

# Shoulder soft tissue injury

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## Information for patients

This leaflet has information and advice on how to manage your shoulder soft tissue injury. If you have any queries or concerns please contact your GP.

### What is a soft tissue?

A soft tissue within the shoulder is a structure that helps to maintain normal movement and function. Examples of soft tissue injuries include bruises, sprains or muscle strains. Bruises are caused by damage to blood vessels causing characteristic skin colour changes and swelling. Sprains are damage to the ligaments in the body which join bone to bone. Muscle strains are caused by partially tearing muscle fibres.

### Mechanism of injury

This types of injury is often sustained following a sudden increase in activity or load across a joint or bodily structure. It can also be caused by a stiff or weak shoulder joint, minor shoulder trauma or other ongoing physical health problems. It is important to note that this injury may come on gradually or suddenly with no apparent cause.

### Symptoms

Symptoms vary but may include:

- pain in the shoulder and upper arm – this pain may radiate down the arm in more severe cases and may present as an ache or sharp pain
- pain during overhead activities, lifting, driving or reaching
- pain when sleeping or lying on the shoulder
- pain that affects your sleep or may be worse at night
- mild weakness of the shoulder muscles making it hard for you to lift your arm

### Management

- Ice: a cold pack (ice pack or frozen peas wrapped in a damp towel) can provide short-term pain relief. Apply this to the sore area for up to 15 minutes, every three hours and up to four times a day, ensuring the ice is never in direct contact with the skin. Do not sleep with the cold pack on the affected limb.
- Relative rest: reduce activities that are making your symptoms worse, for example, overhead activities or heaving lifting.

- Painkillers: pain relief can help manage the discomfort in the short term. Normally painkillers bought from a pharmacist will work. If you have any questions please speak to a pharmacist or GP.
- Exercise: it is important exercises as early as possible, using pain as your guide. You should complete specific exercises that aim to increase the strength and stability of your shoulder; this will assist in the healing process and help you return to activities. Please see below for suggestions of a graded exercise programme.

## Follow-up

You do not routinely require physiotherapy for this type of injury, most find they improve with time and simple exercises. If your shoulder pain does not improve after 6 to 12 weeks then you may benefit from physiotherapy. We recommend you contact your GP to refer you to your local physiotherapy department.

## Healing

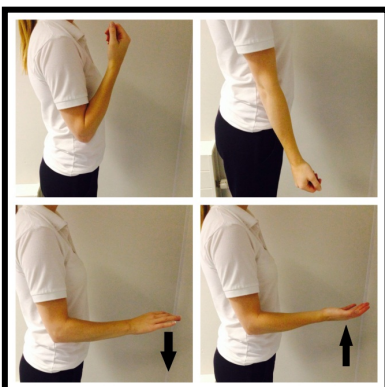
This type of injury can take approximately 6 to 9 months to resolve.

## What to expect

All individuals are different and therefore the rate of healing will vary, thus you may find that there is a variation with your progress of the rehabilitation plan.

Weeks since injury	Rehabilitation plan
0 to 2 weeks	<ul style="list-style-type: none"> <li>✓ Use ice and elevation to help swelling</li> <li>✓ Begin the 'Stage one exercises' on page 1 of this leaflet.</li> <li>✓ Follow the management advice as per above</li> </ul>
2 to 6 weeks	<ul style="list-style-type: none"> <li>✓ Once your pain has begun to settle, start the exercises below labelled 'Stage two exercises'.</li> </ul>
6 to 12 weeks	<ul style="list-style-type: none"> <li>✓ Once you are able to complete 'Stage two exercises' then progress onto the next stage. You may be able to progress onto these earlier than 6 weeks if your pain has reduced, sometimes it can take longer than 6 weeks to progress.</li> </ul>
12 to 24 weeks	<ul style="list-style-type: none"> <li>✓ Once you are able to complete 'Stage three exercises' then progress onto the next stage. You may be able to progress onto these earlier than 12 weeks if your pain has reduced, sometimes it can take longer than 12 weeks to progress.</li> </ul>

## Stage 1 exercises: initial exercises to do 4 to 5 times a day



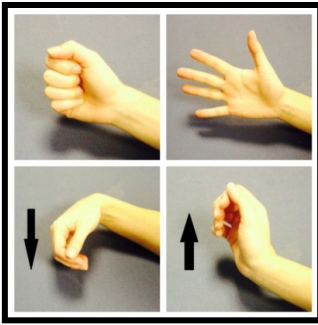
Elbow bend to straighten:

Bend and straighten your elbow so you feel a mild to moderate stretch. You can use your other arm to assist if necessary. Do not push into pain.

Forearm rotations:

Put your elbow at your side. Bend it to 90 degrees. Slowly rotate your palm up and down until you feel a mild to moderate stretch. You can use your other arm to assist if necessary. Do not push into pain.

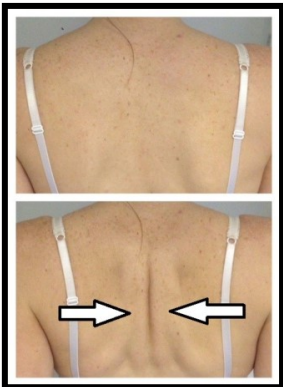
Repeat 10 to 15 times provided there is no increase in symptoms.



Finger and wrist flexion and extension:  
 Open and close your hand as shown 10 to 15 times.  
 Then move your wrist up and down 10 to 15 times.

After a few days, hold a soft ball or ball of socks. Squeeze the ball as hard as possible without pain.

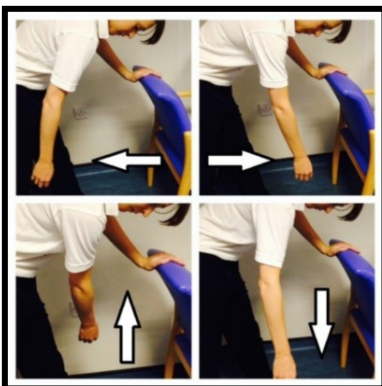
Hold for 5 seconds and repeat 10 times.



Postural awareness:

Bring your shoulders back and squeeze your shoulder blades together as shown in the picture. Do this with or without your sling on.

Hold the position for 20 to 30 seconds and repeat 5 times provided there is no increase in symptoms.



Shoulder pendulum exercises:

Stand and lean forward supporting yourself with your other hand. Try to relax your injured arm and let it hang down.

1. Swing your arm slowly and gently forwards and backwards.
2. Swing your arm slowly and gently side to side.
3. Swing your arm slowly and gently in circles clockwise.

Continue for approximately 1-2 minutes in total provided there is no increase in symptoms. Remember to try and relax your arm.

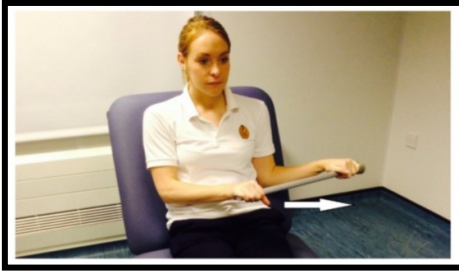
**Stage 2 exercises: Start these exercises 3 weeks after injury and do 4 to 5 times a day**



Active assisted shoulder flexion:

Use your other hand to lift your arm up in front of you as comfort allows (as shown in the pictures).

Repeat 10 times provided there is no increase in symptoms.



#### Active assisted external rotation:

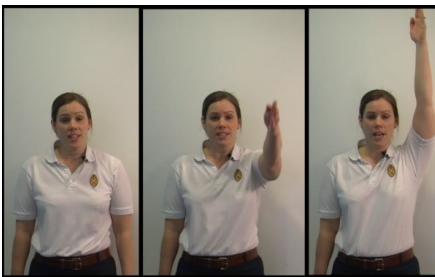
Keep the elbow of your injured arm tucked into your side and your elbow bent. Hold onto a stick/umbrella/golf club or similar. Use your unaffected arm to push your injured hand outwards as comfort allows. Remember to keep your elbow tucked in.

If you don't have a stick you could simply hold the injured arm at the wrist and guide it outwards. Repeat 10 times provided there is no increase in symptoms.

### Stage 3 exercises (to do 4 to 5 times a day)

To start once you can comfortably complete stage 2 exercises without any pain:

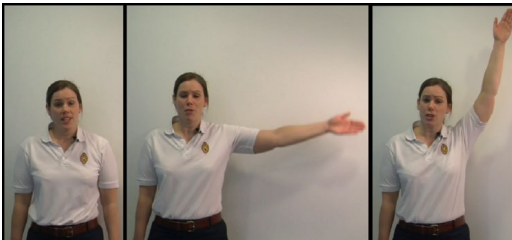
When you have regained full range of movement during the above exercises with minimal pain you can start to do the exercises without the support of your other hand; this is known as active range of movement.



#### Active forward flexion:

Position yourself standing with the palm of your hand facing towards your thigh. Slowly lift your arm forwards, keeping your hand in the same position. Lift your arm as far as you are able to, and then slowly relax it down back to your side.

Repeat this 8 to 12 times.



#### Active abduction:

Position yourself standing with the palm of your hand facing forwards. Slowly lift your arm out to the side, keeping your hand facing forwards. Lift your arm as far as you are able to, and then slowly relax it down back to your side.

Repeat this 8 to 12 times.



#### Active external rotation:

Position yourself with your elbow by your side and forearm pointing forwards, slowly rotate your forearm outwards, keeping your elbow by your side.

Repeat this 8 to 12 times

Repeat all of these exercises 4 to 5 times a day. Only go as far as you can comfortably, without using other parts of your body to help the movement and compensate, for example, leaning your torso towards the opposite side. This movement will increase over time and should not be forced.

## **Stage four exercises (to do 3 times, every other day)**

Once the above exercises are no longer painful you can then progress to adding a small amount of resistance. Complete the exercises in 'Stage three' but begin to hold onto a small weight (about 1kg). This could be a dumbbell or small bag of sugar or flour.

Repeat the exercises as per the instructions above to gradually increase the strength of your shoulder.

## **Sharing your information**

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

## **Care provided by students**

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

## **PALS**

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. The PALS office is located on the ground floor of the Hambleton Wing, near the main entrance on Bessemer Road - staff will be happy to direct you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS

Tel: 020 3299 3601

Email: [kch-tr.palsdh@nhs.net](mailto:kch-tr.palsdh@nhs.net)

You can also contact us by using our online form at **[www.kch.nhs.uk/contact/pals](http://www.kch.nhs.uk/contact/pals)**

**If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.**