

Shoulder Osteoarthritis

Patient information

Rehabilitation exercise booklet

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please speak to a member of staff who can arrange it for you.**

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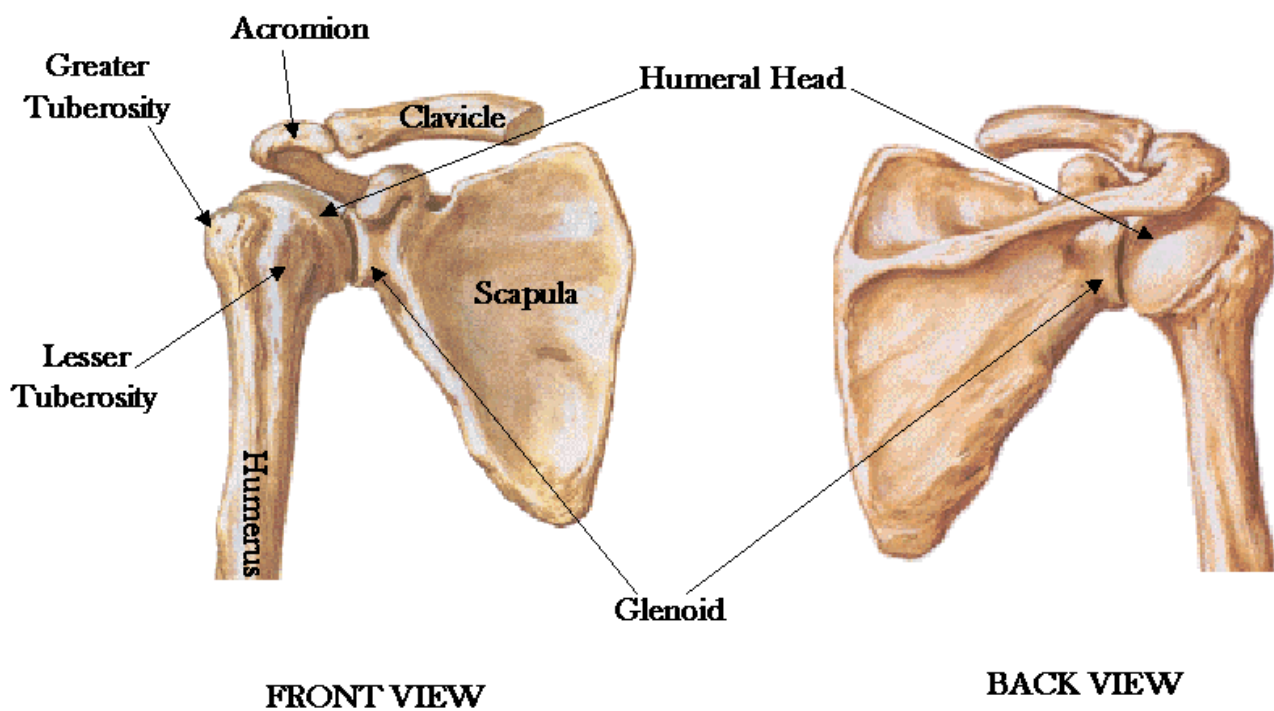
如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

The aim of this booklet is to provide you with information about shoulder pain, to help you with self-management.

The shoulder

The shoulder 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 for things and pick them up. The shoulder joint is very mobile, which means that it relies heavily on muscles for stability and support.



What is osteoarthritis of the shoulder?

Osteoarthritis (OA) is the most common form of arthritis. It can affect any joint in your body, but the shoulders are less commonly affected than other joints.

Everyone's joints go through a normal cycle of wear and repair during their lifetime. As your joints repair themselves, their shape and structure can change. When this happens in one or more of your joints, it's known as osteoarthritis (OA).

OA usually affects people over 45 years of age and is more common in the acromioclavicular (end of collar bone) joint, than in the glenohumeral (ball and socket) shoulder joint. The ends of both bones in a joint are covered by a smooth, slippery surface, known as cartilage. This is the soft but tough tissue that allows your bones to move against each other without friction.

OA causes the cartilage in your joints to become thinner and the surfaces of the joint to become rougher, as new layers of bone begin to grow.

Cartilage breakdown can begin for many reasons. Cartilage does have a complex repair mechanism in place but genetics, prior trauma or surgery can affect this process.

Overall health and wellbeing also affect the onset and progression of OA. People with high cholesterol, hypertension, diabetes, obesity and fatty liver have a high degree of systemic inflammation. OA is more common in this group. These inflammatory cells make their way into the joint fluid, which can initiate or accelerate the arthritic process.

What are the symptoms of shoulder OA?

While many people with OA of the shoulder won't have any symptoms, those who do can have a wide range of experiences. The most common symptom of arthritis of the shoulder is pain, which is aggravated by activity.

If the glenohumeral (ball & socket) shoulder joint is affected, the pain can be felt all around the shoulder spreading into the upper arm. The pain is often worse and the shoulder more stiff to move first thing in the morning.

The pain of arthritis in the acromioclavicular (AC) joint, is focused on the top of the shoulder at the end of the collarbone. This pain can sometimes radiate or travel to the side of the neck.

Limited motion is another common symptom. It may become more difficult to lift your arm to comb your hair or reach up to a shelf. You may hear a grinding sound (crepitus) as you move your shoulder.

You might hear some crunching or crackling noises, especially when moving your shoulder. But this usually isn't anything to worry about.

Night pain is common and sleeping may be difficult.

What are the treatment options for shoulder arthritis?

As with other arthritic conditions, initial treatment of arthritis of the shoulder is nonsurgical. This includes exercise and activity modification to avoid provoking pain. Anti-inflammatory medication, including oral painkillers and corticosteroid injection in the shoulder can reduce the inflammation and pain. Surgical treatment is reserved for patients with failed nonsurgical treatments.

Do I need any tests?

Your physiotherapist or doctor can often diagnose OA based on your symptoms, age and examination of the affected joint. Investigations such as x-rays may be needed, if considering injection or surgery.

Management

Your physiotherapist will carry out an assessment and help you decide on a treatment plan based on your individual needs. The things that you do for yourself are more important than those we do to you, so it is vital that you take a lead role in managing your symptoms and progressing your exercises when required.

Psychological support

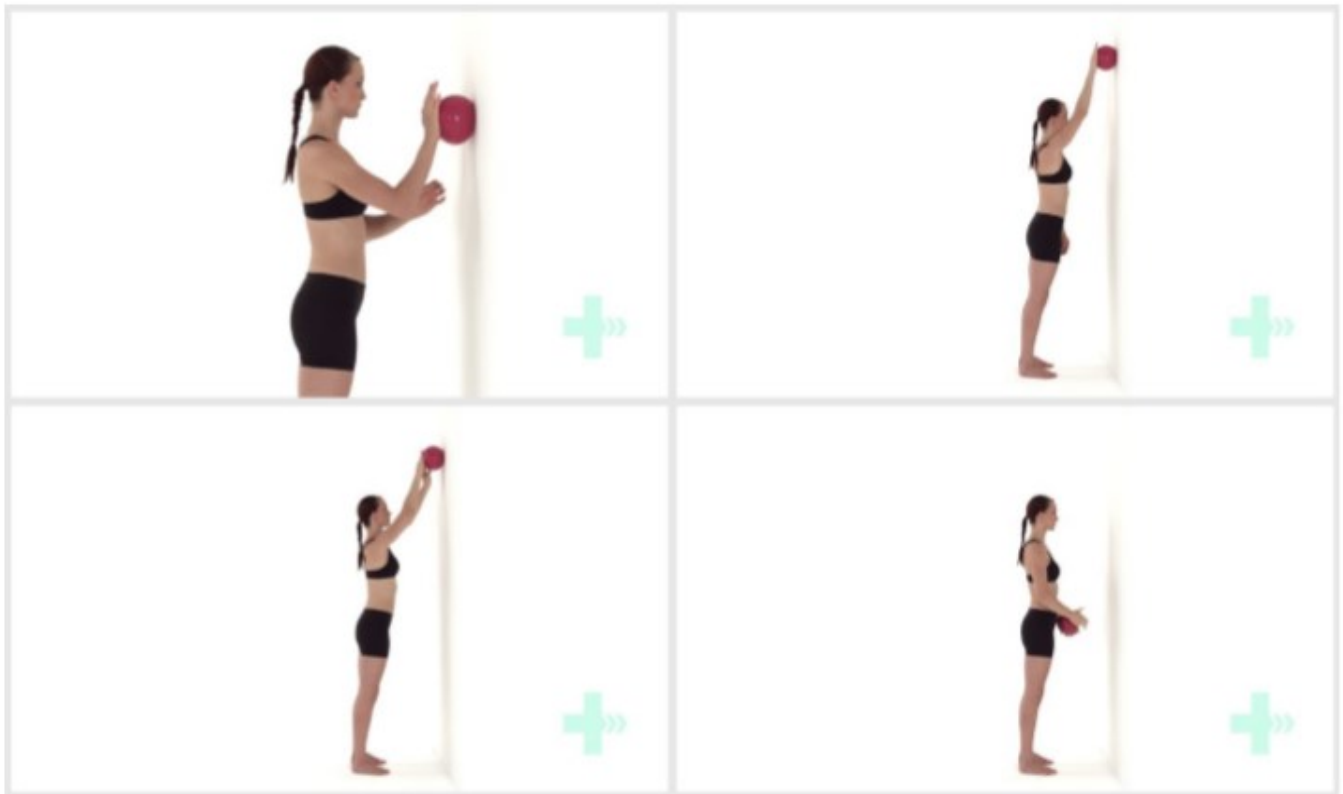
Feeling stressed and worried with your pain is normal, but stress and tension can sometimes make your symptoms worse. The natural chemicals connected with tiredness, stress, anxiety or depression are very similar to the chemicals used to communicate danger or damage. These chemicals can increase your pain sensitivity. It is important to seek support with your mental and physical wellbeing, so speak to a health professional if you need advice.

Exercise

Exercise can help to recondition your shoulder tissues and reduce pain sensitivity.

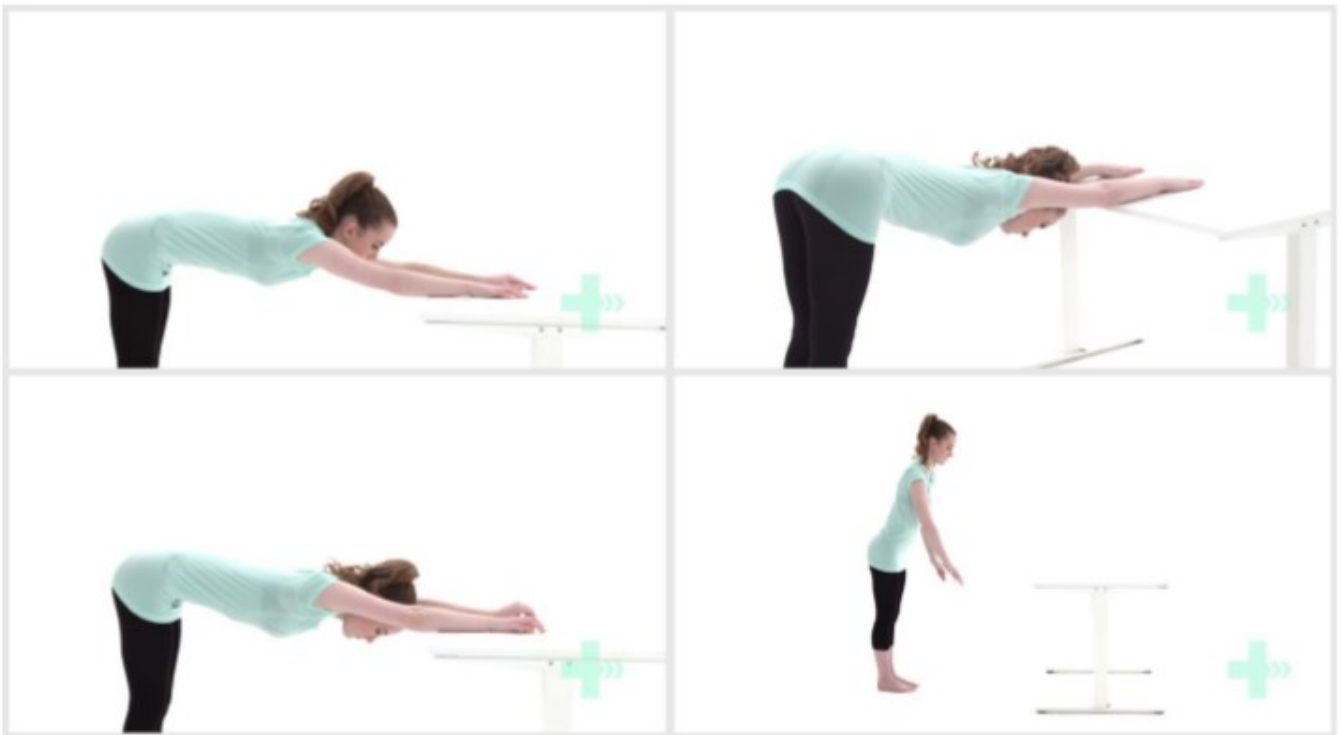
Ball rolls up and down a wall

- Stand holding a ball against a wall.
- Keeping your neck long and your shoulder blades back and down, push the ball up the wall as far as you can.
- Concentrate on using your affected hand, with the other only providing a light support.
- Once there, you can move the ball across the wall, or attempt to write letters of the alphabet.



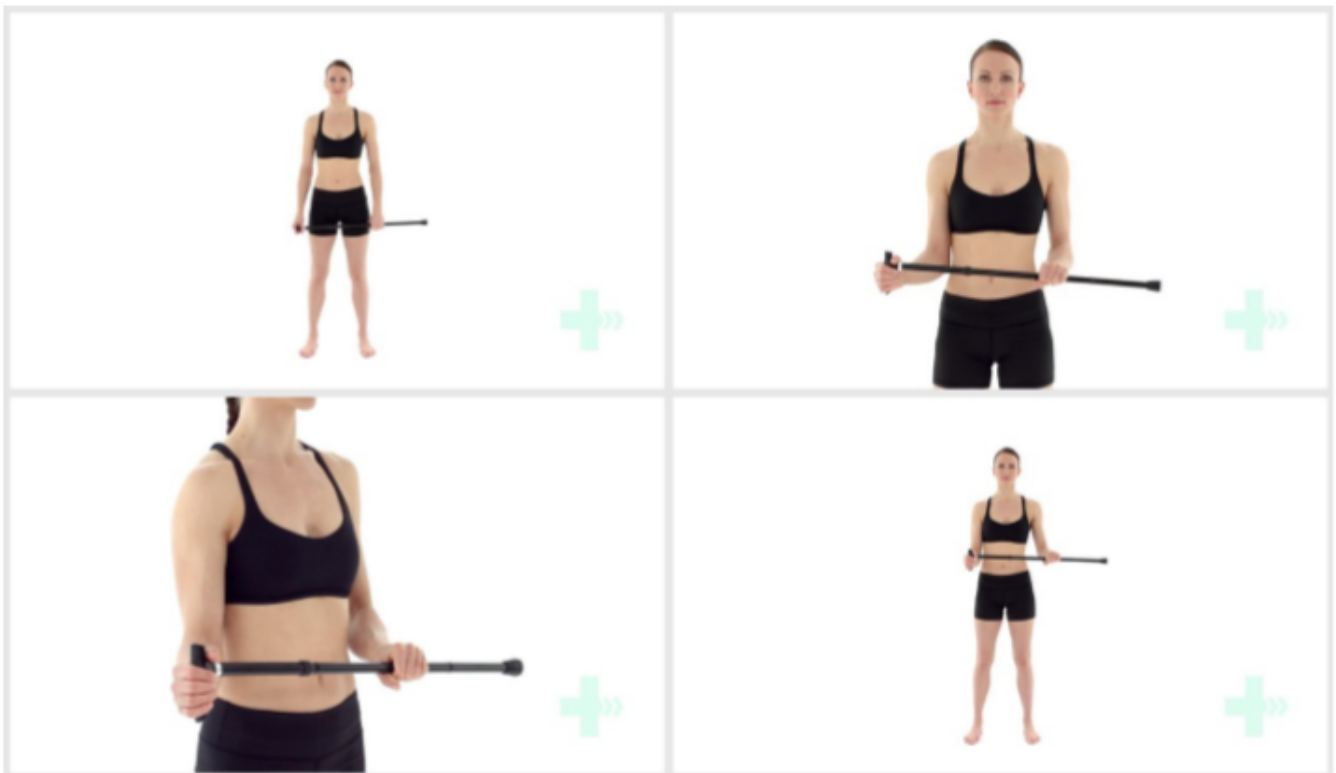
Shoulder flexion stretch

- Stand in front of a table or work surface.
- Place your hands on the edge of the table/surface.
- Slide your hands forwards, bending at the hips to lean your body.
- Aim to have your head tucked between your arms. You should feel a stretch in the shoulders.



Stretch in stand with stick

- Stand up straight holding a stick.
- Hold the handle of the stick on the side you would like to stretch.
- Take the rest of the stick in your other hand, holding it horizontally across your body.
- Both elbows should be bent to around 90 degrees.
- Keeping your back straight, shoulder blades relaxed and your gaze directly ahead, rotate your forearm on your affected side outwards.
- Use your other arm to generate this movement, keeping your affected shoulder as relaxed as possible.
- Your elbow on your affected arm should remain by your side throughout.
- Hold this position when you feel a stretch across your shoulder and chest.



What is a shoulder replacement?

Advanced arthritis of the glenohumeral joint can be treated with shoulder replacement surgery, in which the damaged parts of the shoulder are removed and replaced with artificial components made from metal and plastic.

Replacement surgery options include:

- Hemiarthroplasty - Just the ball of the joint is replaced by an artificial component.
- Total shoulder arthroplasty - Both the ball and the socket are replaced. A plastic “cup” is fitted into the socket, and a metal “ball” is attached to the top of the arm.
- Reverse total shoulder arthroplasty - In a reverse total shoulder replacement, the socket and metal ball are the opposite way around compared to a conventional total shoulder arthroplasty. The metal ball is fixed to the socket and the plastic cup is fixed to the upper end of the arm. A reverse total shoulder replacement is designed for patients with torn rotator cuff tendons, to allow them to use other muscles to raise their arm

Contact information if you are worried about your condition

- Your own GP
- Joint health department
- Ormskirk Hospital
- 01695 656 268

Please ask a member of staff if you would like a chaperone present during your appointment.

Southport Hospital
Town Lane,
Kew,
Southport,
Merseyside,
PR8 6PN
Telephone:
01704 547 471

Ormskirk Hospital
Dicconson Way,
Wigan Road,
Ormskirk,
Lancashire,
L39 2AZ
Telephone:
01695 577 111