

SHOULDER PAIN

By Maggie Murdock, Clinical Lead Physiotherapist PRRT

Shoulder pain is the third most common reason to visit your GP with incidence increasing with age. Impingement syndrome and tears of the rotator cuff are the cause of shoulder pain in over 75% of people.

The rotator cuff is a group of 4 muscles connecting the shoulder blade with the top of the upper arm. They stabilise the shoulder joint by holding the ball securely into the socket during movement of the arm. The rotator cuff can be affected by normal ageing, inflammation, trauma or repetitive strains.

Impingement is when the rotator cuff tendon catches or gets nipped in a narrow space at the top of the shoulder causing pain and made worse by raising the arm above shoulder height. This repeated catching can lead to a tear in

the tendon.

Possible causes of impingement are:

- rotator cuff muscle weakness
- thickening of the tendon due to injury or overuse
- poor posture
- bony changes
- inflammation of the fluid filled pouch (bursa) lying between the tendon and the bone.

Symptoms are usually of gradual onset with pain felt at the front of the shoulder which can radiate down the upper arm. Pain is aggravated by overhead activities and night pain can cause difficulty sleeping.

The aim of treatment is to relieve pain and restore range of movement and function at the shoulder. Most people improve with a combination of

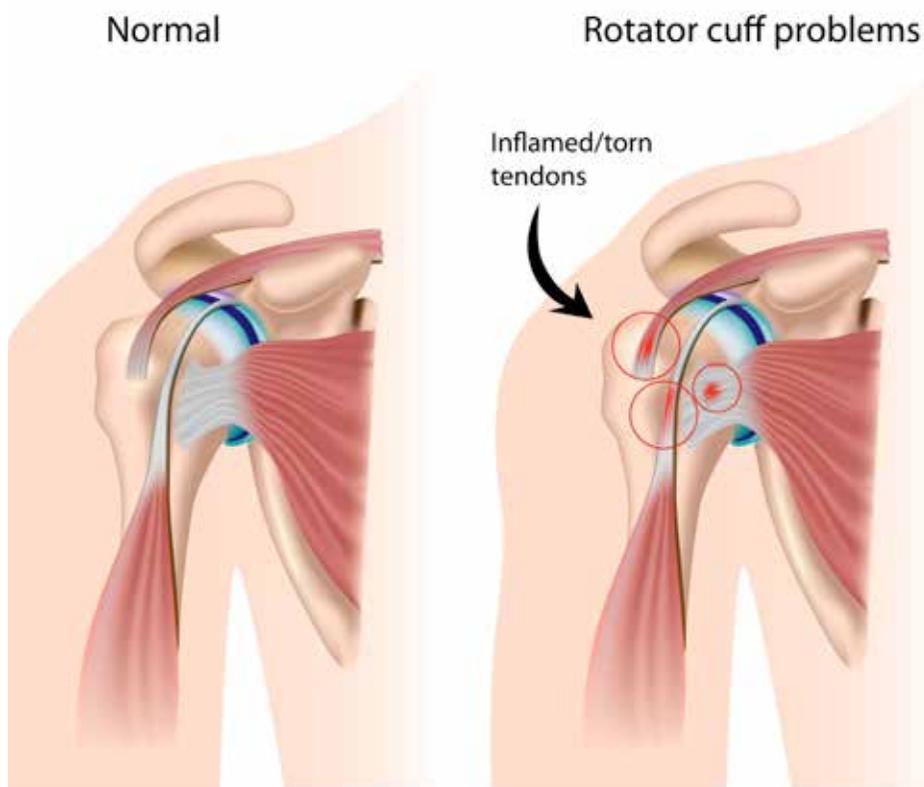
activity modification to rest the tendon (by temporarily avoiding overarm movements), use of anti-inflammatory medication such as ibuprofen, ice packs and physiotherapy.

A physiotherapist will individually tailor a progressive exercise programme consisting of postural correction, stretches and rotator cuff strengthening. Postural awareness is important as we are all guilty of sitting slumped in front of the television or computer. This slumped posture affects the position of the shoulder blade and the mechanics of the shoulder joint making impingement much more likely.

The focus is on rehabilitating the rotator cuff muscles, restoring full pain free range of movement at the shoulder and shoulder blade and addressing postural muscle imbalance. Acupuncture or electrotherapy may be offered for pain relief. For those who have persisting symptoms a cortisone injection is a useful adjunct to physiotherapy allowing them to perform their exercise programme with less pain.

Occasionally keyhole surgery is required to relieve compression or to repair torn tendons. MRI or ultrasound scans are the most effective imaging techniques to assess the situation pre-operatively. It is worth noting that in people with no symptoms rotator cuff damage is common. In one study significant tears were present in 28-51% of 60-80 year olds and in 80% of the over 80 age group.

If you would like to book an appointment with a Physiotherapist at PRRT for shoulder pain or any other condition then retired officers can self-refer by contacting PRRT directly on 028 9042 7788. Serving officers can request a referral from their line manager through the Seapark Physiotherapy Scheme.



PRRT is based at Maryfield, Holywood and provides psychology, physiotherapy, personal development and training to the retired police population. PSNI employees can access our healthcare services via referrals from PSNI occupational health. Serving officers can access personal development and training directly. For further information or to make an appointment please call 028 9042 7788.



For further information on all PRRT services please visit www.prrt.org.