

Coping with Osteoarthritis in the shoulder

Other formats

If you need this information in another format such as audio tape or computer disk, Braille, large print, high contrast, British Sign Language or translated into another language, please telephone the PALS desk on 01271 314090.

This leaflet has been designed to give you information regarding Osteoarthritis (OA) in shoulders. This leaflet does not replace a consultation with your GP or physiotherapist. We would advise you to see your doctor or a physiotherapist to assess you if you need further help.

Facts about OA in shoulder

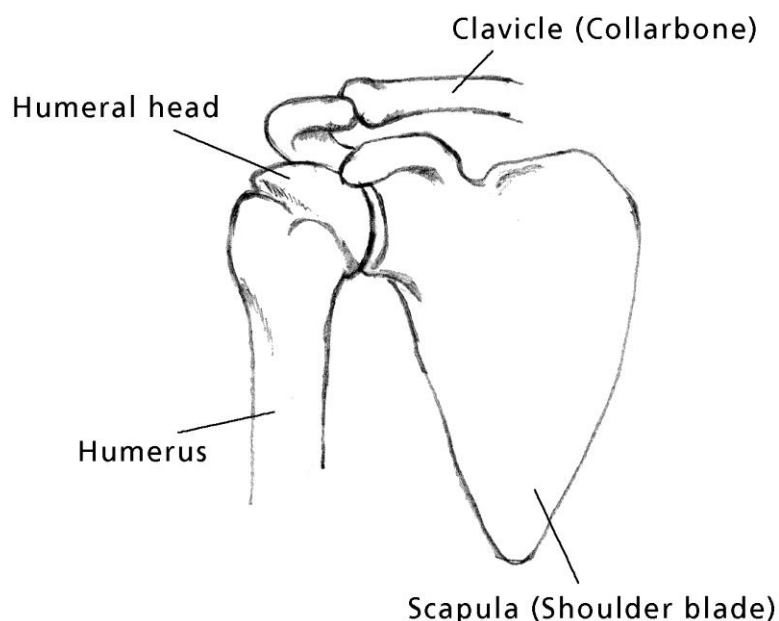
Osteoarthritis is a common condition which can affect any joint but occurs most commonly in the hips, knees and hands. It usually effects people age 50 years and older.

When it affects the shoulder, it may be in the shoulder itself (gleno humeral joint) or quite commonly in the acromio-clavicular joint between the collar bone and the shoulder.

What causes OA in the shoulder

Shoulder osteoarthritis may result from previous injuries or abnormal stresses on the joint.

Osteoarthritis is a progressive degeneration of the joints. It results from wear and tear of the protective surface (cartilage) that allows the joint to move smoothly. Over time this cartilage is worn away and adjacent bones are remodeled and the joint becomes increasingly irregular, resulting in pain and stiffness. Spurs of extra bone (called osteophytes) form which alters the shape of the joint.



Symptoms of OA in the shoulder

- Patients with osteoarthritis (OA) of the shoulder will classically complain of a stiff, painful shoulder with limited range of movement. Pain and stiffness commonly increases with over activity or, lack of use, and can interrupt sleep. 'Catching' and 'noise' heard during movements is another routine finding
- If the Acromio-clavicular joint is involved, pain might be more noticeable on stretching across to the other shoulder, e.g. reaching across for your seat belt or lying on the affected side.

Treatment

This will depend on the degree of pain and stiffness.

Physiotherapy

The vast majority of shoulder problems will benefit from physiotherapy. A physiotherapist will make an assessment of your condition and put together a treatment program tailored to your needs, aiming to improve your symptoms and/or improve your function. These might include:

- Exercises or techniques to ease pain, regain or maintain movement
- Exercises to strengthen weakened muscles and improve function
- Advice on improving shoulder, neck and spine posture

Occupational therapy

- If your shoulder problem is interfering with daily activities such as dressing, washing and driving, your GP might refer you to an occupational therapist who can assess you and give you advice regarding this.

Medication (see your GP for advice)

- Painkillers including, anti-inflammatories can help with the pain.
- A local steroid injection may also be helpful but *not all patients are suitable for this.*

Surgery

- A shoulder replacement might be considered if the joint is significantly worn and painful but only after all other treatments have been tried.

What can I do myself to manage the symptoms

Sleeping position

Night pain and consequent sleeplessness associated with a painful shoulder are possibly the worst aspect of this condition. Some comfort may be obtained by:

- Lying on your back with a pillow supporting the affected arm.

- Lying on the good side with a pillow or towel under your painful arm.

Ice

You can try wrapping some crushed ice or frozen peas in a damp towel and place over the painful shoulder. Leave it there for **no more than ten minutes**. This could be repeated 2 – 3 times a day.

Simple shoulder exercises

Some examples of exercise to stretch you shoulder. They may vary depending on your particular needs. You may find them easier to do after a hot shower or bath. Do these exercise regularly 1-2 times a day. It is normal for you to feel an aching or stretching sensation whilst you are doing them, however, this should subside within 30 minutes. If your pain increases, you should stop your exercises and see your doctor or a physiotherapist.

Aim for a balance between rest and exercises.

Pendulum

Lean forward with support (shown for left shoulder)

Let arm hang down

Swing arm

- forward and back
- side to side
- around in circles (both ways)

Repeat 5 – 10 times each movement



Twisting outwards

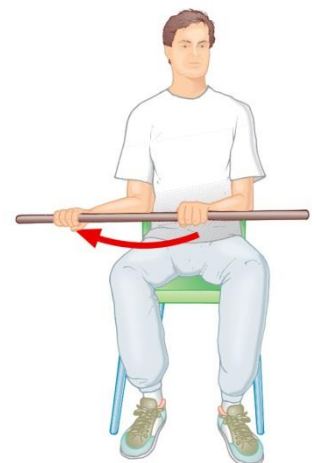
Sitting holding a stick (eg. rolling pin, umbrella)

Keep elbow into your side throughout

Push with unaffected arm so that the hand of problem side is moving away from the mid-line (can be done lying down)

Do not let your body twist round to compensate

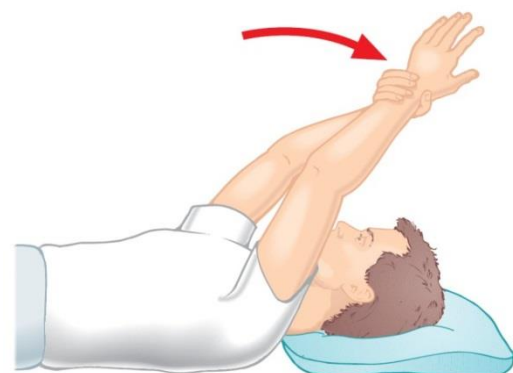
Repeat 5 – 10 times



Arm overhead

Lying on your back (shown for left shoulder)

Support problem arm with other hand at wrist and lift it up overhead



Do not let your back arch

Can start with elbows bent

Repeat 5 – 10 times

You can also do this exercise sitting up or standing, which increases the difficulty of the exercise.

N.B. It may be uncomfortable with on/off pain but do not force the movements into pain.

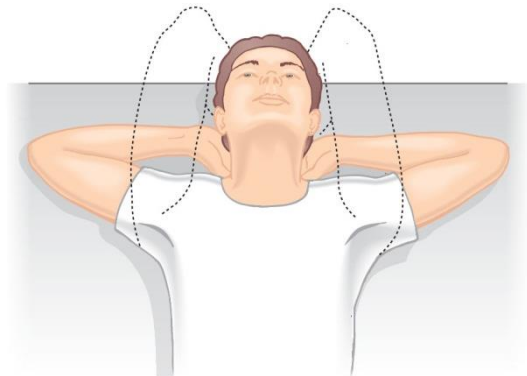
Twisting outwards / arm overhead

Lying on your back, knees bent and feet flat

Place hands behind neck or head, elbows up to ceiling

Let elbows fall outwards

Repeat 5 – 10 times



Sit or stand

Try and set up a pulley system with the pulley or ring high above you. Pull down with your better arm to help lift the stiff arm up

Repeat 10 times



Hand behind your back (medial rotation)

Getting your hand behind your back is a useful movement for normal functional activities such as tucking our trousers in or doing up a bra.

Try and put your hand behind your back as far as you easily can. The distance we can get our hands behind our backs varies enormously. Holding a towel with the good arm now try to pull the bad arm upwards.



Further information

This leaflet was designed to help you understand more about OA in shoulders. You will still need to see a physiotherapist to assess you and to help you with your individual physiotherapy program.

If you have any questions or concerns, please contact the physiotherapy department at North Devon District Hospital on **01271 322378**.

References

- Patients UK
- The Physiotherapy site
- ARC

Thanks to Nuffield Orthopaedic Hospital shoulder and elbow clinic who have kindly given permission to use their patients leaflets.

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 e-mail ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

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

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