PATIENT HANDBOOK

Looking after your shoulder

What tends to help, what tends not to, and when a shoulder problem needs a doctor.

NOTTS OSTEOPATHY

How to use this

This handbook is about everyday shoulder pain and stiffness: the kind that follows a heavy weekend, a change of routine, or that arrives without an obvious cause at all.

It explains what generally helps, what tends not to, and the warning signs that mean a doctor should look at you first – those are on page 6.

It is general information for adults, and it is not a diagnosis. A leaflet cannot examine you, so it cannot tell you what is causing your pain.

If a clinician has already given you advice about your own shoulder, follow that advice ahead of anything here.

HOW YOUR SHOULDER WORKS

The most mobile joint you own

Reach up to a high shelf, behind you into a coat sleeve, across your body for a seatbelt — the shoulder covers more range than any other joint in the body. It manages this because it is a shallow ball-and-socket: the ball of the upper arm sits against a socket not much deeper than a saucer.

That shallow design trades security for freedom, so the shoulder depends on the parts around it. A cuff of small muscles holds the ball centred in the socket while the bigger muscles do the lifting, and the shoulder blade glides around the ribcage to point the whole joint wherever your hand needs to go. Roughly a third of the movement you think of as "shoulder" is the blade travelling across your back.

Because so much depends on muscle, the shoulder responds to what you ask of it. Used regularly, the muscles keep their strength and the joint its range. Asked for a sudden burst it is not prepared for — a weekend of ceiling painting after a desk-bound winter — it lets you know.

The shoulder also sits at a crossroads. The neck, upper back and ribs all attach nearby, and pain in one is often felt in another, which is why an examination looks wider than the spot that hurts.

> A shoulder stays capable by being used across its whole range, regularly and progressively. Reaching, carrying and lifting are what maintain it.

WHAT TENDS TO GO WRONG

Common patterns, and the stories behind them

These are patterns we see often. They are descriptions, and reading one that sounds familiar does not tell you what you have — only an assessment can do that.

The shoulder that catches when you reach

A common story: fine at your side, sharp through a certain arc of reaching — into a cupboard, into a jacket, hanging washing — then fine again overhead. This pattern usually involves the cuff of muscles and tendons around the joint, often after they have been asked to do more than they were used to. It generally responds well to keeping the arm working within what it tolerates while the load builds back up.

The shoulder that stiffens for no clear reason

Sometimes a shoulder becomes deeply achy and then progressively stiff — reaching behind your back or out to the side shrinks month by month, without any injury to blame. This slow-stiffening pattern has its own long timeline and is worth an assessment, because the advice differs from ordinary shoulder soreness and the earlier it is recognised the better it can be managed.

The old shoulder that flares

Many shoulders grumble on and off for years, flaring with an unusually heavy spell and settling again. From mid-life onwards, scans of shoulders show changes in the tendons in plenty of people with no pain at all — so a flare-up is not evidence that the shoulder is wearing out, and a scan finding on its own is not a verdict.

When the shoulder is not the whole story

Pain that is really coming from the neck

The neck refers pain into the shoulder and upper arm often enough that it is one of the first things an examination checks. A clue: shoulder pain that changes when you turn or tilt your head, or that comes with tingling into the arm, may not be a shoulder problem at all. The distinction matters, because the two are looked after differently.

The shoulder that aches at night

Sore shoulders are notorious for disturbing sleep, especially when you lie on the painful side. Night ache that eases when you change position is common and expected with shoulder trouble. Night pain that wakes you and does not ease whatever you do belongs on page 6.

After a fall or a sudden wrench

A fall onto an outstretched arm, a dog that lunged on the lead, a slip caught one-handed on a banister — sudden violent loads can injure the shoulder in ways that need a doctor's assessment first, particularly if the arm feels weak, looks wrong, or you cannot lift it at all. Once serious injury has been ruled out, a gradual return to normal use is the approach with the best support behind it.

Signs that need a doctor, not this handbook

Most shoulder pain is not a sign of anything serious. The signs below are the exceptions. If any of them applies to you, put this handbook down and speak to a doctor — they are the reason this page exists.

When to see a doctor

Numbness in the saddle area, or loss of bladder or bowel control — **999 or A&E**

Sudden severe weakness in a limb, or loss of coordination

Chest pain, breathlessness, or pain with sweating and nausea

Pain after a significant fall or accident

Unexplained weight loss, fever, or night pain that wakes you and does not ease

A joint that is hot, swollen and red

None of these means the worst has happened — they mean a doctor should look before anyone else does. If you are unsure whether a symptom belongs on this list, call NHS 111, your GP, or us, and ask.

Keep the work close, and keep changing

Shoulders at work suffer from two things: reaching too far for too long, and stillness. Neither needs special equipment to fix – mostly it is about where things sit and how often you move.

At a desk. Most people find it more comfortable with the mouse and keyboard close enough that the elbows stay near the body, and forearms supported by the desk or armrests. A mouse at full stretch keeps the shoulder working all day for no reward. Anything you use constantly – phone, notepad, second screen – earns a place within easy reach.

Driving. Sit close enough to hold the wheel with relaxed elbows rather than straight arms. On long drives, vary your grip and use stops to swing the arms about a bit.

Manual and overhead work. Work above shoulder height tires the shoulder faster than almost anything else. Break it into shorter spells, bring the work down or yourself up – a step, a platform – and alternate arms and tasks where you can.

Carrying at work. Loads carried in one hand or slung over one shoulder ask that side to grip for the whole journey. Swap sides, split the load, or use a rucksack on both straps.

> A useful habit: every so often, roll the shoulders, reach both arms overhead, and let them drop. It costs seconds and interrupts the stillness that builds the ache.

SLEEPING

Getting a sore shoulder through the night

Shoulders and sleep have a difficult relationship: a sore shoulder disturbs the night, and broken sleep makes pain of every kind harder to live with the next day. Anything that buys you a more comfortable night is worth having.

Lying on the sore side. Most people with a painful shoulder sleep better off it – on the back, or on the other side. If you drift onto it anyway, that is not doing damage; it is a comfort problem, not a safety one.

Supporting the arm. On your other side, many people find it easier hugging a spare pillow so the sore arm rests on it instead of hanging across the body. On your back, a folded towel or slim pillow under the upper arm can stop it dropping back and pulling on the joint.

Pillows and mattresses. These are comfort decisions. No particular pillow or mattress prevents or fixes shoulder pain, and the right choice is the one you sleep well on.

A shoulder that is stiff and achy on waking, then loosens as the morning gets going, is a common part of shoulder trouble. Night pain that wakes you and does not ease whatever position you try is different – that is on page 6.

LIFTING AND MOVING

Build up gradually — sudden jumps cause the trouble

Shoulders tolerate load well when it arrives gradually. The trouble usually comes from sudden jumps: the first weekend of hedge-cutting in spring, a loft clear-out, a new sport taken up at full effort, a job that suddenly involves lifting overhead.

Lifting. Keeping a load close to the body asks far less of the shoulder than holding the same weight at arm's length — the difference is bigger than it feels. Beyond that, there is less magic in technique than the posters suggest; what matters more is whether the lift is within what your shoulder is currently used to.

Overhead. Lifting above shoulder height is honest work for a shoulder and there is no need to avoid it — but it is the territory where sudden increases bite hardest. Build up to it in steps rather than starting there.

Carrying. Alternate sides with bags and cases, or divide the weight between both hands. Two lighter trips are kinder than one staggering one.

Coming back after a flare-up. Start below what you think you can manage and build in steps, letting each step settle before the next. Some soreness as you rebuild is normal and does not mean you have set yourself back.

WHAT NOT TO DO

Five things that feel sensible and tend to backfire

Resting the arm until it stops hurting

Guarding a sore shoulder feels natural, and it is the most common mistake we see. Shoulders stiffen remarkably fast when they stop being used, and the stiffness can outlast the original problem. Keep the arm doing what it comfortably can.

Wearing a sling for support

Unless a clinician has told you to wear one, a sling mostly teaches the shoulder to move less – the opposite of what it needs.

Pushing hard into the pain to "free it up"

Forcing a shoulder through sharp pain, or getting someone to yank the arm, tends to stir things up rather than release them. Working to the edge of comfort and easing off is the wiser rhythm.

Reading every click as damage

Shoulders click and clunk, and sore ones seem to do it more. On its own, without pain, weakness or other symptoms, a noisy shoulder is common and rarely a cause for concern.

Assuming you need a scan before anything can help

Scans are for specific questions, usually the warning signs on page 6 or a significant injury. For everyday shoulder pain a scan rarely changes the advice – and it often shows the age-related tendon changes described on page 4, which are common in people with no pain at all.

SIMPLE THINGS THAT HELP

General movement, done often

Nothing on this page needs equipment, a programme or a decision about whether you are doing it right. It is ordinary movement, and for most everyday shoulder pain that is the point.

Keep the arm in the game. Use it for normal life – dressing, washing, carrying light things – within what it tolerates. Ordinary use is the gentlest rehabilitation there is.

Use the movement you have. A few times a day, let the arm swing gently, reach forwards and up as far as is comfortable, and reach behind you as if into a sleeve. Stay within what feels manageable – you are reminding the shoulder of its range, and range that is used tends to stay.

Walk. A daily walk with the arms swinging freely moves the shoulders more than it appears to, and tends to lift the mood that pain flattens.

Build activity gradually. As things ease, add back what you normally do a step at a time, letting each step settle before the next.

Look after the basics. Sleep, general activity and stress all influence how much pain you feel. They are unglamorous levers, and they move more than people expect.

> *These are general suggestions, not a treatment plan. If something hurts, stop, and get it looked at properly.*

WHEN WE CAN HELP

What an appointment involves

If your shoulder is not settling, or you would rather have it assessed than wonder about it, that is what we are for. Osteopaths work with musculoskeletal problems – joints, muscles, nerves and the way they behave together – and shoulders are among the things we see most.

A first appointment starts with your story: when it began, what it stops you doing, what you have tried. Then an examination – watching how you move, checking whether the neck is involved, and using our hands to assess the joints and muscles. We explain what we find in plain language, and agree a plan with you before anything else happens.

Treatment, where appropriate, is hands-on work alongside advice on movement, work and daily habits. Like any treatment it carries some risk, which we discuss with you beforehand. And if we think your shoulder needs a GP or further investigation instead of us, we will say so and help you get there.

NOTTS OSTEOPATHY

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Monday to Thursday 7.00am–7.00pm, Friday 7.00am–6.00pm. Closed at weekends.

All our osteopaths are registered with the General Osteopathic Council.

General information only, not a diagnosis. If you are worried about a symptom, speak to your GP or call us.