

Shoulder injury

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What are shoulder injuries?

Shoulder injuries are common musculoskeletal problems and can occur in various parts of the shoulder:

Acromio clavicular joint injury:

The acromion part of the shoulder blade, a bone on top of the shoulder which is attached to the collar bone by ligaments. Injury occurs when the ligaments between the shoulder blade and the collar bone are torn. It may occur from a fall onto the shoulder, elbow or from a fall with the arm stretched out in an attempt to break the fall. Repeated overhead use can also cause damage to the ligaments.

Rotator cuff injury:

The rotator cuff is made up of a group of four muscles and their tendons. It helps to keep the shoulder joint stable. The tendons wrap around the shoulder. Injury to the rotator cuff tendons can occur from a fall on an outstretched hand or directly onto the shoulder. Sometimes the tendons can become inflamed from frequent use such as playing sports or repeated overhead motion through manual labour, often called tendonitis. Aging also causes the tendons to wear down which can lead to a tear of the tendons.

Frozen shoulder:

A frozen shoulder can occur due to lack of use caused by on-going pain. Arthritis can cause frozen shoulder and it is usually a gradual onset of an aching shoulder.

Men, women and children can all have shoulder injuries. Shoulder problems often occur in people more than 60 years old.

What are the symptoms?

Symptoms of acromio clavicular joint injury:

Pain at the end of the collar bone where it joins to the shoulder. Pain when moving the shoulder, especially when raising your arm above the shoulder.

Symptoms of rotator cuff injury:

Some tears are painful but others are not. Pain is usually in the front of the shoulder sometimes going down the side of the arm and can be severe for a few days. You may have pain when sleeping, or when reaching, or lifting your arm above your head. Sometimes the arm can feel weaker.

Depending on the type of injury, the pain may be sudden (common in a tear), or gradual (common in tendonitis).

Symptoms of frozen shoulder:

Movement of the shoulder becomes restricted. Widespread pain can develop which can be worse at night and when lying on the affected shoulder.

How is it diagnosed?

The practitioner will examine your shoulder for any tenderness over the surrounding muscles and bones and will assess the movement of your shoulder. Sometimes an x-ray will be performed if the practitioner is concerned there may be an injury to any of the bones in the shoulder. However, an x-ray is not required to make a diagnosis. In some instances a scan may be necessary to produce images of the structures that make up the shoulder.

How is it treated?

Acromio clavicular joint injury:

A sling will need to be worn to keep the shoulder in place and the joint will have to be rested.

Ice is often an effective treatment to relieve pain and swelling. Ice packs or bags of frozen peas, wrapped in a towel and applied to your shoulder for a maximum of 30 minutes at any one time can help to reduce the inflammation. Remember not to apply ice directly to your skin as it can damage your skin.

Stretches and strengthening exercises help to gradually improve range of movement, strengthen the muscles and prevent further injury. A medical professional, such as a physiotherapist, will advise on these exercises and they will be tailored to your specific injury.

If tears are severe surgery may be required. If deformity and pain persists for several months and all forms of treatment have not worked, then surgery may be necessary.

Tendonitis:

Rest and ice treatment to relieve pain and swelling. Anti-inflammatory medications are often prescribed.

Gentle exercises to strengthen the muscles.

Sometimes an injection of a corticosteroid drug may be given if the shoulder does not get better after several weeks.

Rarely, surgery may be necessary if the shoulder does not get better after six to 12 months.

Rotator cuff injury:

A sling will need to be worn to keep the shoulder in place and the joint will have to be rested.

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If tears are severe surgery may be required.

Sometimes an injection of a corticosteroid drug may be recommended, this is usually only done when other treatments have been tried but have not seemed to help.

Frozen shoulder:

Corticosteroid injections may be beneficial in the early stages for reducing pain.

Gentle stretching exercises to gradually improve range of movement.

A frozen shoulder will nearly always get better without the need for surgery. However, in some instances, surgery may be needed if pain and loss of function do not respond to medical treatment and gentle exercise.

For any of the above shoulder injuries take over-the-counter anti-inflammatory medicines, such as ibuprofen which will reduce the swelling and pain. **Make sure you always read the patient information leaflet that comes with the medicines.**

What is the prognosis or expected outcome of treatment?

Over the next few weeks your injury should start to repair itself. However, full recovery may take several weeks and in some instances much longer.

Follow up

Following a shoulder injury you will probably have follow-up through the fracture clinic, or the A&E clinic. You will be given these details before you leave the A&E department.

You are advised to come back to the A&E department if your pain or ability to move your shoulder suddenly becomes worse.

Further information

If you have any other concerns about your shoulder, please contact your GP or the A&E department on 01271 322480.

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

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'Care Opinion' comments forms are on all wards or online at www.careopinion.org.uk.

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