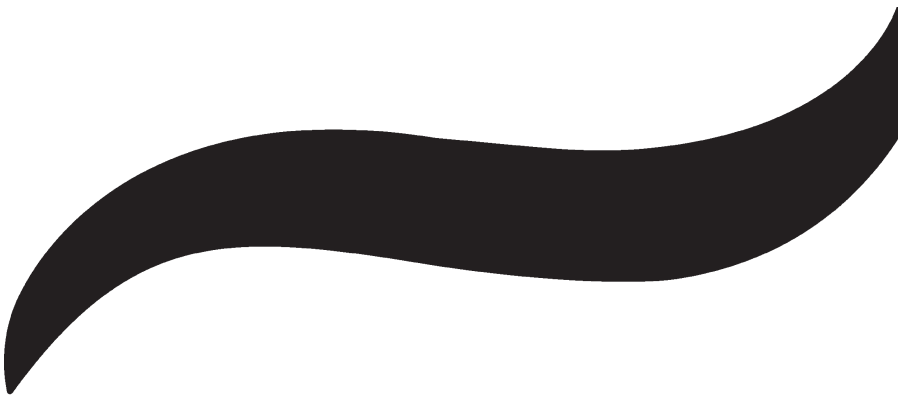




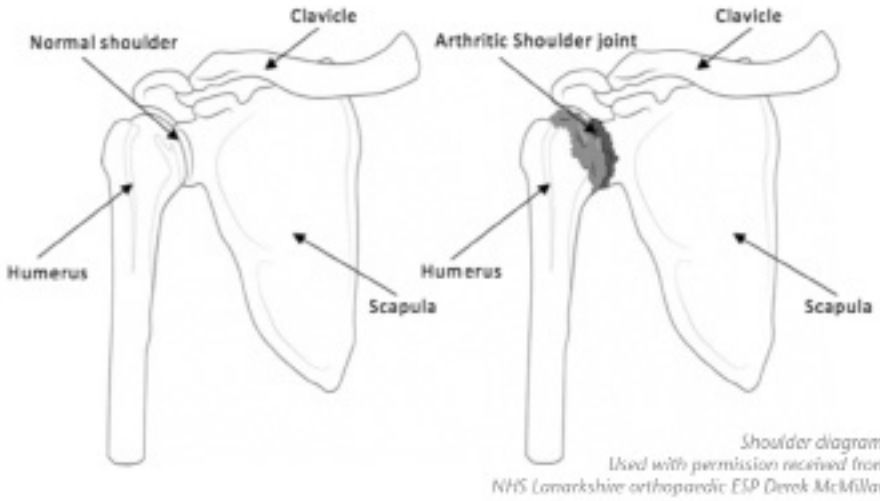
# Shoulder Osteoarthritis

Information for patients  
Physiotherapy



# WHAT IS OSTEOARTHRITIS?

The shoulder is made up of three bones: the scapula (shoulder blade), the humerus (upper arm bone) and the clavicle (collarbone). The part of the scapula that makes up the socket of the shoulder joint is called the glenoid. The ball and socket joint where the glenoid (scapula) and the humerus joint is the shoulder (Glenohumeral) joint. There is another small joint just above the shoulder called the acromioclavicular joint. This is where your collar bone meets the shoulder blade. Osteoarthritis can affect either of these joints.



The most common cause of shoulder joint arthritis is called osteoarthritis. This is where the smooth cartilage surface covering the joints becomes thin and rough. The ends of the bone can then rub together causing pain.

Most of the time there is no obvious reason for arthritis but it can develop due to an injury, underlying inflammatory joint disease such as rheumatoid arthritis or a shoulder tendon problem (rotator cuff). People with underlying neurological (brain and nervous system) problems may also be affected.

## WHAT ARE THE SYMPTOMS?

The main symptoms of osteoarthritis in the shoulder are pain and stiffness around the shoulder joint and upper arm.

- ❖ Pain may be worse when you move the joint or towards the end of the day.
- ❖ You may find your joints become stiff if you have been sitting for a while or in the morning after sleep. This often improves quickly when you get up and start moving.
- ❖ If you have stiffness in your shoulder this may lead to less movement which can affect your normal daily activities. You may notice some grating or crackling sounds when you move. This is known as crepitus.

These symptoms can vary depending on what activities/ tasks you've been doing and how long you've been doing them. Symptoms can also vary for no obvious reason and you may find you have times where you have pain that lasts a few weeks or months and other periods of time where there is very little or no pain.

## HOW COMMON IS SHOULDER OSTEOARTHRITIS?

Osteoarthritis is not common under the age of 50. It can affect any joint but is more likely in weight bearing joints (those that take your body's weight) such as the hip or knee. The shoulder is the third most common large joint to be affected by osteoarthritis.

## WHAT CAUSES SHOULDER OSTEOARTHRITIS?

There are various reasons that could cause someone to develop shoulder osteoarthritis. These can include:

- ❖ Age: after the age of 60 we are more likely to develop age related changes.
- ❖ Sex: osteoarthritis in general is more common in women
- ❖ History of injury: any previous shoulder dislocations or fractures (Broken bone) near the joint.
- ❖ Occupation: those who have had more physically demanding jobs such as those working in construction.
- ❖ Sport: Those who have played overhead or repetitive sports, such as tennis may also be more likely to develop arthritis.

We don't always know why certain people develop osteoarthritis. Our understanding of it and research in this area is continually developing.

The weather can also make your symptoms worse. Often changes in weather for example damp, wet weather may increase your joint pain.

## WHAT CAN HELP WITH SHOULDER OSTEOARTHRITIS?

Osteoarthritis can develop over time in the shoulder, however you may not have any symptoms. There is no cure for osteoarthritis. It is a long term condition but that doesn't mean nothing can be done to help with the symptoms.

X-rays aren't routinely used to diagnose osteoarthritis. As we get older we expect to see changes on x-ray due to the natural ageing process, but these changes may not relate to your level of pain.

## **PACING AND SPACING**

Pacing and spacing activity means breaking down harder tasks into smaller chunks and spreading them out throughout the day to reduce the demand on your shoulder muscles.

You could try:

Separating shopping into more bags so none are too heavy and carrying it into the house in a couple of trips instead of one go.

Cleaning the bathroom in short bursts throughout the day instead of doing it all in one go which would irritate your shoulder.

## **PAIN ACTIVITY LADDER**

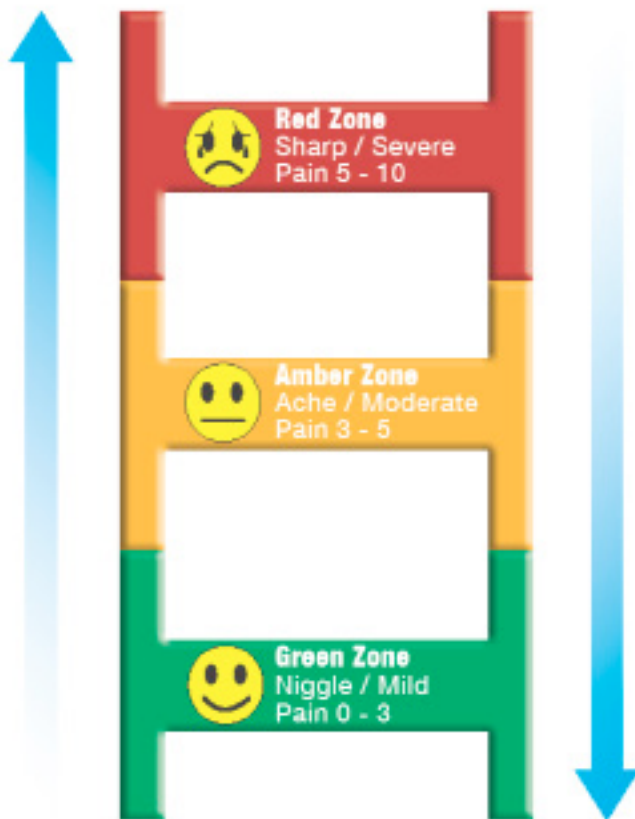
By following the pain activity ladder (Follow this link for a video explanation <https://youtu.be/e9SEqd8bvII>) which can be seen below, you can identify activities that you would consider severely painful, moderately painful and mildly irritating and act to change your habits.

The pain scale, most often used in healthcare, measures pain from 0-10 (zero being no pain and 10 representing the worst pain you could imagine).

If you can identify the level of pain you have, you will find out if you are in the green, amber or red zone. The best way to move down to the green zone is by pacing and spacing your activity.

When you are doing your rehabilitation exercises it is often best to work within the green (and sometimes amber zones depending on what you think is an acceptable level of pain) both during the exercises and in the next 2 days. If you find yourself in the red zone you are likely pushing yourself too hard and may make the pain worse again.

# Pain Activity Ladder



## EXERCISE

You may be worried about exercising and making your shoulder osteoarthritis worse but it is important to keep the joint moving. Too much rest can lead to stiffness. Exercise will also help to keep the muscles around the shoulder in good working order and give the shoulder support.

Start with the easier Early stage exercises and then progress through to the more challenging late stage exercises as able.

### Early Shoulder Movement

Stand with one foot in front of the other.

Rest your good hand on a table or kitchen worktop for support.

Bend forwards at your waist and allow your painful or stiff arm to relax in front of you.



Slowly move your arm forwards and backwards in a small movement like the pendulum on a clock – repeat 10 times.

Repeat this moving arm out to the side and across in front of your body – again keep the movement small – repeat 10 times.

Finally move arm in a small circle start going clockwise (to the right) 10 times then change direction and repeat 10 times.

Repeat these exercises once a day.

## Early Shoulder Blade Movement

Stand with both arms by your sides – gently pull shoulders back squeezing your shoulder blades together – hold this position for 5 seconds – relax. Repeat 10 times, once a day.



## Middle Shoulder Movement

Stand in front of a wall.

Slowly slide your hands up the wall as if you were reaching up, until you feel a stretch in your shoulder. Hold it there for a few seconds.



Slowly slide the hands back down the wall.

Try to repeat 10 times once a day.

If your shoulder is too painful, you could try sitting at a table and sliding your arm along a table to begin with. A towel will help the arm slide easier.



## Middle stage - Assisted Shoulder Abduction

Stand with your shoulders back.

Arms are by your sides, slightly in front of your body. Hold a stick (or sweeping brush or mop) in both hands.



Move your painful or stiff arm out to the side using the other hand to help this movement with the stick.

Try to lift the arm out to the side as far as you can.

Return to the starting position.

Repeat 10 times, once a day.

## Late stage - Active External Rotation

Sit up straight. Have your elbow bent at a right angle and tucked in at your waist. Thumb pointing up.



Slowly move your forearm away from your body whilst

keeping your elbow tucked into your waist. Make sure it's only your forearm that's moving and not your body.

Repeat 10 times, once a day.

## Late stage - Active Medial Rotation

Stand and put both arms behind your back resting your hands on your buttocks.

You can use the arm that isn't sore or painful to help slide the stiffer arm along and up the back.



Hold for 5 seconds, repeat 10 times, once a day.

## Late stage - Isometric External Rotation

Stand straight and side on to a wall with your painful shoulder closest to the wall.

Bend the elbow.

You are now ready to begin the exercise.

Keep elbow tucked in and gently bring your forearm to make contact with the wall.

Push the back of your hand into the wall and hold for between 5 – 45 seconds.

Begin with a 5 second hold and build up slowly as pain allows making sure to use the pain ladder to guide you. Aim to stay in the green zone.

If you are in the amber or red zone, don't push so hard against the wall.

You should feel your shoulder muscles working but it should not be painful.

Do 5 – 10 repetitions for 1 – 3 sets daily.



## WHAT DO I DO IF MY SYMPTOMS FLARE UP?

Flare ups of pain are common. This is when your pain suddenly becomes very bad for a time.

Some people have a lot of flare ups of pain so it is important to know how best to manage these flare ups. In most cases a pain flare-up will settle within 6 weeks.

### Top Tips

- ❖ You will likely find it helpful to rest a bit more but it is still important to keep active. This will help to avoid your shoulder becoming stiff and your muscles becoming weak.
- ❖ If you aim to get a balance between rest and activity it should help your pain to settle down. You may be sore at first, however, start slowly and gradually increase the amount you do.

Reduce movements or tasks that make your symptoms worse. This can help especially in the early days. Finding positions or movements that reduce your pain can be useful.

## ANALGESIA

- ❖ Analgesia also known as pain relief can be an important part in helping you manage your symptoms and allow you to stay active.
- ❖ Taking the right kind of pain relief regularly allows you to move more normally and continue your usual activities without causing any damage. Pain relief won't always stop your pain completely. For this reason we use the term pain relief (A 30 - 50% reduction in pain would be a good success).
- ❖ Pain relievers/anti-inflammatory medications can be used as advised by your GP or Pharmacist. If you feel the ones you usually take are not helping your pain or you have any side effects from your medicines, please speak to your GP or pharmacist.

## **LIFESTYLE ADAPTATIONS**

If you have an on-going condition you may need to make some changes to your regular activities to make life easier. Here are some suggestions:

### **Washing and Dressing**

Non-slip bat mats, rails, bath boards or seats may make getting washed easier. If you struggle to get on and off the toilet a raised toilet seat or grab rail may help. Think about where you put your toiletries and avoid having to stretch to reach items.

When drying hair you could try supporting your arm on a table if you find it difficult to hold the hairdryer above your head or you find it too heavy.

You might find it easier to get dressed sitting down. There are various tools on the market that may help with dressing for example a long handled shoe horn.

### **In the Kitchen**

Try to keep items that you use regularly within easy reach. Think about sitting down to prepare food, a perching stool or your kitchen table may be helpful.

Try not to overfill pots or kettles as this will make them heavier to lift. You could think about using a kettle tipper or a two handled saucepan if you still find it difficult to lift them.

If you are having difficulty using cutlery or utensils, you could try making them easier to grip by adding extra padding. You can also buy specialist cutlery with large handles.

## **Sleep and Posture**

If you have one side that is painful try to avoid sleeping on that side especially with neck, shoulder or hip pain. You might find it helpful to use extra pillows to support your arms or legs.

If you are sitting try not to spend too long in one position. We recommend moving every 20 minutes. Think about the height of your chair and sit in a higher chair if you struggle to get up from sitting. Armchairs may be better than a sofa as you will have arm support.

## **Housework and Garden**

Try not to attempt too many jobs in one day. Don't spend too long doing repetitive activities such as cleaning windows and Hoovering. You could try sitting down to iron.

In the garden try to vary the jobs so you don't spend too long in one position.

## **Shopping and Driving**

You could take a trolley round the shop rather than a basket even if you are only needing a few items as this will give you more support and means you won't have to carry heavy items.

Try to break up longer journeys, get out and stretch your legs regularly.

Please see the below links for further information.

North Lanarkshire: <https://www.makinglifeeasier.org.uk/>

South Lanarkshire: <http://www.careinfoscotland.scot/topics/care-at-home/equipment-and-adaptionstelecare/>

## CORTICOSTEROID INJECTION

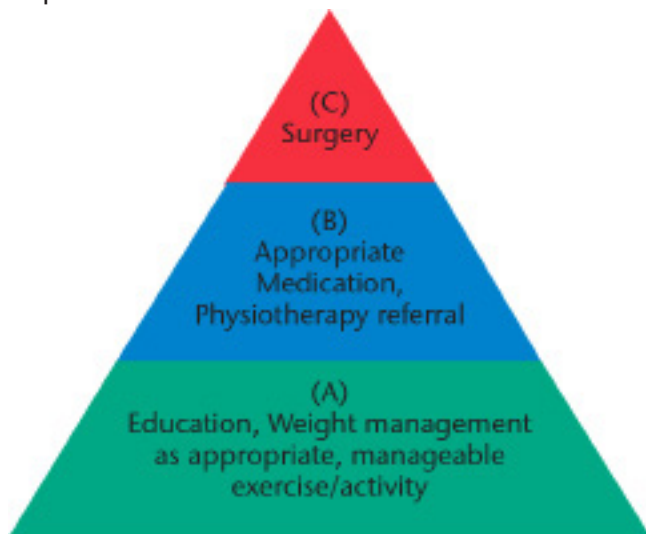
If your symptoms are not improving after trying the advice and exercise, then you might be offered a corticosteroid injection. The aim of the injection is to help reduce the pain and allow you to continue with physiotherapy. They are not a cure but can improve pain if you are having a particularly bad flare of symptoms. The physiotherapist will advise you on when to re-start the exercises after you receive the steroid injection. A few people have to have a second injection as the first one sometimes doesn't work properly.

Injections may not be suitable for every person.

## SURGERY

For Musculoskeletal conditions the majority of people do not require surgery and simple basic treatment is recommended:

- (A) GREEN: The majority of people find advice, physiotherapy and medicines help.
- (B) BLUE: A large number of people find advice, physiotherapy and medicines help.
- (C) RED: A very small number of people will need an operation.



Keyhole (arthroscopic) surgery can be offered in certain situations. This operation is only offered to young active people who are not advised to have a joint replacement. It is not done often and it is not always successful.

Shoulder joint replacement- There are different types of joint replacement depending on the type of arthritis and the damage it has done in the shoulder. The aim of the operation is to improve your pain and in some cases, it can improve your shoulder movement, but not always. On average there is only a small improvement in movement after a shoulder replacement, and it may not improve at all. This operation is usually only suitable for older people as shoulder replacements may only last 10 years.

## WHEN TO SPEAK TO A HEALTH PROFESSIONAL

It is important to get medical help in certain situations:

- ❖ If you are in extreme levels of pain
- ❖ If you have had a traumatic incident such as a fall, and you're not able to move your arm at all
- ❖ If you have any pins and needles or numbness in your arm
- ❖ If the skin over your shoulder is hot, red or swollen
- ❖ If you feel feverish, unwell or have unusual levels of tiredness
- ❖ If you have been losing weight and you're not dieting, or you have night-time sweating.

## HELP AND SUPPORT

If your symptoms continue to worsen or do not show signs of improvement after a period of 6-12 weeks of following the advice above, a self-referral to physiotherapy can be made on our website:

<https://www.nhslanarkshire.scot.nhs.uk/services/physiotherapy-msk/> or via your GP.







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