Torbay and South Devon
NHS Foundation Trust

PATIENT INFORMATION

Rotator Cuff Related Shoulder Pain (RCRSP)

Advice and Information

Your Physiotherapist has diagnosed you with a common shoulder condition called Rotator Cuff Related Shoulder Pain (RCRSP).

This booklet provides information about what this is, the latest evidence for the best way to manage RCRSP and how physiotherapy can help you.

What is Rotator Cuff Related Shoulder Pain (RCRSP)?

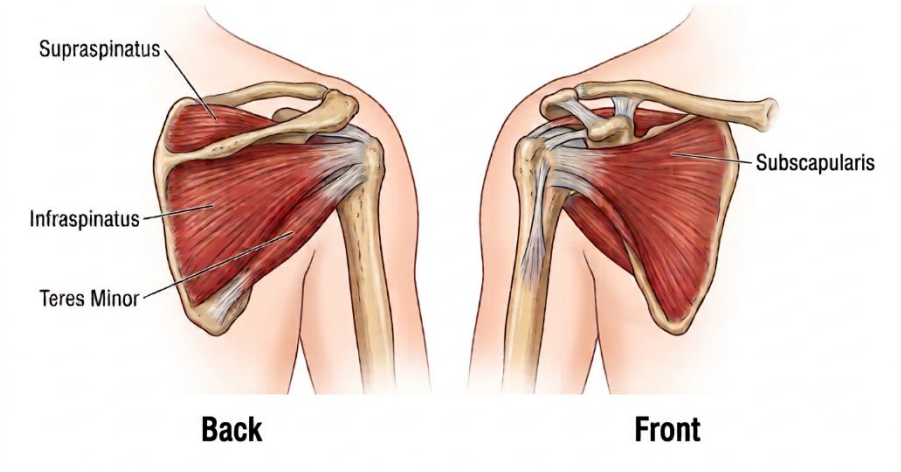
RCRSP is a common shoulder problem. It causes pain in your shoulder and upper arm and can spread further down the arm or around the shoulder blade. It can feel worse when you raise your arm away from your side or take your hand behind your back.

This condition has been known by many other names which can make it confusing. These include: bursitis, sub-acromial shoulder pain, sub-acromial pain syndrome or impingement syndrome. Research has now shown that the rotator cuff muscles and tendons are the most likely source/cause of pain in this type of shoulder problem.

RCRSP tends to affect people over the age of 40 years and affects 50% of population over 66 years of age.

What is the rotator cuff?

The shoulder joint is a very mobile ball and socket joint. The main function of which, is to position the hand in space to perform day to day activities like picking things up, reaching for things and personal care. The socket is very shallow to allow for this wide range of movement at the shoulder and therefore the rotator cuff muscles that surround the ball and socket play a key role in both moving the joint but also providing it with stability and support.



The rotator cuff is made up of 4 muscles and their tendons that come from your shoulder blade to attach on to the top of your arm bone (humerus). If the muscles/tendons of the rotator cuff come overloaded they can become a painful.

What causes RCRSP?

RCRSP is a very common problem – it is generally considered an overuse injury - where there is a change to the amount of work your shoulder is doing and the load being placed on the rotator cuff tendons. This can happen slowly over time or quickly due to a specific activity or injury. There are 3 different categories:

- Rotator cuff tendinopathy – this is where the tendon(s) become irritated and sensitive after being exposed to a sudden or prolonged increase in activity that is more then you or your tendons are used to. For example, suddenly doing more lifting or repeated overhead movements – gardening or moving house.

- Degenerative rotator cuff tear (not due to a specific injury). Rotator cuff tendons can tear due to ageing over-time. This happens naturally and is more common with age. These are not always painful but can make it more difficult for the shoulder to move smoothly.

- Acute rotator cuff tear (due to a specific injury). Rotator cuff tendons can tear as a result of an injury to the shoulder after a fall, accident or sudden forceful movement through the shoulder/arm.

There are a range of possible factors which may increase the chance of developing RCRSP. These factors will be personal to you.

Contributory factors

Age – RCRSP can occur at any time in your life, but is more common between the ages of 40-64 yrs.

Shoulder muscle weakness – Reduced strength in the muscles of your shoulder, including the rotator cuff, can make you more likely to develop pain when you do physical tasks.

Load tolerance – You will have a level of activity that your shoulder is normally happy with (a load tolerance level). Excessive loading, rapid or varied increases in load can increase sensitivity and pain in your tendons, without causing physical injury or damage.

Other health problems – There is a link between diabetes, thyroid problems, high blood pressure, raised cholesterol, obesity and RCRSP. Often symptoms can take longer to improve in the presence of these conditions, particularly if they are not well managed.

Occupation – Excessive overhead activity at work, for example painting/decorating can increase the risk of RCRSP. Sedentary jobs, with poor sitting posture can also be a factor in RCRSP.

Lifestyle factors – smoking increases the risk of a number of health conditions and it also seems to increase the risk of developing RCRSP. Smoking also slows and delays the healing process meaning it may take longer for the pain to improve. If you would like help to give up smoking please discuss with your physiotherapist.

Physical activity is important – being less active has been associated with RCRSP. Poor fitness levels/low levels of physical activity can affect your body's ability to cope with daily physical tasks and pain.

Emotional wellbeing (beliefs, anxiety, stress) – Your beliefs about your pain can play an important role in helping you recover. For example, avoiding moving your shoulder because you think it might do more damage can actually make pain worse. Having a positive outlook can make a real difference to recovery.

How is RCRSP diagnosed?

RCRSP is usually diagnosed by listening to the history of your problem and a physical examination. This includes examining your neck, shoulder movements and strength as well as some specific shoulder tests. People often present with a painful arc of movement (raising the arm around shoulder height).

How is RCRSP managed?

There is no one specific treatment for RCRSP but there are a number of things you can do effectively manage your symptoms.

Identifying and addressing the main contributing factors – this means that things have to change in order for pain and function to improve. This can include changing how you do things day-to-day to reduce the load on your shoulder, for example, reducing overhead activity, breaking activities into smaller chunks and gradually building them back up.

Improving sitting posture if sitting for long periods at home or for work.

Sleep, stress and other lifestyle factors – improving your general health conditions (reducing weight, managing diabetes) and being more physically active can have a positive impact on RCRSP recovery. General exercise can help promote sleep, improve mood and background fitness/energy levels. Pain can be influenced by many factors including lack of sleep, stress and anxiety so it is really important to look at all these factors.

Medication – Pain or anti-inflammatory medication can be used to provide temporary relief to help with sleep and enable you to engage more effectively with rehabilitation. Speak with your GP or pharmacist before you take any medication to see if it is appropriate for you.

Ice or heat – applying heat or ice to your shoulder may help alleviate some of your symptoms. Apply for up to 15mins with a protective barrier between the skin and the heat or ice pack (such as a towel) and monitor your skin.

Specific rehabilitation – Physiotherapy might form one part of your management. Your physiotherapist will help to identify contributing factors and help you develop a targeted rehabilitation programme with exercises to help restore your shoulder movement and the tendon's strength and ability to tolerate load.

Research has shown that when doing the right type of rehabilitation exercises, people can successfully manage this common condition. You should expect to see improvements in pain and function after 6-12 weeks of following your rehabilitation programme.

Below are some exercises that have been found to be effective in managing RCRSP.

1) Seated rotation

Sit next to a table with your elbow supported out to the side and just below shoulder height. Rest on a cushion or folded towel.

Hold a small weight or bottle of water (approx. 0.5 kg) with the elbow bent at a right angle. Rotate your forearm until the hand points upwards.

Return to start position slowly over the count of 5.

Make sure you sit up tall throughout the exercise.

As the exercise gets easier you can increase the weight by 0.5kg at a time or increase the number of repetitions.

Repeat_____ times. Do _____ sets.

2) Isometric posterior cuff

In standing with your upper arm by your side and elbows bent at 90 degrees. Hold a piece of resistance band in either hand under slight tension.

Keep your painful arm still, hand pointing straight ahead and rotate your other hand outwards increasing the tension on the band. Hold for 5 and slowly release.

You should feel the muscles in the painful shoulder work to keep the position.

Repeat _____ times. Do _____ sets

Once this feels comfortable and easy, rotate both forearms outwards at the same time. Slowly control returning your arms to the neutral position.

3) Step and reach

In standing. Place a loop of yellow theraband around your hands.

Start with the elbows fully bent and gently press your hands out against the resistance of the band.

Keep this tension on the band as you take a step forward and reach your hands up towards the ceiling at the same time.

Bend your elbows and lower your hands to the start position, continuing to maintain the gentle pressure against the band.

Repeat _____ times. Do _____sets

4) Wall push up

In standing. Place your hands on a wall approximately shoulder height and feet flat on the floor hip width apart.

Start with the elbows slightly bent and then gently lower yourself towards the wall, increasingly bending at the elbows and keeping your back straight.

Hold briefly and then gently push yourself back up away from the wall.

Repeat _____ times. Do _____sets

You can make this exercise harder by moving your feet further back from the wall.

Helpful tips:

- For best results fit the exercises into your daily routine and do them 6 days a week with 1 rest day.
- Some discomfort while doing the exercises is normal and expected but don't push through pain that would score more than a 4 out of 10. If you do get some pain after the exercises that last longer than 30-45 minutes, don't worry, just do slightly less repetitions the next time and build up gradually.

FAQ's

Will I need a scan?

In most cases scanning is not necessary. You can discuss this with your physiotherapist at your appointment if you have any questions regarding this.

What other options are available if my pain persists?

Corticosteroid injection

Occasionally some people may benefit from corticosteroid injections to help with the pain. This can help to reduce the inflammation and related pain (pain at night and at rest). Injections can be useful to help settle irritable symptoms that are related to inflammation.

Surgery

If conservative management has not been successful, you may be referred to the Orthopaedic team to discuss possible surgical options to manage this condition. The type of surgical procedure, if available to you, will be individual to you and might vary to other patients who have had a similar problem.

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.

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