

Shoulder pain Your questions answered

Q. What is shoulder pain?

A. Shoulder pain is the pain you feel in and around your shoulder. It's a common problem in Australia.

The good news is that the pain will improve with appropriate treatment, so you can get back to doing the things you enjoy.

Q. How do the shoulders work?

A. Your shoulder is a complex, highly mobile structure made up of several components. There are two joints:

- the glenohumeral joint, where your upper arm bone (the humerus) connects with your shoulder blade (scapula)
- the acromioclavicular joint, where the top of your shoulder blade meets your collarbone (clavicle).



Strong connective tissue forms your shoulder capsule. This keeps the head of the humerus in place in the joint socket. The joint capsule is lined with a synovial membrane. It produces synovial fluid, which lubricates and nourishes the joint.

Strong tendons, ligaments and muscles also support your shoulder and make it stable.

Q. What causes shoulder pain?

A. There are many causes of shoulder pain, not all due to problems with the shoulder joints or associated structures.

- <u>Osteoarthritis</u>. Cartilage is a smooth, cushiony tissue that covers the ends of your bones where they meet in a joint. Healthy cartilage helps your joints move smoothly. Over time, cartilage can become worn or damaged due to injury or an accident, leading to osteoarthritis.
- Inflammation of the shoulder capsule due to synovitis and frozen shoulder.
 - <u>Synovitis</u> is the inflammation of the synovial membrane. It can occur as a result of another condition (e.g. <u>rheumatoid arthritis</u>), or it may happen as a result of an injury. Or, the cause may be unknown.
 - <u>Frozen shoulder (adhesive capsulitis)</u> is a condition that occurs when your shoulder capsule thickens and becomes inflamed and tight. There may also be less synovial fluid to lubricate the joint, making it difficult to move your shoulder. Frozen shoulder may occur due to another condition (e.g. diabetes), if your shoulder has been immobilised (e.g. due to surgery or injury), or the cause may not be known.



- Inflamed bursa. Pain associated with an inflamed bursa is also common in the shoulder. A bursa is a
 small fluid-filled sac that reduces friction between two structures, such as bone, muscle and tendons.
 In your shoulder, the bursa between the rotator cuff tendon and the bony tip of the shoulder
 (acromion) can become inflamed, most commonly with repetitive movements.
- Injuries and sprains to ligaments, labrum, acromioclavicular joint and rotator cuff.
 - Ligaments are soft tissues that connect bones to bones. They provide stability to your shoulder by keeping the bones where they're meant to be. If the ligaments are injured or sprained, they can cause short-term pain. This may be the result of the humerus coming partially out of the joint socket (subluxation) or if the humerus comes completely out (dislocation).
 - The labrum, the flexible tissue that helps keep your shoulder joint in place, can sometimes tear.
 This can be due to an injury (e.g. falling onto your outstretched arm) or repetitive actions (e.g. throwing sports such as cricket).
 - A direct blow to your shoulder can result in the acromioclavicular joint being sprained. This type of injury often occurs in people participating in contact sports such as football who take a blow to the shoulder. It can also occur due to a fall.
 - The rotator cuff is a group of tendons and muscles that keep your shoulder stable and positioned correctly for your shoulder and arm to move. Tears to rotator cuff tendons may occur due to an injury (e.g. a fall) or over time as you age.
- Neck and upper back joint and nerve problems can also be a source of shoulder pain. The pain from your neck and upper back is often felt at the back of the shoulder joint and/or through to the outside of your upper arm.
- Injury to the axillary nerve. This nerve can be injured if you dislocate your shoulder or break your humerus. This can cause weakness when moving your arm outwardly away from the body.
- Referred pain. Shoulder pain may also be caused by problems affecting your abdomen (e.g. gallstones), heart (e.g. angina, heart attack) and lungs (e.g. pneumonia).

Note: if you feel shoulder pain that is radiating down your arm or you're experiencing a tight feeling across the chest and shortness of breath, dial 000 immediately.

Q. What are the symptoms of shoulder pain?

A. There are many causes of shoulder pain, and they all have their own set of symptoms. Depending on the cause of your shoulder pain, you may experience the following:

- Pain deep in the shoulder joint, in the back or the front of the shoulder and the upper arm. Sometimes the pain in the shoulder can be described as a 'catching pain'. The location and type of pain are likely to relate to the structure causing the pain.
- Reduced movement and pain when moving your shoulder.
- Weakness of the shoulder/upper arm. Depending on the condition, there may be a sensation of the joint slipping out and back into the joint socket, or the shoulder can become completely dislodged (dislocated).
- Pins and needles (tingling) and burning pain. This is more likely to be associated with nerves from the neck than the shoulder joint itself.
- Lack of movement after a shoulder dislocation. This is usually due to pain. Complete rotator cuff tears and injury to the axillary nerve cause weakness in moving the arm away from the body. These problems require close clinical examination.

Q. How is shoulder pain diagnosed?

A. Health practitioners who treat shoulder pain are trained to investigate and identify the exact cause of the condition or injury causing the pain. They'll do this by:



- asking about your shoulder pain, including potential causes (e.g. recent injuries, other health conditions), if you've had shoulder pain before, things that make your pain worse, things that make it better
- conducting a thorough physical exam.

From this, they can work out the likelihood of particular structures in the shoulder being involved.

Sometimes they'll suggest that scans are needed. They may include x-rays, ultrasounds, computed tomography (CT), or magnetic resonance imaging (MRI). The type of scan/s required will depend on the suspected cause of your shoulder pain. However, it's important to know that many scans show changes to your shoulder that will likely represent the normal passage of time (even by age 45), not 'damage' to your shoulder. An experienced health practitioner can help you to understand the difference.

Q. How is shoulder pain treated?

A. There are many treatments for shoulder pain.

- Physiotherapy. One of the first treatment approaches involves physiotherapy and modifying your activities that make your pain worse. Physiotherapy will aim to fix problems such as stiffness and weakness. It will also include retraining the movements or activities related to your sport, work or everyday activities that were aggravating your shoulder so that, wherever possible, you can get back to what you were doing.
- Occupational therapy. If your shoulder pain is making everyday activities difficult, it may be helpful to see an occupational therapist. They can help you learn better ways to carry out daily activities such as bathing, dressing, working or driving. They can also provide aids and equipment to make everyday activities easier.
- Heat and cold packs may help provide you with temporary relief from pain and stiffness.
- Medicines. Pain relieving medicines (analgesics) and low dose anti-inflammatories can help control pain while you work to maintain and restore movement and function. If you have high blood pressure or cardiac or kidney disease, you should talk to your doctor before using these medicines. Medicines shouldn't be considered a long-term solution for your shoulder pain. If your pain persists, you should discuss other treatment options with your doctor. If you continue to have pain, your doctor may suggest a corticosteroid injection. While it's important to understand that all medicines have side effects, an injection to help reduce pain while you work to recover is well tolerated by most people. The injection may be repeated once or twice, depending on your circumstances.
- In cases of a frozen shoulder, hydrodilatation may be recommended. This is an injection of fluid (saline and a steroid) into the joint. Evidence supports this treatment for the relief of symptoms and improved range of motion. Physiotherapy in the days after treatment has been shown to provide further improvements.

Q. What about surgery?

A. For most people, shoulder pain will improve over time with appropriate, conservative treatment. However, in some cases, surgery may be required.

The work you've already done to try and resolve your shoulder pain (e.g. physiotherapy) is important when facing shoulder surgery. Being informed and maintaining muscle strength and range of motion leads to better results after surgery. Post-surgery rehabilitation is just as important for good results.

Surgery may be required in the following conditions:

- recurring or frequent dislocations
- acute rotator cuff tears (tears that have recently occurred as the result of an injury)



- chronic rotator cuff tears (tears that occur as a result of wear and tear as you age)
- severe joint damage as a result of osteoarthritis and rheumatoid arthritis.

Surgery for a frozen shoulder requires careful consideration as it's a condition that usually gets better naturally over time and can be managed non-surgically. It's not uncommon for pain and stiffness to persist after surgery for this condition.

Q. How can I manage my shoulder pain and prevent future problems?

A. Most people with shoulder pain will recover from their condition. For many, there'll need to be a commitment to an exercise-based rehabilitation program. It may also be necessary to modify any lifestyle and work practices that aggravate shoulder pain. Talk with a physiotherapist and occupational therapist for advice.

It can take some time for shoulder pain to settle, perhaps weeks or months. In general, if the shoulder pain has not resolved in a week or two, seeing an experienced doctor or health practitioner would be worthwhile. Worsening pain over time should also be assessed by a doctor.

If you find that stronger opioid medicine is needed to manage your shoulder pain, discuss this with your doctor. You may need a referral to a specialist and/or further investigations.

Q. How can Musculoskeletal Health Australia help?

A. Our team is available for you to speak with about shoulder pain or any other musculoskeletal issues you have. You can contact them on weekdays between 9am-5pm. Phone 1800 263 265 or email <u>helpline@muscha.org</u>. We also have a range of services – including free webinars – you can access on our <u>website</u>.

More to explore

- <u>Shoulder pain and common shoulder problems</u> American Academy of Orthopaedic Surgeons
- <u>Shoulder pain</u> Versus Arthritis

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