

Rotator Cuff Tendinopathy

Education and advice to help patients manage their condition

This leaflet explains about Rotator Cuff Tendinopathy. If you have any further questions, please speak to the physiotherapist caring for you.

The Shoulder Joint

The shoulder joint is made up of the clavicle (collar bone), humerus (arm bone) and scapula (shoulder blade). Its main function is to allow the arm to move so that you can reach, pick up things and carry out your daily activities. The shoulder joint is very mobile therefore it relies on muscles for stability and support.

The Rotator Cuff

The rotator cuff is a group of four muscles attaching from the shoulder blade to the top of your arm bone. These muscles are important in stabilising your shoulder joint during movement.

Rotator Cuff Tendinopathy

Rotator Cuff Tendinopathy is a common shoulder problem caused by overload of a rotator cuff tendon (the soft tissue that connects muscles to bone), causing shoulder pain, inflammation and sometimes stiffness. The pain can spread further down the arm and up towards your neck. It can feel worse when you move your arm to during everyday movements/tasks such as reaching up, putting your hand behind your back, lifting and carrying objects.

What causes a Rotator Cuff Tendinopathy?

Most commonly it is associated with a sudden increase of activity, but it can come on gradually with no clear cause. This is because many factors influence the condition. Examples of these include.

You can help change

Increased weight or obesity

Muscle strength

Joint Range of Motion

Diabetes

Reduced joint range of movement

Physical activity levels

You are not able to change

Use of steroids

Previous tendinopathy

Rheumatological disease

Advancing age

Recent injuries

Gender

How do I make my tendinopathy better?

Therapeutic exercises are the best treatment to target the muscles involved. These can improve your tendon's ability to cope with the load being put on it through day to day activities. You will likely try a variety of different exercises before finding ones that work for you, because every tendinopathy responds differently. Discomfort during the exercise is normal but should be minimal (up to 3/10) and should not flare your symptoms up for the following 24 hours.

Staying active and continuing with general exercise can really help your recovery – this will also have positive effects on your physical and mental health. Remember some physical activity is better than none.

It is important to reduce activities which are particularly painful to allow your pain to settle down.

It is also important to progressively load your rotator cuff muscles by gradually increasing the amount of activity you do over time. This will give your body time to adjust, get stronger and cope with the activities that previously brought you pain.

How long will it take to get better?

You should see some improvement in the first six weeks of physiotherapy however it can take anywhere between three and 12 months to recover, so patience is important. Timeframes for recovery depend on a variety of factors including the duration and intensity of your symptoms and adherence to advice/exercises.

For most people, their symptoms will resolve. Some people will have future flare ups, but these are less often and better managed thanks to the knowledge and information that they have previously received.



Remember!

Completing the prescribed exercises for at least three months is the key to getting better.

Recommended Exercises

At first, performing the exercises may be uncomfortable and you may experience some pain. If the level of pain is not acceptable to you or persists for longer than half an hour after the exercise, please reduce the frequency or intensity of the exercises but aim to build this up gradually over several weeks or months.

Start on the **Level 1 exercises**. If pain and ability allow, then progress to **Level 2 exercises**. Aim to perform the exercises on three to four days of the week.

Level 1 Exercises

Isometric Shoulder External Rotation (aim to perform three rounds of 20 to 30 seconds).



Step 1:	Step 2:
Sit or stand up straight next to a wall. Keep your affected arm by your side and bend your elbow to 90 degrees. Place the back of your wrist against the wall.	Without moving your body, press your wrist into the wall as if turning your forearm outwards. Hold this position and then relax.

Isometric Shoulder Abduction (aim to perform three rounds of 20 to 30 seconds).



Step 1:

Sit or stand up straight next to a wall. Keep your affected arm by your side and bend your elbow to 90 degrees. Place the outside of your elbow against the wall.

Step 2:

Without moving your body, press your elbow into the wall. Hold this position and then relax

Level 2 Exercises

Shoulder Abduction with weight (aim to perform three rounds of 8 repetitions)



This exercise can be performed using weights in the form of water bottles.

Step 1:

Slowly lift your weaker arm out to your side to the level of your shoulder keeping your elbow straight. Control the movement as you lower your arm back down.

Step 2:

Ensure your back and neck muscles remain relaxed as you move your arm. Do not hunch your shoulder during the movement.

Shoulder Rotation in lying with weight (aim to perform three rounds of 8 repetitions)



This exercise can be performed using weights in the form of water bottles

Step 1:

Lie on your back with your symptomatic arm stretched out at approximately 90 degrees from the side of your body holding onto a weight.

Step 2:

Bend your elbow to a right angle and then slowly rotate your forearm up and then lower it back down, keeping control of the weight. Make sure your shoulder blades remain in contact with the floor throughout the movement. Relax and repeat.

Wall push up (aim to perform three rounds of 8 to 12 repetitions)



<p>Step 1:</p> <p>Stand up straight facing a wall. Place your hands onto the wall around shoulder height but slightly wider. Your fingers should point directly up to the ceiling. Maintain a straight line from the top of your head to your heels.</p>	<p>Step 2:</p> <p>Drive the heels of your hands into the wall. Next, bend your elbows out to the side, pivoting on the balls of your feet as you move your body in one straight line in towards the wall. Straighten your arms out again, lifting your body away from the wall.</p>
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Is there anything other than exercise?

Pain medication can help to reduce your sensitivity and help you continue with daily tasks as well as physiotherapy. Taking a dose of anti-inflammatory medication can help some people, but this should be discussed with your GP beforehand.

It is normal to feel worried about your pain but this can make your symptoms worse. We now know that stress, anxiety, depression and fatigue can all increase pain sensitivity and make recovery more difficult. It is important to speak to a health professional about psychological support if you need help.

There are no recommended surgeries, massage or other passive treatments for tendinopathies. The tendons need to be retrained to tolerate loading and exercise. Practice is needed.

What if my pain gets worse?

Sometimes, certain exercises may be too intense and flare your pain. This does not mean you have damaged the tendon. Normally it is just a warning sign from your shoulder to inform you that you've done more than it can tolerate and it wants to do less.

If this happens throughout rehabilitation, don't panic. Reduce the amount of exercise slightly. This can be done by reducing how many you do or for how long you do it. Try to avoid resting completely as this can make your shoulder stiffer and less tolerable to exercise when you restart.

Things to remember

Therapists are there to support you - don't feel you have to know everything or have to work through this alone.



Be consistent – do your exercises regularly as guided, and remember to give yourself appropriate amounts of rest as well.



Be patient – recovering from a tendinopathy takes time. But if you do it right the first time, you'll be much better prepared for self-managing in the future.



Stay healthy – exercising as able, sleeping and eating well, as well as being positive can all affect your pain levels and your general health.

Contact us

If you have any questions or concerns about rotator cuff tendinopathy, please contact the physiotherapy department on 020 8725 1357 (Monday to Friday, 8.30am to 4.30pm).

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



Reference: THE_RCT_01 **Published:** November 2020 **Review date:** November 2022