

# ROTATOR CUFF TENDINOPATHY



**A D · V · I S E**

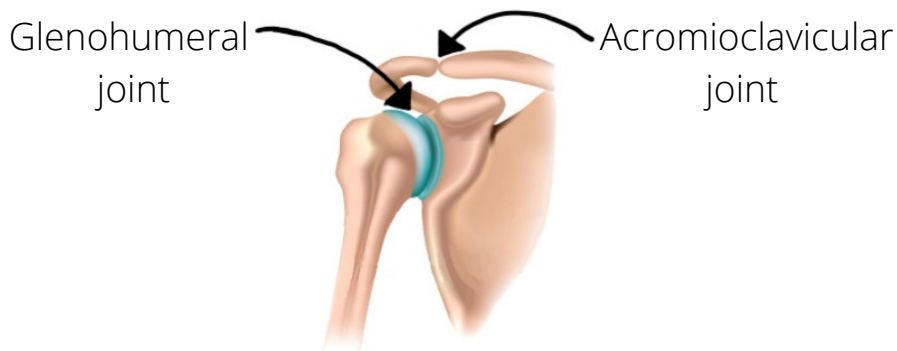
Information Leaflet

# ADVISE TRIAL

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 This guide is designed to help you manage your shoulder pain and was developed by physiotherapists and surgeons from Australia and the UK.
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 Please print this guide to refer to as regularly as you need or access it via the website.

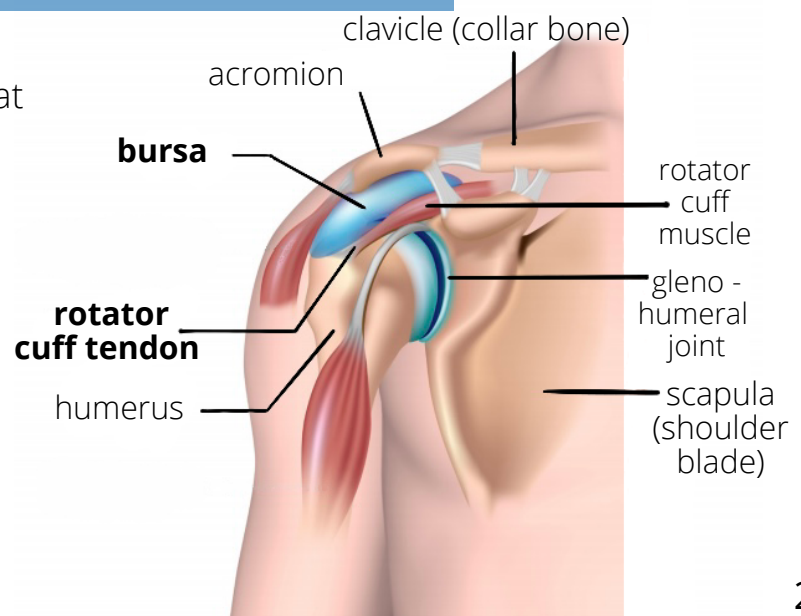
## Shoulder Anatomy

The shoulder has two joints:



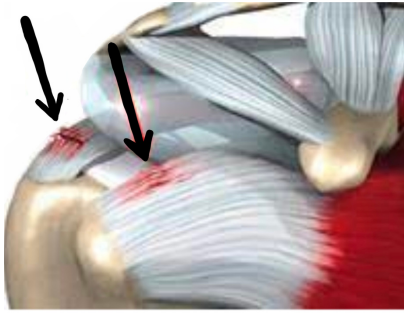
### What is the "rotator cuff" and "sub acromial bursa"?

- The rotator cuff is a group of muscles that produce movement at the shoulder (i.e. when lifting your arm).
- The bursa is a fluid filled sack above the rotator cuff that lubricates movement between the rotator cuff and the bone above (acromion).

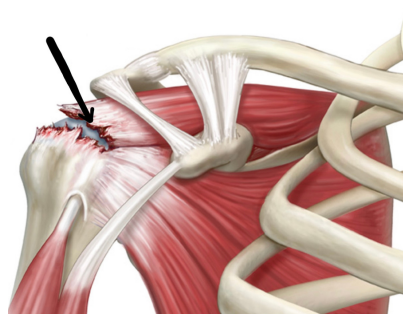


# What changes to tissue health can happen with rotator cuff tendinopathy?

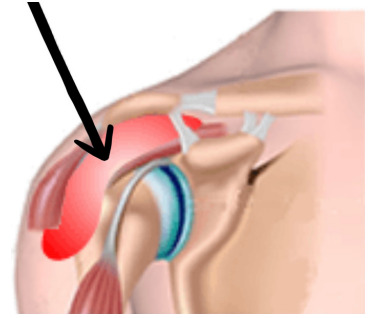
Rotator cuff tendon tissue structure changes (tendinopathy)




Rotator cuff tendon tears



Increased levels of fluid in the subacromial bursa (bursitis)



## Where and when is it common to feel pain?

 Pain at night when lying on the side.



Pain when lifting the arm above shoulder height.



See pictures for the common location of pain with rotator cuff tendinopathy.



# Do I need a scan?



Scans are not needed to diagnose rotator cuff tendinopathy.



This is because what is shown on a scan does not always relate to your pain.

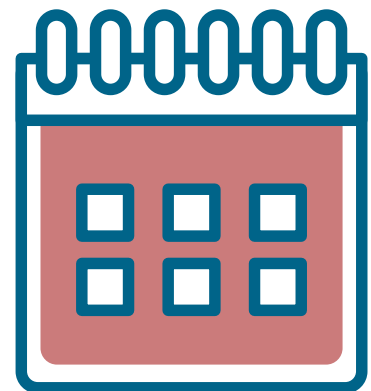


Scans commonly show rotator cuff tendon or subacromial bursa tissue changes even in people with no shoulder pain.



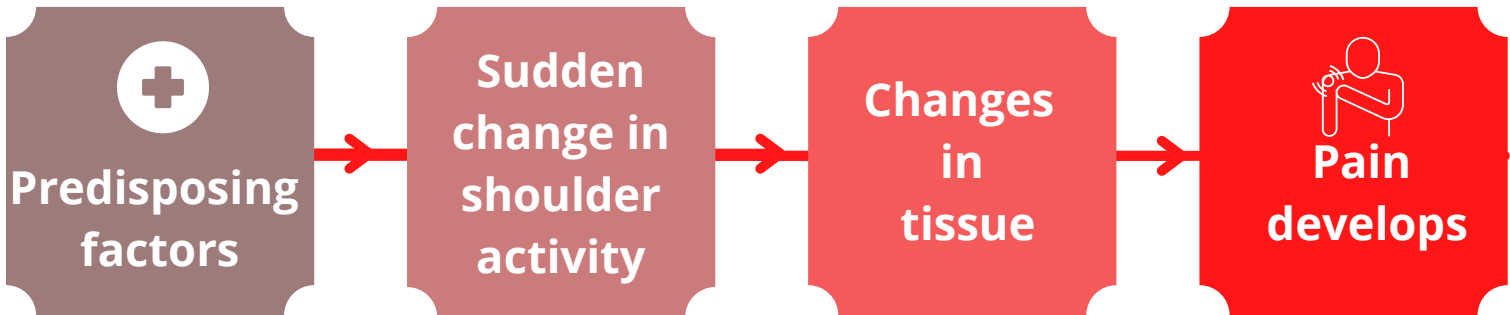
These tissue changes are a normal part of growing older and using your shoulder.

**It is recommended that people with shoulder pain only have a scan if at least 12 weeks of initial treatment (described below) has not helped.**








# Why do I have Rotator Cuff Tendinopathy?

Rotator cuff tendinopathy is often caused by a combination of shoulder activity and other factors.




## Predisposing factors

People with the following factors can more easily develop pain compared to those without these factors, even with very minor changes in their shoulder activity.

-  Elevated Cholesterol
-  Being less active (deconditioned)
-  Medication use (e.g. steroids)
-  Diabetes
-  Older age

**You should seek medical advice if you have had a fall on to the shoulder which has caused your shoulder pain.**

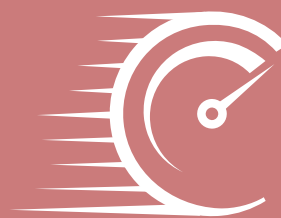
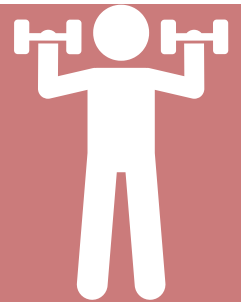


## Sudden change in shoulder activity

The tissues of the shoulder need movement to stay healthy, but **sudden change** in activity can trigger an episode of pain.

Common triggers:

starting a new exercise program or sport that involves shoulder activity



returning to activity too fast after time off due to illness or injury


starting a new job that involves repetitive overhead activity




# What treatments are available for rotator cuff tendinopathy?

## Initial treatment may include:

 Advice about modifying activities that provoke pain.

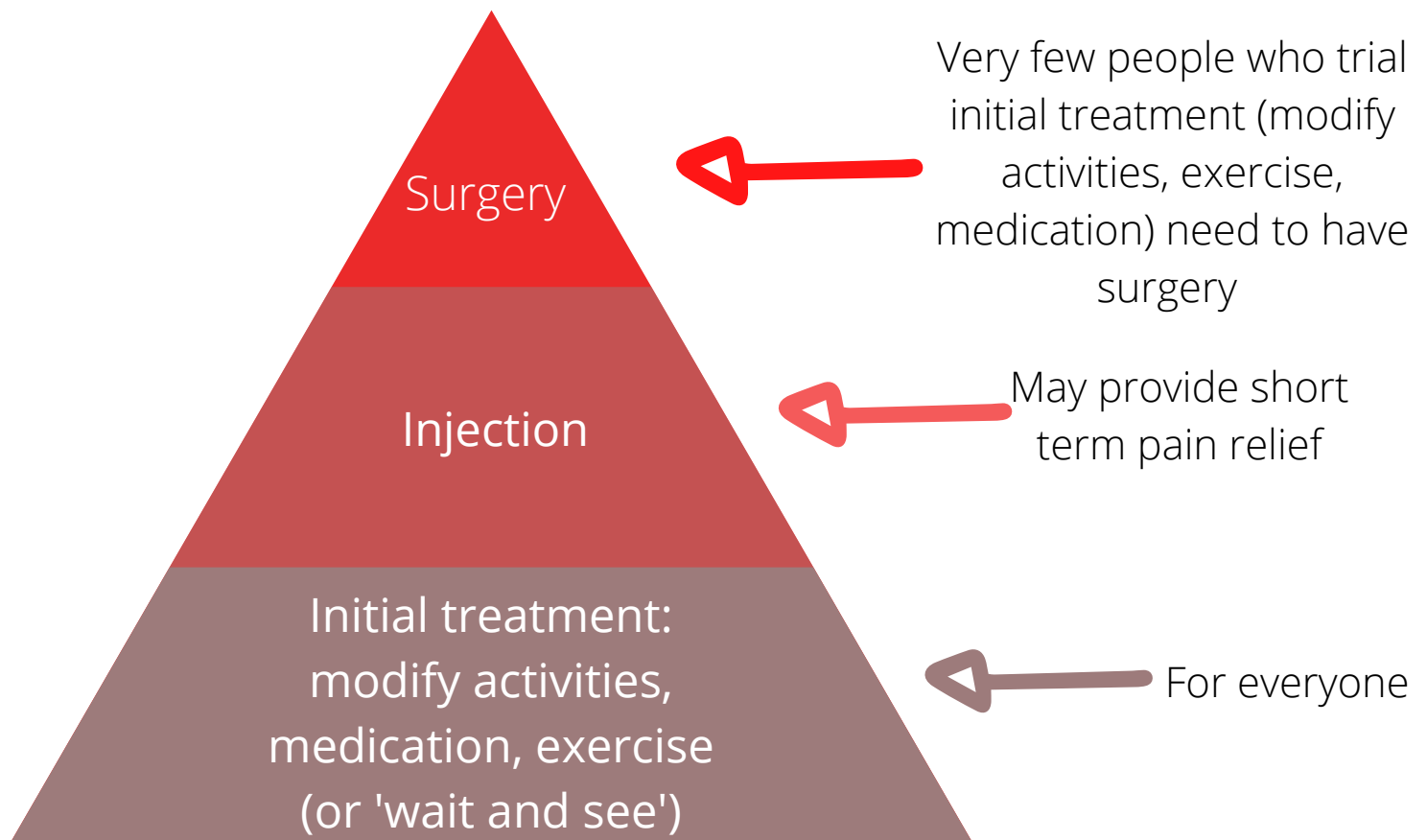
 Advice about pain medications (e.g. Panadol or anti-inflammatory drugs).

 Exercise prescribed by a physiotherapist or other professional.

Another option is to **'wait and see'**. For some people their pain will resolve without any treatment or scans.



**Injections and surgery are usually recommended for people who have not responded to this initial period of treatment.**



# Potential benefits and harms of treatments

It is important that you are aware of the potential benefits and harms of various treatments when choosing which option is best for you.

See the table below for more information:

	<b>Advice and exercise</b>	<b>Injections</b>	<b>Surgery SUBACROMIAL DECOMPRESSION</b>	<b>Surgery ROTATOR CUFF TENDON REPAIR</b>
<b>Potential benefits</b>	There have not been enough high-quality studies comparing advice and exercise to placebo. However, we do know that most people who try exercise experience significant improvement in their shoulder pain and ability to perform normal activities over a period of 12 weeks, without requiring surgery.	The most common injection offered is cortisone (steroid). It can help your pain for a few weeks but there are no benefits versus not having a steroid injection at 12 weeks.	In this surgery part of the bone above the rotator cuff tendons is removed so it does not put pressure on the tendons and bursa. People who have this surgery have similar outcomes compared to people who have placebo surgery (a treatment that seems real but is deliberately ineffective, i.e. you think you have surgery but no bone is removed).	This involves sewing together the torn tendon. This surgery has not been compared to placebo, but it is known that on average 40% of rotator cuff repairs re-tear or fail to heal after surgery.
<b>Potential harms</b>	Short-term increase in pain or some muscle soreness.	Some people may be worse in the longer term if they have had steroid versus not having it.	Shoulder surgery complications are rare but can be serious. They can include infection, blood clots, cardiac arrest, allergic reaction to medication or even death.	

# Is it okay to have some pain when I use my shoulder?



Pain during exercise or activity with the shoulder may cause you to become careful, fearful or anxious.

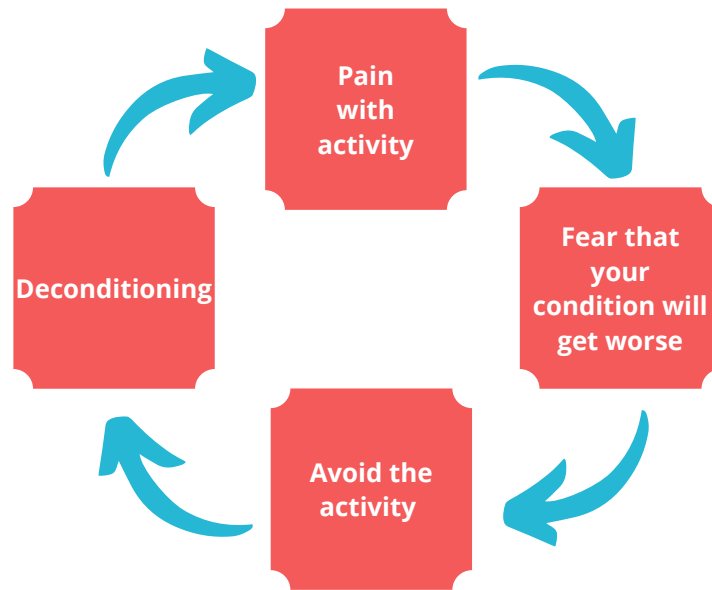


You might think "I shouldn't be doing this" or "I could do some damage" and avoid the activity.



Be reassured that some pain during or for a short period of time after exercise or activity is okay.

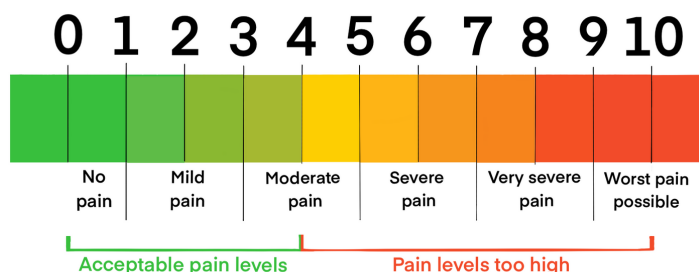
**This is important to know because if you are fearful to move, things can get worse.**



# How much pain is acceptable when I use my shoulder?



Generally, acceptable pain is 4 out of 10 or less, or mild to moderate pain (see scale below) but this is **individual to you**.



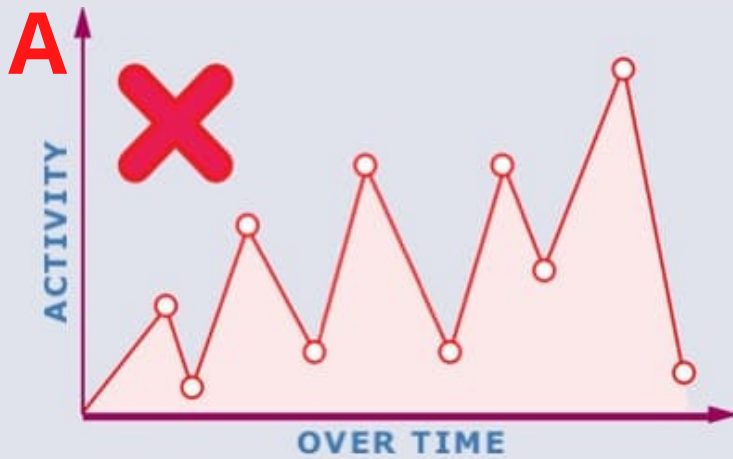


# Activity Modification

Consider modifying your activity if you experience:

1. More than acceptable pain during exercise or activity.
2. More than acceptable pain immediately after you finish your exercise or activity.
3. More than acceptable pain the day after your exercise or activity.

Avoid sudden big spikes in your activity which can cause your pain to increase **(image A)**.



Instead, try and gradually increase your activity over time which is less likely to cause a pain increase **(image B)**.



## Tips for modifying common activities with your shoulder

### MODIFY

**Sleeping on the painful shoulder**



### TRY

**Sleep on your back or on your unaffected side**



**Reaching to the back seat of the car**



**Keep things you need next to you or walk around to the back seat**



# MODIFY

Overhead exercises and heavy weights if the pain is not acceptable to you



# TRY

Reduce the weight or try not lifting as high



Lifting your arm above your head to put your jumper on



Put your painful arm in to your jumper first to avoid the overhead movement



Overhead activities such as putting things on high shelves or using a washing line



Use lower shelves for items you commonly use and use a clothes horse



Reaching behind your back such as doing up a bra



Do bra up in front and then twist around



# What can I do for my pain?



## Redirect your attention

One way of managing pain is to redirect your attention towards something else. Like a ticking clock in a room, you notice it less when you are busy or distracted by other things. This works best when it is something enjoyable such as ringing a friend, or doing a crossword.



## Painkillers

Simple painkillers or anti-inflammatory medicine or creams may be helpful. You can talk through the best options for you with a pharmacist.



## Ice therapy

Using cold: apply an ice pack wrapped in a damp towel and leave this on your shoulder for about 10 minutes.



## Heat therapy

Using heat: heat up a hot water bottle or microwaveable wheat bag according to the manufacturer's instructions. Then wrap in a dry towel before applying it to your shoulder for about 10-20 minutes.



You can use heat or cold depending on your preference.



Don't use analgesic creams when applying heat or ice as these numb the skin, and consult your GP before using ice or heat if you have issues with circulation or sensation around your shoulder.

# How to return to usual physical activities

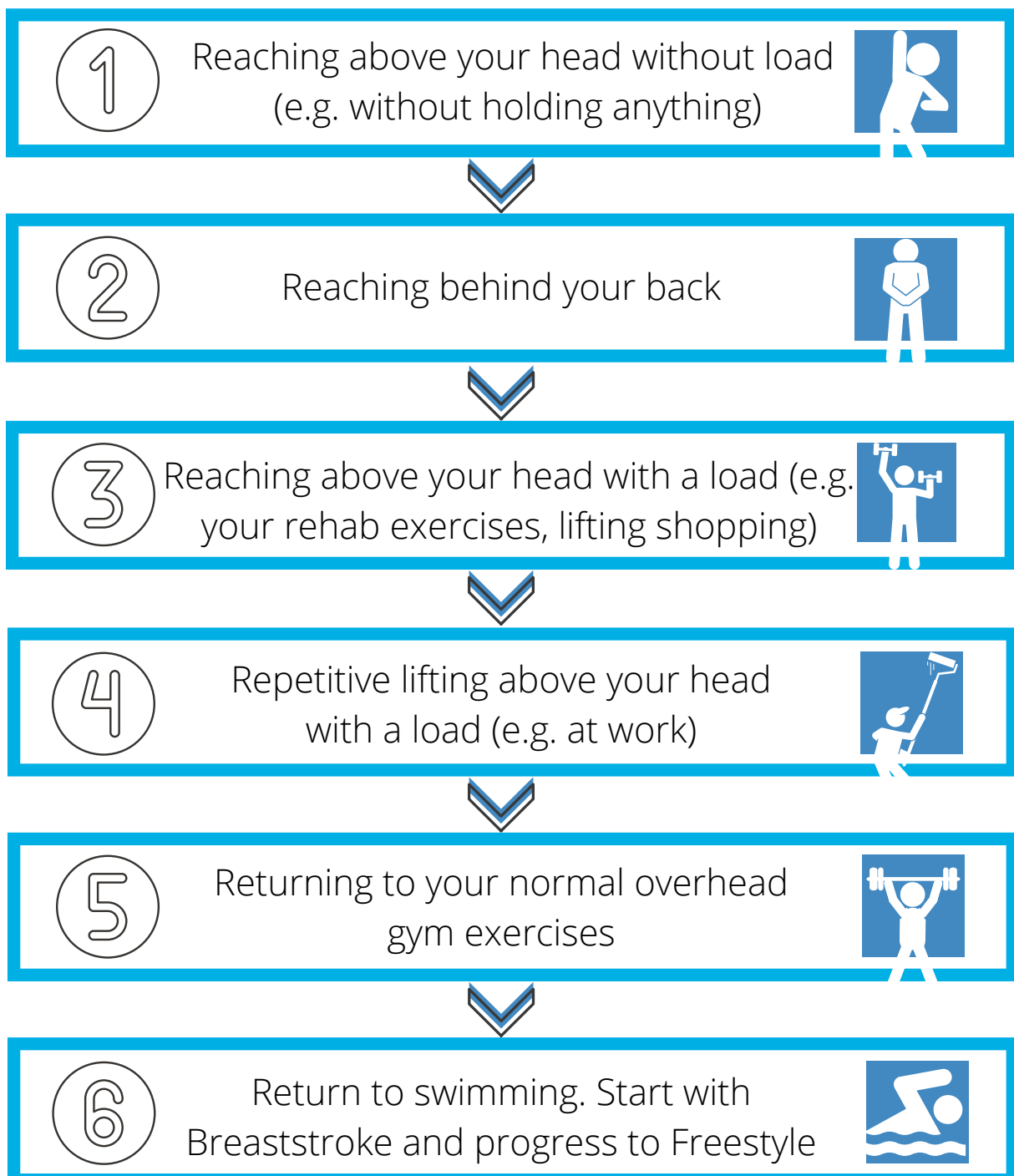


When your pain settles again, gradually recommence your everyday activities or exercises.



First add in easier activities, followed by harder activities.

*See the list below for an example of a gradual return to shoulder activity.*



**Not all people will progress through all these activities.  
It will depend on your own personal goals.**

# Coping with flare ups



If pain becomes worse than usual we call it a flare-up.



It is quite normal to have flare-ups of pain.



Sometimes they are related to doing too much, but sometimes they can also come out of the blue, for no real reason.



Remember, that most of the time more pain does not mean that there has been more damage.

## Ways you can plan for and manage flare-ups



Consider taking some (or more) pain medicines if you feel you need to.



Modify activities to make them more comfortable, if needed, until the flare up improves.



If you have recently started a new activity or increased the amount you are doing, maybe go back a step until your pain has settled.



Try breaking up activities into small chunks - this is called 'pacing'.

## Finding it hard to restart your usual activities?

Some people are so concerned about having a flare up of pain that they avoid returning to activity. Ways you can build confidence with activity:



**Make a plan** of ways to gain the confidence to restart a movement or activity again. For example, finding someone to do the activity with.



**Bit by bit** going back to the activity at a level you are confident with.



**Telling yourself that you are unlikely to be hurt** by gradual increases in your level of activity.

## Looking after your mental health

Ongoing pain can be hard to cope with on a day-today basis. It also limits your activities including the things you find enjoyable. This can lead to low mood (feeling fed-up, or a bit down).



### Doing some of these activities everyday can improve your mood



Try to eat healthy meals.



Get as active as you can. We know that even light exercise or activity can lift people's mood.



Do things that you find enjoyable. For example, listening to music, talking with friends, going for a walk.



If you can, talk about how you are feeling with someone you feel comfortable with, like a relative or a friend.

**If you feel your mood is not improving, consider seeking further help on how to feel better from your GP**