

# Rotator cuff-related shoulder pain (RCRSP)

**Your physiotherapist has diagnosed you with RCRSP.**

**This booklet gives information on what this means, the common causes, the management options, and how physiotherapy can help. If you have any questions, please speak to your physiotherapist**

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## What is RCRSP?

RCRSP describes shoulder pain and reduced arm function, usually when you try to reach overhead. It is a term that includes a range of conditions: rotator cuff tendinopathy, sub-acromial bursitis and degenerative or partial rotator cuff tears. This condition used to be called sub-acromial pain syndrome or impingement syndrome.

## What are the types of rotator cuff injuries?

The rotator cuff is a group of 4 muscles that surround your shoulder and can often be a source of pain in RCRSP. There are different types of rotator cuff injuries:

- acute rotator cuff tear (due to a specific injury). Rotator cuff tendons can tear as a result of an injury to the shoulder after a fall or accident.
- degenerative rotator cuff tear (not due to a specific injury). Rotator cuff tendons can tear due to aging over time, without an injury. This happens naturally and is more common as people age.
- rotator cuff tendinopathy. The tendons can be a source of pain without having a tear. This is when a tendon becomes sensitive, often in response quick changes in activity.

## What causes RCRSP?

RCRSP is generally considered an overuse injury, where there is an increase in how much work your shoulder is doing. There are a range of possible factors which may increase the chance of developing RCRSP. These factors will be personal to you.

## **Contributory factors**

### **Age**

RCRSP can occur at any time in your life, but is more common between the age of 40-64 years.

### **Load tolerance**

Depending on what you usually do, you will have a level of activity that your shoulder is happy with (a load tolerance level). Excessive loading or varied and rapid increases in load can increase sensitivity in your shoulder, without causing physical injury or damage.

### **Weakness of shoulder muscles**

Reduced strength in the muscles of your shoulder (including your rotator cuff) can make you more likely to develop pain when you do physical tasks.

### **Comorbidities (other health problems)**

There is a link between diabetes, hypertension, raised cholesterol and RCRSP. Often symptoms can last longer in the presence of these conditions, particularly if they are poorly managed.

### **Occupation**

Excessive overhead activity at work, such as when painting and decorating can increase the risk of RCRSP.

### **Physical activity**

Being generally less active has been associated with RCRSP. Poor fitness and low levels of physical activity can affect your body's ability to cope with pain or daily physical tasks.

## **Lifestyle factors**

Smoking increases the risk of developing over 50 serious health conditions including cancer, heart disease and stroke. It also seems to make RCRSP shoulder more likely. If you would like help to give up smoking, please discuss with your physiotherapist.

## **Emotional wellbeing (beliefs, anxiety and stress)**

Your beliefs about your pain play an important role in helping you recover. For example, avoiding moving the shoulder because you think you might do more damage can actually make pain worse. Being reassured and having a positive, optimistic outlook can make a real difference to recovery.

It is normal when living with pain to notice changes in your mood. Your pain is a physical experience that can be affected by how you are feeling. Low mood, anxiety, stress and pain can often happen together. This makes it more difficult to manage your pain on a day-to-day basis.

## **How is RCRSP managed?**

We can manage RCRSP by identifying and addressing the main contributing factors. This means that things have to change in order for pain and function to improve.

It can be as simple as changing how you do things day-to-day (for example, reducing overhead activity), improving your general health conditions (such as reducing weight and being more physically active) or actively engaging in rehabilitation (for example, seeing a physiotherapist).

Pain medication can be used to give temporary relief and can be discussed with your GP.

## **How will physiotherapy help?**

Physiotherapy might form one part of your management. Your physiotherapist will talk with you in order to understand your history. A detailed physical examination can help to guide treatment towards your needs and goals.

There is no one treatment that works for everyone. However, physiotherapy will help identify contributing factors and develop a specific, targeted rehabilitation programme. This will include education, and exercises. To get your shoulder back to full strength, you will need to follow the appropriate rehabilitation programme.

## **How long will it take to get better?**

Healing is different for everyone and will depend on the severity of your symptoms. However, you should expect to notice improvements in pain and function after 12 weeks of following your rehabilitation programme. People with other health conditions, such as diabetes, might experience slower improvements.

## **Do you need a scan?**

Imaging can sometimes be helpful after a specific injury (such as a fall). Investigations are rarely needed when there has not been a specific injury.

MRI or ultrasound scans give a very detailed picture of the shoulder and may form part of the assessment process, but they are not as important as detailed questions and a physical examination.

Changes around the rotator cuff seen on imaging (bursitis, tendinopathy or small tears) commonly exist in people without shoulder pain and are considered a normal part of life. This means that these features on a scan are not usually the cause of the problem and in most cases cannot tell you where the pain is coming from.

Also, getting better usually has nothing to do with fixing what is found by these investigations. It is important that treatment deals with your contributory factors, not just a picture generated from a scan.

## **What other options are available?**

Physiotherapy is the main treatment shown to be effective for managing RCRSP. If you find this is unsuccessful, other options exist.

### **Extracorporeal shockwave therapy (ESWT)**

ESWT is a non-invasive treatment where a device is used to pass acoustic shockwaves through the skin to the painful area to help tissue healing.

A course of shockwave therapy can help reduce pain but it is not done by itself. Exercises need to be completed with ESWT for the best results.

### **Corticosteroid injection**

Sometimes, a corticosteroid injection may be considered for pain relief. Research shows that this can last up to eight weeks.

## **Surgery**

If your pain is ongoing despite physiotherapy and an injection, you may be referred to an orthopaedic surgeon for a surgical opinion.

It is important to think about and discuss the benefits, risks, implications, and alternative options of any treatment (including having no treatment) before deciding which is most appropriate for you. You are encouraged to do this with any healthcare professional you see, including your physiotherapist.

## **Exercise examples in pictures**

Below are a few examples of exercises that can be used depending on how irritable your symptoms are.

If symptoms are severely irritable

### **Table top slides**



## Isometrics (push and holds)



## Hold and step away



If symptoms are moderately irritable

### Wall slides pulling towel



### Wall press



## Lateral wall slide with step forward



If symptoms are mildly irritable

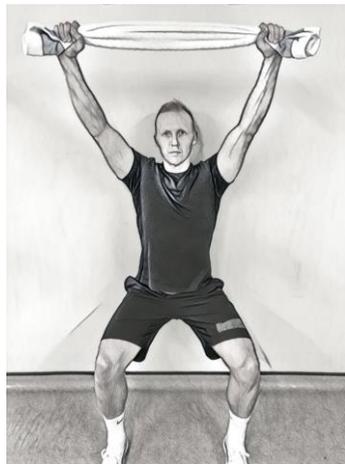
## Shoulder press



## Side plank (and side plank with rotation)



## Wall squats with arm elevation



## Exercises prescription

The load, volume (amount of repetitions) and frequency of exercise will depend on your symptoms and response to loading.

### Pain response to exercise

It is normal and safe that exercise for this condition can cause some pain. We advise using the following guidance when considering what level of pain is safe and acceptable:

Pain during exercise:

0 – 3 Safe zone	4 – 5 Acceptable	6 – 10 Excessive
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Pain response over 24 hours

Pain should settle quickly and back to your usual level within 24 hours. If it lasts longer, you won't have damaged your shoulder, but you may have irritated things.

## Further sources of information

**British Elbow & Shoulder Society**, patient resources for subacromial shoulder pain,

**w:** [www.bess.ac.uk/patient-resource-subacromial-shoulder-pain/](http://www.bess.ac.uk/patient-resource-subacromial-shoulder-pain/)

**Versus Arthritis** (previously Arthritis Research UK),

**w:** [www.versusarthritis.org/media/22283/shoulder-pain-information-booklet.pdf](http://www.versusarthritis.org/media/22283/shoulder-pain-information-booklet.pdf)

**Chartered Society of Physiotherapy**, shoulder pain information and exercises,

**w:** [www.csp.org.uk/conditions/shoulder-pain](http://www.csp.org.uk/conditions/shoulder-pain)





## Contact us

If you have any questions, please contact your physiotherapist .....

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For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit **w:** [www.guysandstthomas.nhs.uk/leaflets](http://www.guysandstthomas.nhs.uk/leaflets)

## Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

**t:** 020 7188 8748, Monday to Friday, 9am-5pm

## Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

**t:** 020 7188 8801 (PALS)                      **e:** [pals@gstt.nhs.uk](mailto:pals@gstt.nhs.uk)

**t:** 020 7188 3514 (complaints)

**e:** [complaints2@gstt.nhs.uk](mailto:complaints2@gstt.nhs.uk)

## Language and accessible support services

If you need an interpreter or information about your care in a different language or format, please get in touch.

**t:** 020 7188 8815      **e:** [languagesupport@gstt.nhs.uk](mailto:languagesupport@gstt.nhs.uk)

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A list of sources is available on request