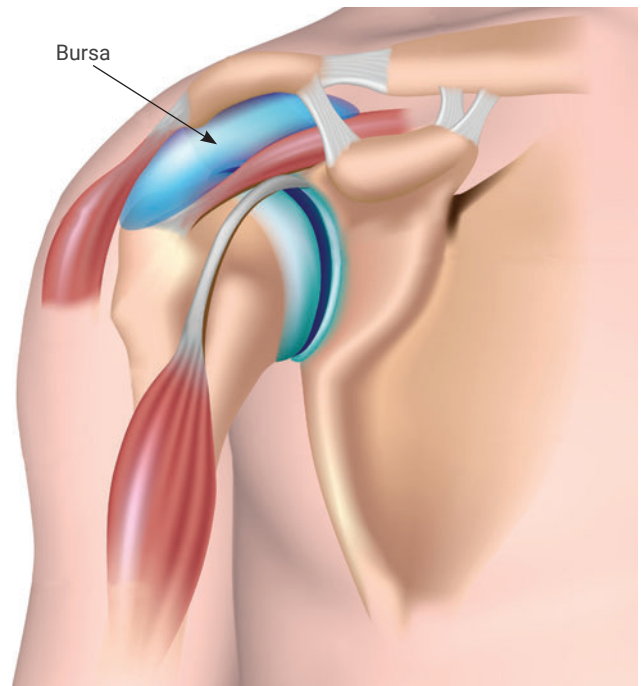
It is likely that you knew you have muscles, bones, ligaments and cartilage in your shoulder. A term you may not have heard is Bursa.

Bursa is a sac like structure found near bony prominences or between any structures of bones, muscles, tendons or ligaments. Its main function is to facilitate movements, creating a cushion between tissues that move against one another.

It's a potential empty space until a resulting trigger irritates the bursa and fills with fluid.

You could experience pain when the inflamed bursa is then compressed against bone, muscle, tenderness, ligaments or skin.

The main bursa in your shoulder can be seen in the image beside.



Fluid

Fluid Filling the space within the joint is a lubricating jelly called synovial fluid, produced by a thin lining on the inner side of the ligaments.

Muscle and Tendons

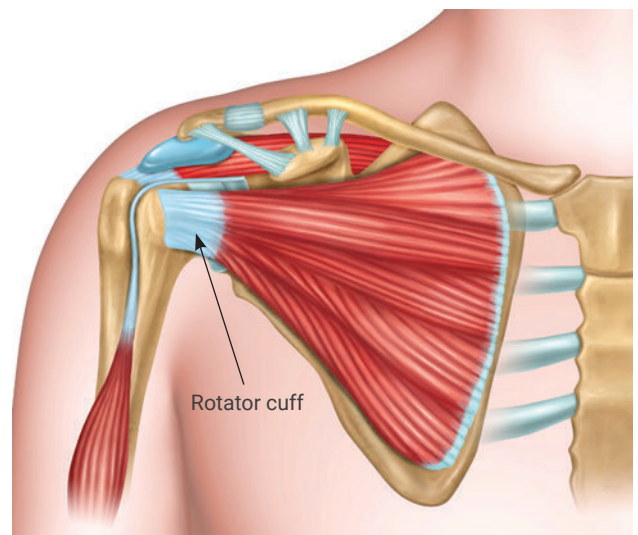
The structures mentioned above should be thought of as the mechanical parts that allow movement within the shoulder.

In order to actively produce movement, we require the help of muscles and tendons.

Tendons are the strong, white rope-like structures that anchor each end of a muscle to a bone. Movement is created at a joint when a muscle pulls the bones of the joint closer together.

In the shoulder you have muscles that help support and move the shoulder blade and muscles that help stabilise and support the ball and socket joint.

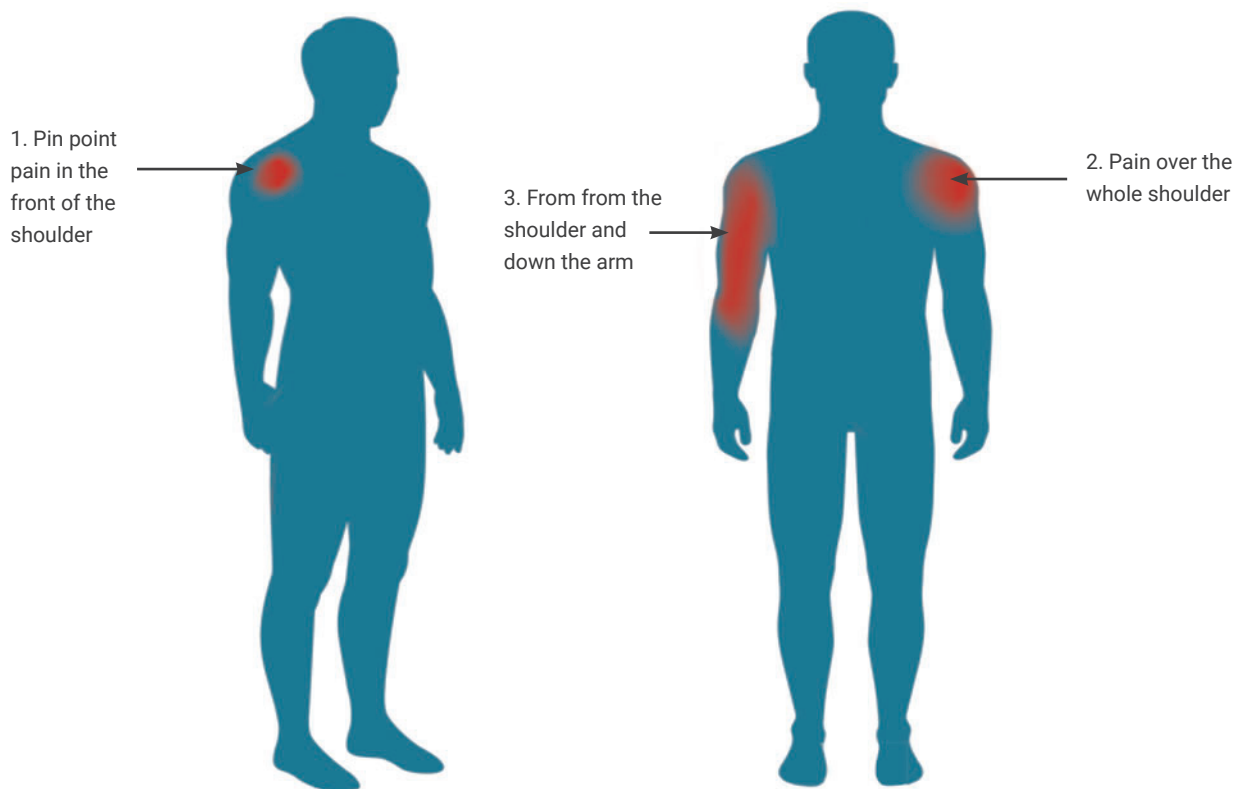
The rotator cuff is a group of muscles that surround the ball of the shoulder to provide control and support. The rotator cuff works with the larger muscles such as the deltoid, to move the ball in the socket.



Pain

Pain is complex and different for every person. Your shoulder pain is likely caused by an problem with the bone, cartilage ligament, muscles, tendon, bursa or a combination of these structures.

Where do you get your shoulder pain?



Understanding these pain patterns allows us to start building a picture of what your shoulder problem is and what structures could be affected.

Take home message



1. Shoulder pain is a very common problem.
2. Most shoulder pain will improve with time, if it is managed appropriately.
3. In the meantime it may help to modify your activities and take pain relief.
4. Exercises will also help your shoulder pain get better.
5. It is good to remain active while you wait for your shoulder to improve.



If your shoulder does not improve as expected we will be able to discuss other treatment options with you at the 8 week follow up appointment.

Explore Your Problem

Is it painful?

You might not be able to reach into your back pocket, or for the ladies, do up your bra. However, you may struggle to lift or hold your arm up in the air without pain

Is it stiff?

Stiff shoulders can also be very painful, but you will struggle with placing your hand up your back, and however hard you try you will struggle to lift your arm, even with the help of the other arm.

Is it weak?

Weak rotator cuff, shoulder blade or spinal muscles could also lead to abnormal stress to your shoulder when you use them. Over a period of time this may lead to irritation of the tendons, ligaments, bursa or the joint causing inflammation and pain. At time weakness in your muscles may not cause any pain but you might be able to lift your arm overhead.

Which best describes your problem? The team will screen your shoulder in the shoulder pain advisory clinic and help you with this.

If you don't have any pain or stiffness but have weakness of your shoulder or unable to lift your arm then please speak to one of the team.

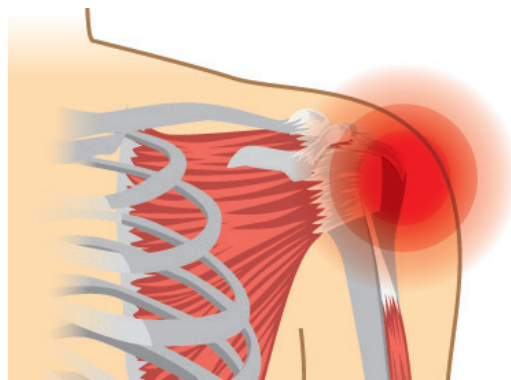
Tendon Problems

Pain in the front of the shoulder is very common and can be very debilitating. There are many structures that can create this pain however, problems with the tendons of the rotator cuff are amongst the most common.

The rotator cuff tendons can become "inflamed" and painful for many reasons, including repetitive or sudden movements. On average tendon problems tend to take 3-6 months to resolve following a mix of physiotherapy exercises, modifying the activities that aggravate the shoulder and maintaining a healthy lifestyle.

Typical age range	18-40
Location of pain	Front of shoulder
Type of pain	Sharp, catching
Daily pain pattern	Activity dependent
Pain levels	Medium
Associated symptoms	Catching
What makes it feel worse?	Reaching, overhead movements
What makes it feel better?	Maintain exercise and avoid reaching

The painful shoulder also known as shoulder impingement/subacromial pain syndrome, bursitis, rotator cuff tendinopathy/tendinitis, calcific tendinopathy.

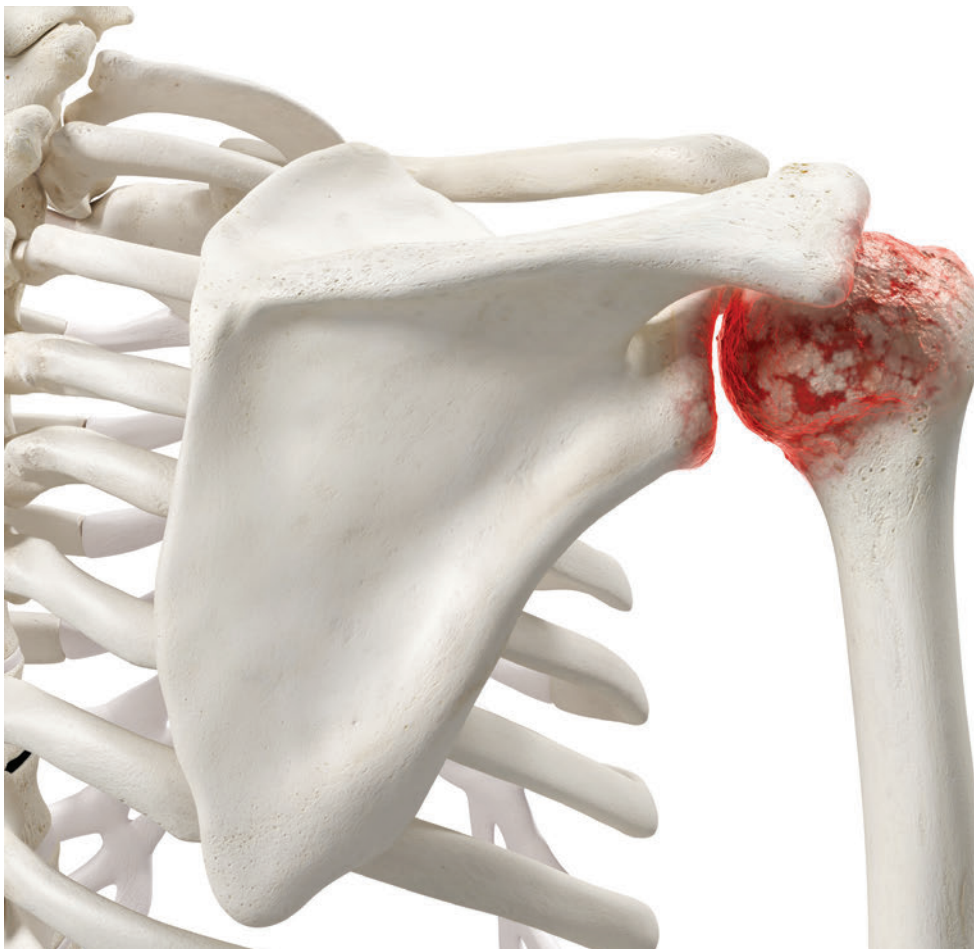


Shoulder (osteo) arthritis

From the moment we are born our bones, ligaments, muscles, tendons and cartilage adapt in a response to what we ask of our bodies. This process can simply be thought of as one of “wear and repair”.

The process of ‘wear and repair’ allows the cartilage within our joints to adapt to our activity levels, which change throughout our lifetime. This process is imperative for our development and for much of our life will cause no pain.

Typical age range	60+
Location of pain	Over the shoulder
Type of pain	Dull, aching, catching
Daily pain pattern	Worst first 30 minutes
Pain levels	Low-medium
Associated symptoms	Crepitus, stiffness and catching
What makes it feel worse?	Inactivity, lifting
What makes it feel better?	Warmth, exercise and activity



Osteoarthritis occurs when the rate of cartilage ‘repair’ is surpassed by the irreversible rate of ‘wear’, over a prolonged period. This results in the loss of some of the qualities that make cartilage smooth and hard, which affect how the shoulder functions.

Nevertheless, osteoarthritis only describes the process of prolonged ‘wear and repair’. It is not always associated with pain or symptoms such as aching, swelling and stiffness.

If you are suffering from pain associated with osteoarthritis there are many options available to you to break the cycle of pain.

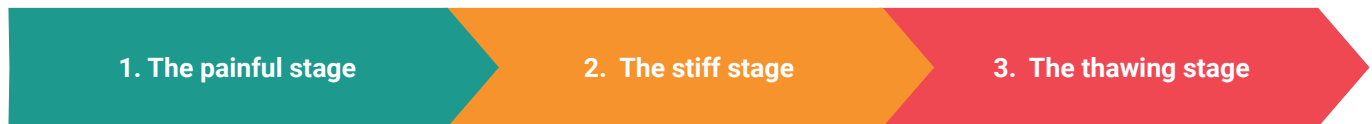
Frozen Shoulder (Adhesive Capsulitis)

A frozen shoulder describes the process where the capsule that surrounds the ball and socket joint become inflamed. The inflammation results in the ‘tightening’ of the capsule, causing a large restriction of movement and pain.

Frozen shoulders are very common yet poorly understood. You may have developed a frozen shoulder gradually or following a sudden movement or fall. Certain medical conditions can increase your likelihood of developing a frozen shoulder such as diabetes and thyroid problems.

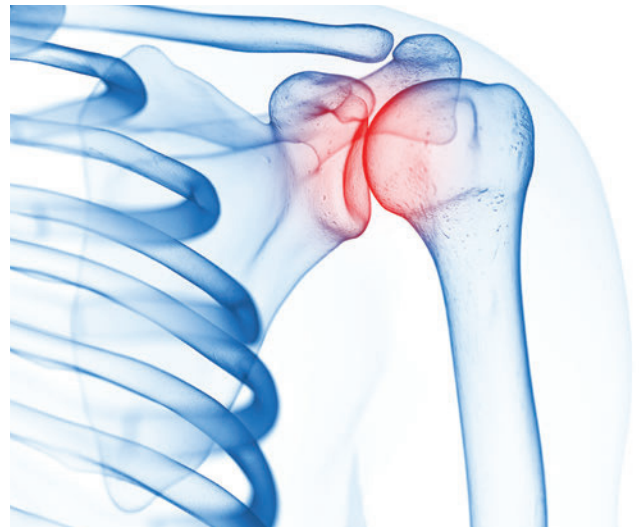
Typical age range	40-60
Location of pain	Over shoulder
Type of pain	Sharp, shooting
Daily pain pattern	Activity dependent and worse though the day
Pain levels	Medium-high
Associated symptoms	Catching, throbbing, limited movement
What makes it feel worse?	Reaching, twisting, lifting
What makes it feel better?	Ice/heat, activity, exercise

Frozen shoulder symptoms tend to take over 2 years to improve and follow 3 phases



1. **The painful stage:** pain is the primary symptom in this stage, you may also experience a slight reduction in certain movements.
2. **The stiff stage:** during this stage your shoulder will lose the greatest degree of range. The pain remains in this stage but you are better equipped to manage it.
3. **The thawing phase:** here your shoulder will slowly improve in terms of pain and movement.

Treatment of a frozen shoulder concentrates on controlling pain, maximising range of movement and maintaining strength and function. Keeping active and maintaining a healthy lifestyle are also important as you recover.



Do I need a scan?

At Healthshare we rarely require the use of scans and diagnostic images to help the treatment of your shoulder. X-ray, ultrasound scans or MRI scans are not routinely required for the diagnosis of many problems including osteoarthritis, cartilage issues, strains or tendon problems. What you tell us is more important for guiding your treatment.

Physiotherapists at Healthshare use questions, movements and face-to-face tests to understand what is causing your shoulder pain.

This screening process combined with years of experience enables an accurate diagnosis without requiring a scan of your shoulder.

The vast majority of shoulder pain improves with exercise and changes to activity and lifestyle. When there is uncertainty in diagnosing your shoulder pain, committing to a treatment programme is most likely to improve your pain.

What if my pain doesn't improve?

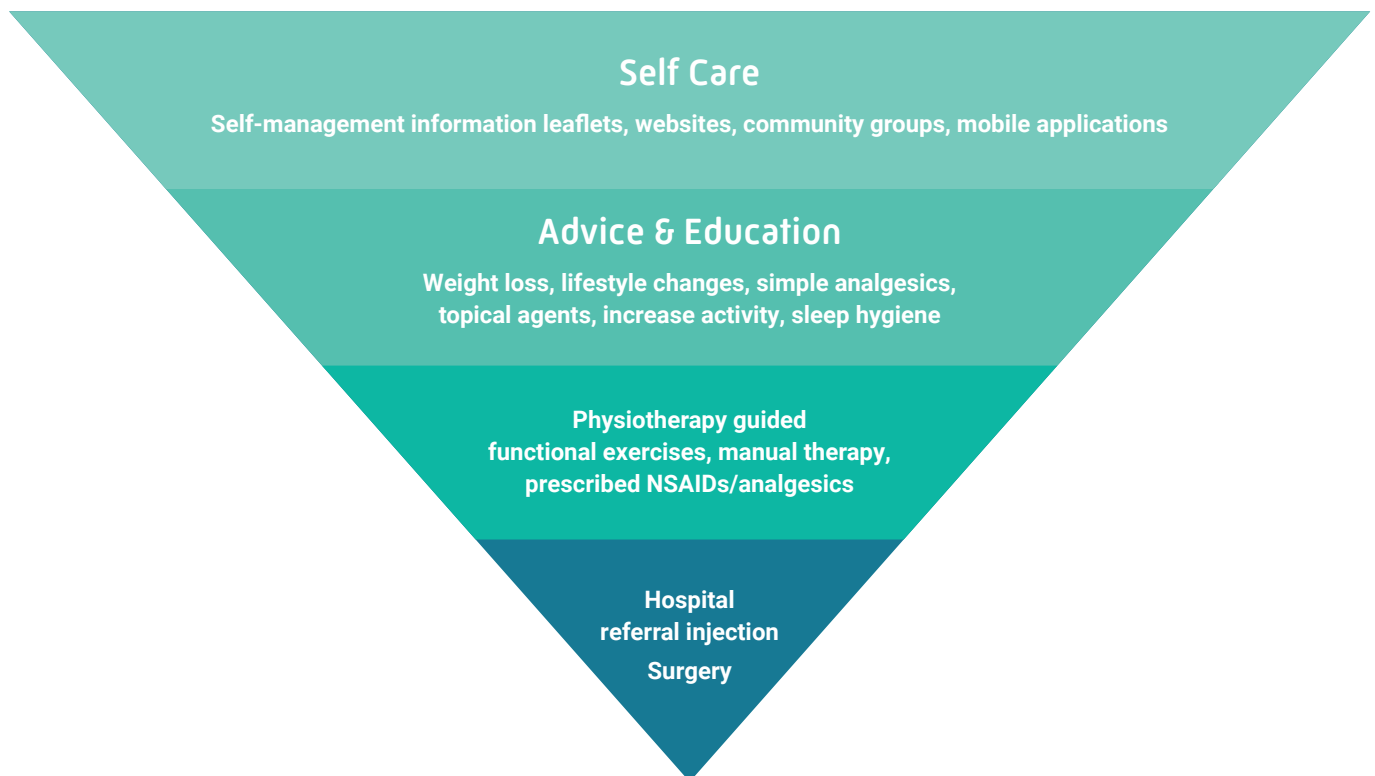
If you have not benefited from treatment at Healthshare you may be referred to a specialist to discuss your options. They will assess whether the information from a scan outweighs the associated risks of having a scan, such as exposure to radiation.

Therefore, a scan will only be requested if it is believed the results of the scan would alter the treatment offered to you. For the majority of patients it will not - which is why they tend to be offered once all conservative treatment options are exhausted.



Start to feel better with these options

When it comes to your pain, you are in control. The image below shows the options available to you in the recommended order you should follow. In order to find the right treatment, you must progress from top bottom.



Where shall I start?

Initial management includes:

1. **Education** - Understanding your pain is key.
2. **Taking appropriate pain relief** will help to keep you active which is key to achieving relief from pain.
3. **Physiotherapy** (Exercises, self help advice and psychological therapy).
4. **Changing habits** - alter the pain provoking activities to reduce pain.
5. **Maximising physical activity, fitness, maintain healthy body weight, addressing smoking and alcohol consumption, improving sleep hygiene and ensuring emotion well being.**

For most people this is all that is needed to reduce their pain.

Exercise Advice

Exercise is an important part of the management of pain, whether it is to improve your joints range of movement or how your muscles control your joint.

- If your problem is associated with stiffness your exercise programme will target improving your mobility.
- If your problem is associated with weakness your programme will focus on improving your strength and control.
- Often we see both stiffness and poor muscle control of a joint so your clinician may prescribe exercises to combat both.

How do I monitor my exercises?

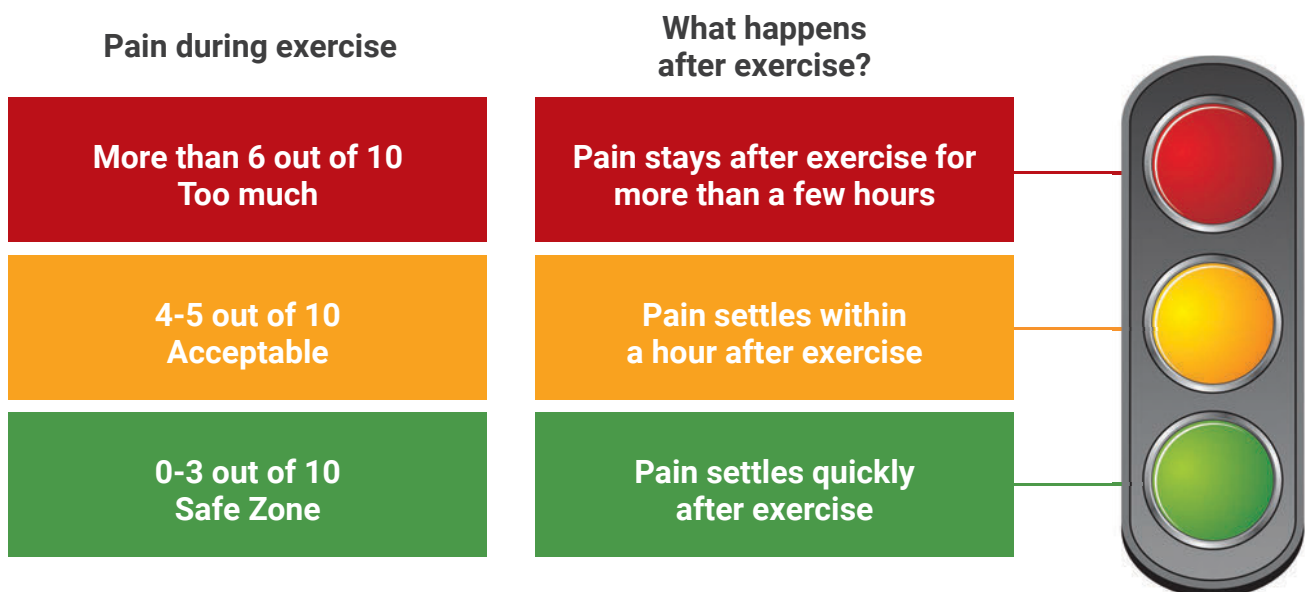
The amount of exercise you can do may well depend on the amount of pain you're in. It's okay to exercise, even when you have pain it's likely to decrease your symptoms.

However, you should be mindful if you're in more pain after finishing exercise.

How hard should I push?

- Everybody is different and some exercise will work for you whilst others might not. Do more of what feels good.
- Find a level that you can currently do gradually try and do more.
- Little and often is often better in the early stages, especially if you're very sore.
- As the exercises get harder you may wish to do them less often to allow your body time to recover (e.g. from two times a day to 3 to 4 times a week).

Use a traffic light to guide the intensity and frequency of your exercise.



Exercises

Pendular Exercise for Shoulder Circumduction



Description

1. Lean forward onto a chair and allow the arm to hang down
2. Gently swing the arm in a circular motion for the time prescribed

Sets: 1-3
Hold: 1-3 minutes

Press Up Against Wall



Description

1. Place the hands on a wall in a standing press up position
2. Bend the arms to lower your chest and hips to the wall
3. Straighten the arms to push your body away from the wall

Sets: 1-3
Reps: 10-15

Wall Slides for Shoulder Flexion - Keeping Lateral Pressure on Wall



Description

1. Stand with a wall by your side and push your hand against the wall
2. Raise the arm forward and above your head keeping contact with the wall
3. Slowly lower the arm keeping contact with the wall

Sets: 1-3
Reps: 10-15

Shoulder Passive Horizontal Flexion



Description

1. Stand and lift your arm directly in front of you
2. Using your other hand pull your arm across your body and hold

Time: 3*30 seconds
Sets: 1-3

What else can help your pain



1. Activity Modification and Pacing

- Modify tasks to help reduce factors that aggravate your pain. E.g. step towards something as opposed to reaching for it.
- Break activities into smaller chunks and if you need to plan your day to day activities.

2. Relative Rest

- In some cases we need relative rests to reduce the load on the body. However try to avoid complete rest or avoiding moving the painful joint completely.

3. Sleeping Positions

- Try lying with pillows supporting the area of pain.
- Pillows between the knees and under the arm can be useful if you sleep on your side.
- If you lie on your back try placing pillows underneath your knees.

4. Ice and Heat

- Applying ice or heat to the area can help alleviate some of your symptoms.
- Do you not apply for more than 15 minutes at a time.
- Protect the skin by applying through a protective barrier such as a small towel.

5. Pain Relief

- Take pain relief regular advised by your GP rather than as and when required.
- If you're not taking pain relief and feel you need it, in the 1st instance you should discuss over-the-counter medication with your pharmacist.
- If your pain is not helped by over-the-counter medication discuss other options with your GP.
- Always check with your GP/pharmacist before taking any medication.

6. Other Factors

- Stress, anxiety, mood, depression, fatigue/sleep disturbance.
- Routine – if something works keep doing it.

Healthier lifestyles

Our bodies are designed to be active. Physical activity not only enables you to manage daily tasks, it also helps your body function in other ways.

Physical activity can: –

- Decrease stress
- Decrease anxiety
- Increase sleep quality
- Increase energy levels
- Increase the release of pain reducing hormones, such as endorphins

The NHS recommends that adults do at least 2 1/2 hours of moderate exercise a week to manage problems with the joints and muscles. This might include: -

- Brisk walking
- Cycling
- Dancing
- Hiking
- Mowing lawn
- Riding a bike
- Rollerblading
- Tennis
- Water aerobics
- Swimming

If you struggle with exercise then you're not alone. Understanding the barriers to leading a healthier lifestyle is the first part in making a positive change.



Stop Smoking

Smoking slows down the healing process and leads to the deterioration of your bodies systems. Stopping smoking will help your body recover quicker and decrease your pain, leading to you being able to enjoy an active lifestyle again.



For further information about stopping smoking or support in the area please talk to one of our team or visit the quit smoking page on the link at the end of this booklet.

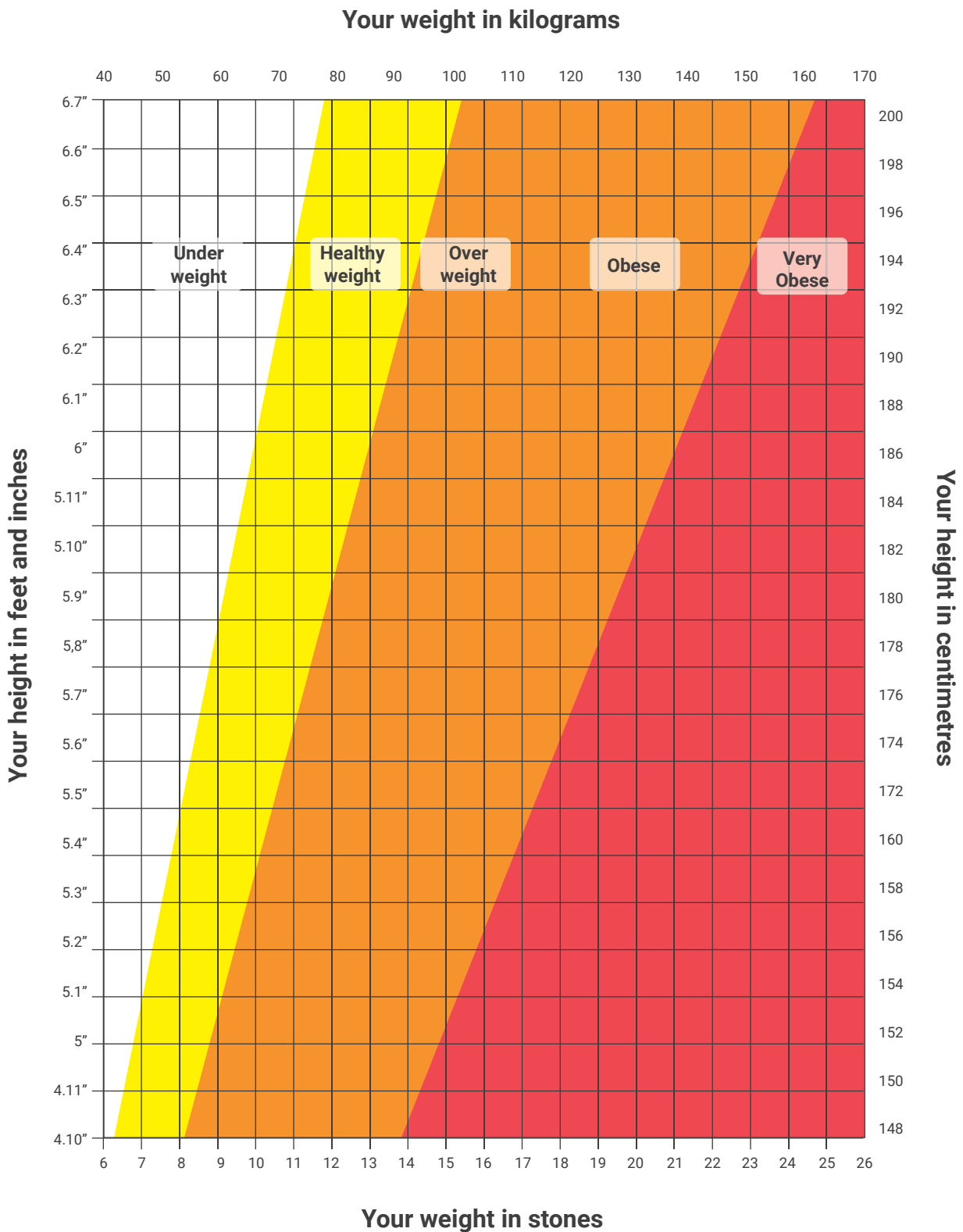
Weight Loss

There are many reasons why maintaining a healthy weight is good for you. Besides reducing the pressure on the joints, having extra fat can increase inflammation in the joints and as a result increase your pain and recovery times.



Body Mass Index (BMI)

The body mass index is a measure that uses your height and weight to work out if your weight is healthy. Use the chart to the right to work out if you are a healthy weight. The chart is only to be used by those older than 18 years of age.



Making changes

You may be wondering how you can make some of the changes that we've talked about. Adding regular exercise into your life when moving hurts can be a big challenge.

Thinking about adding something else into a busy life can also seem like too much. However, you can get over these hurdles and make positive changes.

Before making a plan

It's useful for you to explore your reasons for change prior to making a plan. Try answering some of these questions:

Question

What change do you want to make? Keep it simple!

Why?

What small steps can you take?

What would help you?

What obstacles might get in the way?

How might you overcome obstacles?

Goal setting

Now that you might have a better understanding of the change that you are about to make, let's set some GOALS.

Goals are an important way of deciding what we want to achieve, and by when. They let us know when we have been successful.

When a change seems too big, having goals that break the change up a bit, help us feel good about the changes we are making, even if we have a way to go until we've got to our final destination.

Goals should be manageable. There is no point in setting yourself up to fail. They should follow the SMART rule:

WARNING - Do not be too ambitious, we want you to succeed.

Have a look at the example below (this is not something you need to do though!).



S Go for a 30 minute walk

M 30 minutes every day for 1 week

A Yes

R Yes. I need to walk more as I enjoy walking

T Complete by next week

EXAMPLE

Now why don't you have a go at setting some SMART goals. Try to make them relevant to the problem with your shoulders or simply things that will lead to you making one of the changes we have discussed earlier in this brochure.

S	
M	
A	
R	
T	

S	
M	
A	
R	
T	

S	
M	
A	
R	
T	

Barriers to change

There are many barriers to change and so it's a good idea to think about what these might be for you and how you plan to get over them.

Remember a barrier isn't always physical. They can often be our own thoughts and beliefs that affect our ability to overcome the barrier.

Think about your own personal barriers to change.



Breaking Barriers

Below you will find a problem-solving tool to help you explore your barriers for success. We encourage you to use the tool to help improve your physical health.

STEP 1	Identify your barrier.
STEP 2	Think of as many ideas as you can that might solve the problem. Include all the possible solutions.
STEP 3	Think of the advantages and disadvantages of each possible solution, writing them all down.
STEP 4	Choose the solution that looks most likely to work. This should be based on your thoughts in step 3.
STEP 5	Plan how you will carry out the solution with SMART goal setting. Consider what may go wrong and how to stop this.
STEP 6	Carry out your plans!
STEP 7	Review what has gone well and what could have been better.
STEP 8	If it was successful, move to your next problem. If not, try thinking again starting at step 3.

Injections and Surgery

Injections

Injections are not recommended by the NHS for the majority of shoulder problems. Some shoulder problems do benefit from a steroid injection, however they are rarely a long-term solution and do have risks associated with them.

If you are struggling to engage with your rehabilitation you should discuss your options with your clinician.

Surgery

Surgery is indicated for very few shoulder problems. To be considered for surgery you will have experienced very little benefit from exercise and lifestyle changes.

If routine treatments have not worked for you and you are ready to consider surgery you should speak to one of our clinicians at your JPAC.



Take home message



1. Shoulder pain is a very common problem.
2. Most shoulder pain will improve with time, if it is managed appropriately.
3. In the meantime it may help to modify your activities and take pain relief.
4. Exercises will also help your shoulder pain get better.
5. It is good to remain active while you wait for your shoulder to improve.



If your shoulder does not improve as expected we will be able to discuss other treatment options with you at the 8 week follow up appointment.



Useful websites & your local information

[healthshare.org.uk](https://www.healthshare.org.uk)

Local resources in your area

Weight loss	https://www.nhs.uk/oneyou/for-your-body/lose-weight/
Smoking	https://www.nhs.uk/oneyou/for-your-body/quit-smoking/
Mental health	www.mind.org.uk
Age UK	https://www.ageuk.org.uk

