

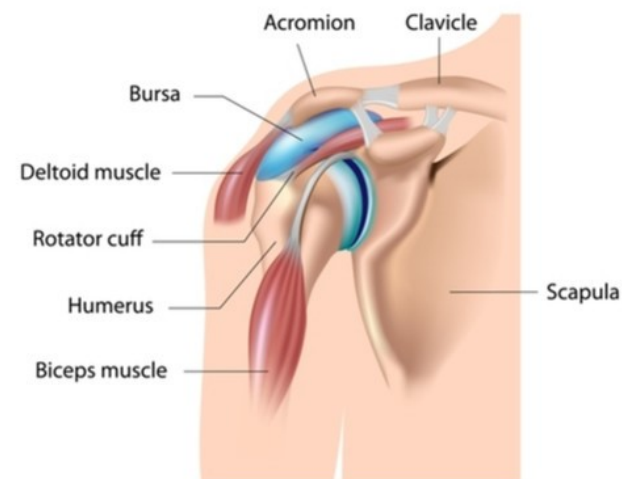


A guide to...

# Soft Tissue Shoulder Injury

*Patient Information*

## Shoulder Anatomy



A “sprained” or “strained” shoulder refers to the overstretching or tearing of the shoulder ligaments or muscles respectively. These have the role of providing stability and structural integrity to the joint. When injury occurs to these ligaments or muscles, the shoulder can become painful. Dependent on the severity of the injury, it can take anywhere from a few weeks to several months to heal. In some instances of a full ligament or tendon rupture, surgical intervention may be required. The most common soft tissue injury associated with the shoulder involves the rotator cuff muscles.

Your physiotherapist will guide you through a graded exercise programme which aims to aid healing and strengthen the injured area.

## Frequently Asked Questions

### What if I get pain when completing the exercises?

It is likely you will experience some pain during the initial stages of recovery, in particular when regaining movement of the shoulder. It is important to effectively manage the pain during your exercises and the activities of daily living. It is normal to experience some soreness and aching after completing your exercises. If this pain persists or worsens despite adequate rest, you should notify your physiotherapist.

### When can I return to work?

This depends on the type of work you do. Consider beginning with lighter duties and gradually increasing workload in accordance to pain and safety levels.

### When can I drive?

You should only drive when you can safely operate the car. It will depend on whether the car is manual or automatic. Consult with your doctor/physiotherapist if unsure. You may also need to notify the vehicle insurer of your injury.

### When can I go back to sports and hobbies?

Your return to sport will depend on pain and functional levels. It is best to discuss this with your physiotherapist as you may require a graded sport-specific programme to ease you back safely.

## Exercise Advice

- Use pain-killers and / or heat/ice packs to reduce the pain before you exercise.
- It is normal that you can feel aching, discomfort or stretching when you have completed exercise.
- If you experience pain that persists (e.g. more than 30 minutes), or increases in intensity, it is an indication to change the exercise by doing it less forcefully or less often. If this does not help then please discuss this with your physiotherapist.
- Do short frequent sessions (e.g. 5-10 minutes, four times a day) rather than one long session.
- Gradually increase the number of repetitions that you do but aim for the number of repetitions your physiotherapist advises (the numbers given in this booklet are rough guidelines).
- Fit them into your daily routine! Make it a habit.
- Follow the advice from fracture clinic with regard to weight bearing.

If you experience any of the following symptoms please inform doctors or your physiotherapist so they can explore this further:

- Pins and needles or numbness down your arm/hand
- If you are struggling to move your arm at all
- If you are experiencing pain symptoms anywhere other than the site of the original injury or surrounding area.

## Shoulder Exercises

Hold each exercise for two to three seconds and repeat 10 times, three times a day.

### Shoulder pendulum:

- Stand beside a table, leaning on your forearm.
- Let your other arm hang relaxed straight down.
- Swing your arm forwards and backwards.
- As this gets easier you can make circles in a clockwise and anticlockwise direction, making the circles bigger.



### Supine active assisted shoulder flexion:

- Lie on your back and grip your hands together.
- Using your uninjured arm to help, lift both arms up and over your head.
- Slowly bring them back towards the starting position.



## Shoulder Exercises

Hold each exercise for two to three seconds and repeat 10 times, three times a day.

### Active assisted shoulder external rotation:

- In standing, place a towel between your arm and your body on the injured side.
- Keep your elbow at a right angle and grip the bottom end of the stick with the hand of the injured arm.
- Use your uninjured arm to push the stick away from your tummy.



### Active assisted shoulder abduction:

- Standing straight, grip the bottom end of the stick with the injured arm.
- Use your uninjured arm to push the stick towards your injured side, taking the arm upwards and sideways.



## Shoulder Exercises

Hold each exercise for two to three seconds and repeat 10 times, three times a day.

### Shoulder flexion isometric:

- Stand tall in front of a wall.
- Lift your injured arm up forwards into the wall.
- Press the hand against the wall and hold.



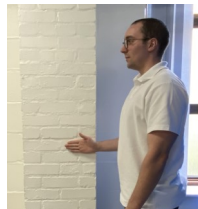
### Shoulder abduction isometric:

- Stand tall, sideways next to a wall.
- Lift your injured arm up sideways into the wall.
- Press the back of your hand against the wall and hold.



### Shoulder external rotation isometric:

- Stand with your elbow at right angle and your arm close to your side.
- Place the back of your hand against a wall
- Push the back of your hand against the wall.



If you are unsure about any advice or information, please arrange to contact fracture clinic or contact the Physiotherapy department using the below contact details.

West Hertfordshire Therapy Unit

Jacketts Field

Abbots Langley

Hertfordshire

WD5 0PA

**Tel:** 01923 378130

**Email:** [westherts.opphysioadvice@nhs.net](mailto:westherts.opphysioadvice@nhs.net)

**Website:** [www.westhertshospitals.nhs.uk/physiotherapy/](http://www.westhertshospitals.nhs.uk/physiotherapy/)

If you need this leaflet in another language, large print, Braille or audio version, please call **01923 217187** or email **[westherts.pals@nhs.net](mailto:westherts.pals@nhs.net)**



Author	Jordan Smith
Department	Outpatient Physiotherapy
Ratified / Review Date	Dec 2023 / Dec 2026
ID Number	45/2202/V1

