

## Useful resources

<https://www.shoulderdoc.co.uk>

<http://patient.info/health/rotator-cuff-disorders>

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# Rotator Cuff Tendinopathy



## PATIENT INFORMATION GUIDE

Croydon Health Services **NHS**  
NHS Trust

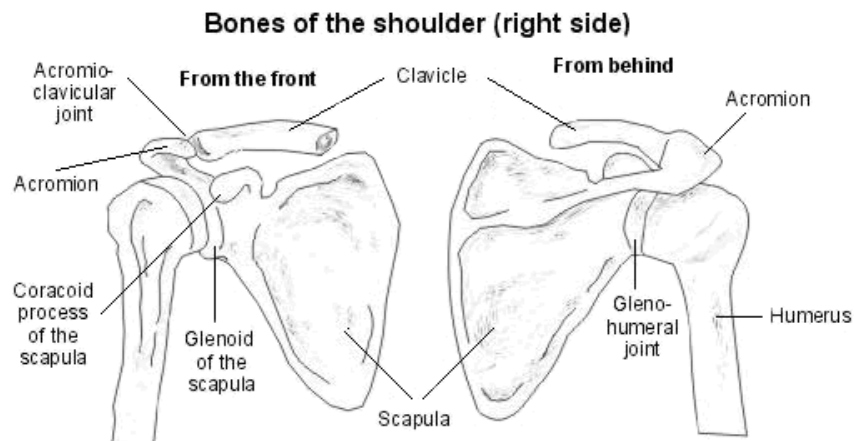
## Information

The aim of this booklet is to provide you with information about shoulder pain to help you with self-management.



## The Shoulder

The shoulder is made up of the clavicle (collar bone), humerus (arm bone) and scapula (shoulder blade). It's main function is to allow the arm to move so that you reach for things and pick them up. The shoulder joint is very mobile which means that it is not as stable as other joints. This means that it relies heavily on muscles for stability and support.

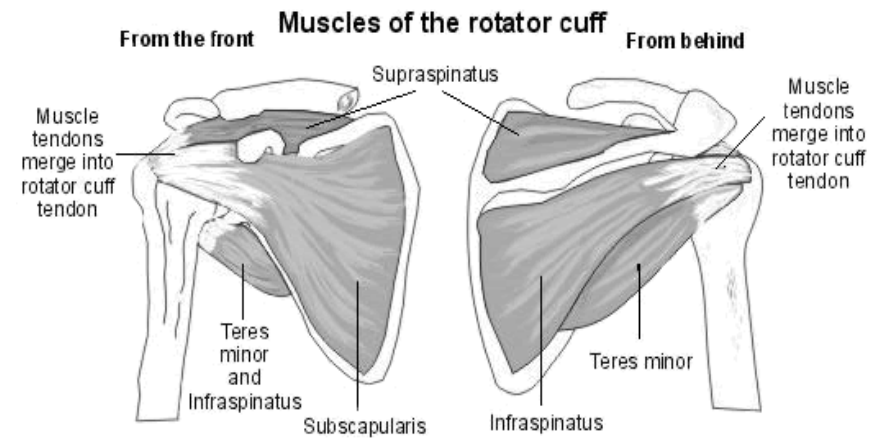


## Notes:

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## The Rotator Cuff

The rotator cuff is a group of muscles that attach the top of the arm bone to the shoulder blade. These muscles work to stabilise the shoulder joint whilst you move your arm. If the rotator cuff isn't working properly, this can affect the way the shoulder moves and can result in pain when raising the arm or carry



things.

## Rotator Cuff Tendinopathy

When a tendon is subjected to a sudden increase or change in load, this can result in changes to the tendon's structure such as swelling or thickening. Over time, the tendon can become very painful and less able to tolerate normal activities. This is usually a gradual process which can get worse if left untreated.

## **Risk Factors**

- Advancing age
- Female gender
- Overweight
- Muscle imbalance
- Weak rotator cuff muscles
- Poor posture
- Heavy or repetitive manual work
- Sudden change in activity or load

## **Management**

Your physiotherapist will carry out an assessment and help you to decide on a treatment plan based on your individual needs. The things that you do for yourself are more important than what we do to you, so it is important that you take a lead role in managing your symptoms and progressing your exercises when required.



## **How long will this take?**

Recovery timeframes vary from person to person but you should expect to see some improvement with the first 6 weeks of starting physiotherapy and self-management. It can take up to 3-6 months to return to normal activities or a bit longer to return to some sports.

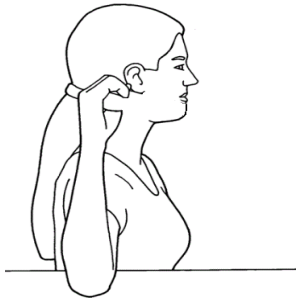
## **Do I need a scan?**

Scans are not always useful for diagnosing shoulder pain. Most scans are very sensitive which means that they will pick up lots of information that might not necessarily be causing your symptoms. We know from strong evidence that there is a poor correlation between scan findings and patient's symptoms. Often, people with no shoulder pain have significant changes on their scans so it is difficult to tell what is causing their symptoms and it often does not change the treatment plan.

## **Other options**

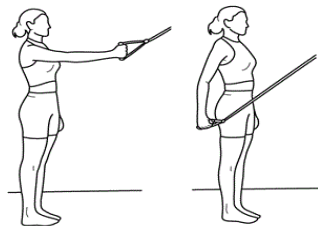
Injection or surgery are sometimes offered for patients who do not respond to conservative treatment but the results are mixed and they occasionally make symptoms worse in the long term.

## Phase 2:



### Shoulder rotation

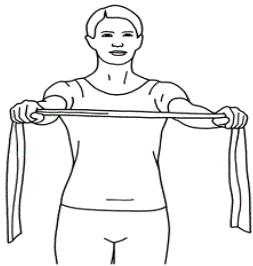
Sit with your elbow supported on a table. Hold a small weight in your hand. Keep the elbow still and slowly move your hand down and up. Repeat 3-6 times little and often throughout the day. Increase the weight to make it harder.



### Shoulder pull downs

Tie a piece of theraband to the top of a closed door. Slowly pull the band down to your side. Repeat 8-10 times little and often throughout the day.

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### Shoulder horizontal abduction

Hold a piece of theraband in front of you with your elbows straight. Slowly pull the band apart. Repeat 8-10 times little and often throughout the day.

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### Scapula wall press:

Stand with your hands against the wall at shoulder height. Keep your elbows straight and slowly move your body away from the wall, bringing your shoulder blades apart. Repeat 8-10 times little and often throughout the day.

## Posture

No one has the perfect posture and poor posture is not a direct cause of shoulder pain, but it is helpful to avoid staying in a slumped position for too long. Keep moving and try to spend less time in prolonged static positions, like sitting at a desk or in front of the TV.

### Load Modification

This involves reducing activities which are particularly painful to allow your symptoms to settle down and reduce irritation on your rotator cuff. Some activities will not be painful until after they are completed, so monitor your symptoms over a 24 hour period . If an activity is sore a few hours later, that evening or the following day, you should limit or avoid this until things settle down.

### Pain Medication

Medication can help to reduce pain sensitivity and allow you to continue with daily activities as well as physiotherapy. Anti-inflammatory medication (e.g. Ibuprofen) can be useful to reduce tendon irritation and swelling in the early stages. **As with any medication please consult your GP first.**

## Ice or Heat

This can reduce pain sensitivity in the short term. Try ice in the early stages and heat packs in the late stages. Apply for a maximum of 15 minutes.

## Psychological Support

Feeling stressed and worried with your pain is normal, but stress and tension can sometimes make your symptoms worse. The natural chemicals connected with tiredness, stress, anxiety or depression are very similar to the chemicals used to communicate danger or damage. These chemicals can increase your pain sensitivity. It is important to seek support with your mental and physical wellbeing so speak to a health professional if you need advice.

## Exercise

Exercise can help to recondition your shoulder tissues and improve your tendon's ability to cope with load. It takes time and effort but helps to manage your symptoms in the long term. Discomfort during the exercise should be minimal (less than 3/10) and should not flare your symptoms up for the following 24 hours. If you feel the exercises flare up your symptoms, then try to do less repetitions or use lighter weights.

## Rotator Cuff Strengthening

Isometric exercises involve the muscle contracting whilst the joint is still. These can help to strengthen the rotator cuff and reduce pain sensitivity.

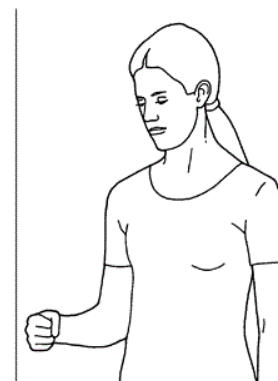
### Phase 1:



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#### Isometric external rotation

Place a rolled up towel under your affected arm. Stand with your upper arm by your side with your elbow at a right angle. Place the back of your hand against a wall. Gently push **the back of your hand** against the wall, hold approx 10-20 seconds and slowly relax. Repeat 3-6 times little and often throughout the day.



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#### Isometric abduction

Place a rolled up towel under your affected arm. Stand with your upper arm fairly close to your side with your elbow at a right angle. Place the back of your forearm against the wall. Push **your elbow** out into the wall, hold for approx 10-20 seconds and slowly relax. Repeat 3-6 times little and often throughout the day.

**Progress to stage 2 once you can perform these exercises easily and without any discomfort.**