

## Shoulder Soft Tissue Injury

Shoulder 15

### Fracture Care Team: Shared Care Plan

Trust Switchboard for both sites: 0300 131 4500  
Fracture clinic and orthopaedic outpatient appointments:  
Eastbourne 0300 131 4788  
Conquest 0300 131 4861  
Casting Department: Eastbourne 0300 131 5564  
Casting Department: Conquest 0300 131 4860

This information leaflet explains the ongoing management of your injury.

**You have sustained a soft tissue injury (sprain) to your shoulder.** You may experience some bruising in the upper arm. This normally takes 6 weeks to settle, but soft tissue injuries can persist for several months. You may use the arm in the meantime and indeed it is important to keep the shoulder moving to prevent stiffness but not to aggravate it. Use the sling (if provided) for comfort only, and try to wean out of this as soon as possible.

Take pain killers as required. You may find it more comfortable to sleep propped up with pillows. If you are worried that you are unable to follow this rehabilitation plan, or have any questions, then please contact the Fracture Care Team for advice.

### Rotator cuff injuries and subacromial impingement

Subacromial Impingement is a common problem. This condition occurs when one of the tendons surrounding the shoulder, known as the rotator cuff, rubs on the under surface of the acromion (the bone at the point of the shoulder). Normally there is enough room for the tendons to glide freely under the surface of the acromion, separated from the overlying bone by a fluid filled sac known as a bursa.

With repeated rubbing of the tendons, the bursa may become inflamed (Bursitis) or the tendons themselves may become scuffed and damaged (Tendinitis). This may cause a generalised ache in the upper arm, pain in certain positions particularly overhead or reaching behind and may make lying on that side difficult.

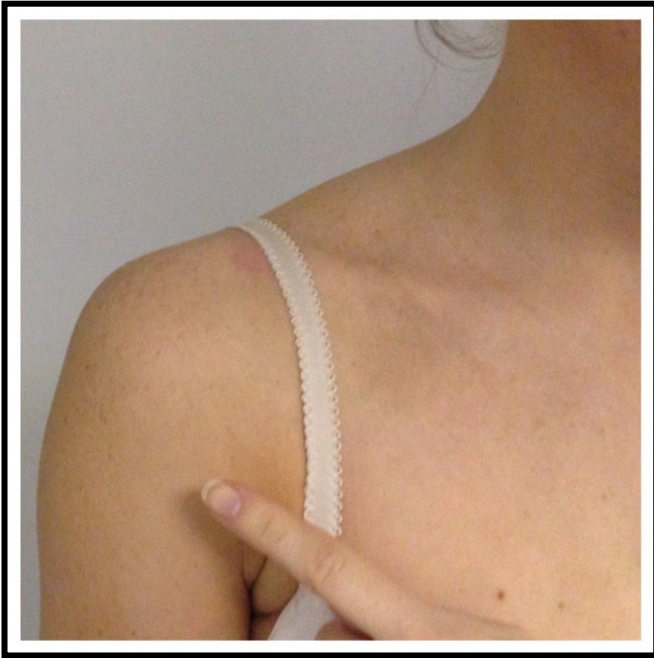
Rotator cuff problems can be caused by a direct injury, or by rubbing of the tendon on the undersurface of the bone over a long time, especially if there is a spur on the undersurface of the acromion.

Most patients find their symptoms settle over time. If symptoms persist more than about 6 weeks, there is a great deal of information at: <https://www.esht.nhs.uk/service/msk-therapy-services/where-does-it-hurt/shoulder-and-elbow/>



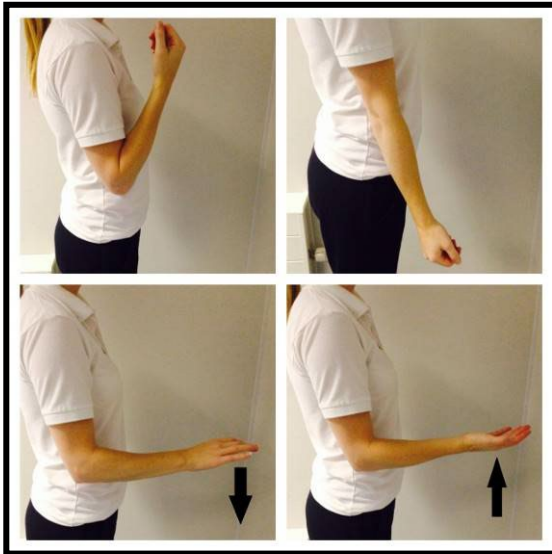
There are videos about this at: <https://www.youtube.com/watch?v=wsG87SPFQjg>

## Picture of injury



### Initial Exercises to do 4 - 5 times a day

If you have stiffness in your elbow or hand from wearing the sling, you may wish to perform these exercises first. However, once they become easy you can start with the posture and pendulum exercises.



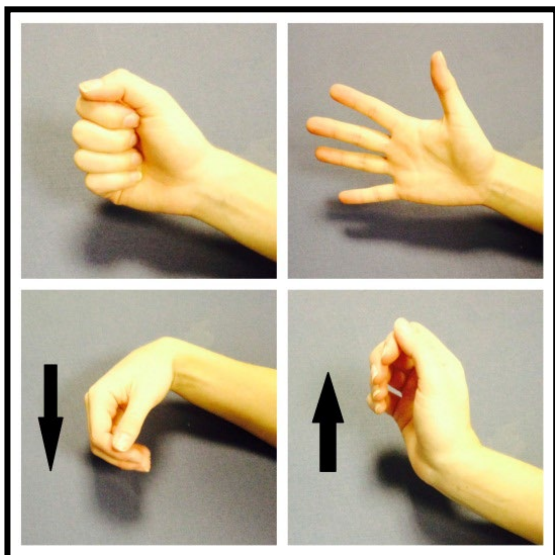
#### **Elbow Bend to Straighten**

Bend and straighten your elbow so you feel a mild to moderate stretch. You can use your other arm to assist if necessary. Do not push into pain.

#### **Forearm Rotations**

Put your elbow at your side. Bend it to 90 degrees. Slowly rotate your palm up and down until you feel a mild to moderate stretch. You can use your other arm to assist if necessary. Do not push into pain.

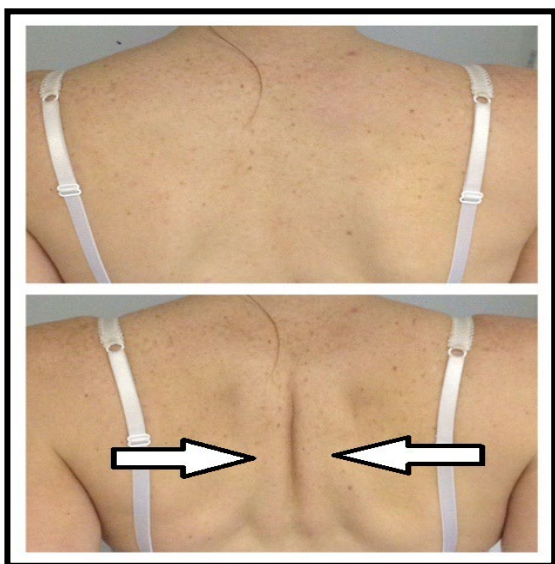
Repeat 10-15 times provided there is no increase in symptoms.



### **Finger and wrist flexion and extension**

Open and close your hand as shown 10-15 times. Then move your wrist up and down 10-15 times.

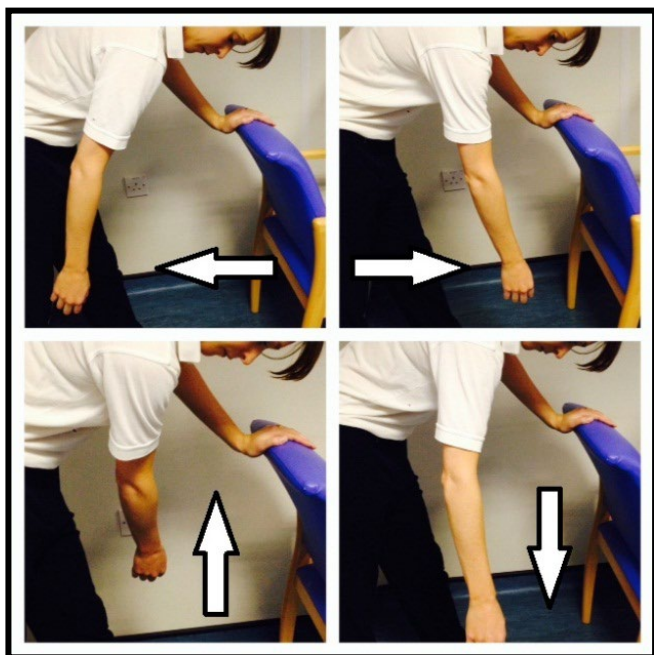
After a few days, hold a soft ball/ball of socks. Squeeze the ball as hard as possible without pain. Hold for 5 seconds and repeat 10 times.



### **Postural awareness**

Bring your shoulders back and squeeze your shoulder blades together as shown in the picture. Do this with or without your sling on.

Hold the position for 20-30 seconds and repeat 5 times provided there is no increase in symptoms.



### **Shoulder pendulum exercises**

Stand and lean forward supporting yourself with your other hand. Try to relax your injured arm and let it hang down.

1. Swing your arm slowly and gently forwards and backwards.
2. Swing your arm slowly and gently side to side.
3. Swing your arm slowly and gently in circles clockwise.
4. Continue for approximately 1-2 minutes in total provided there is no increase in symptoms. Remember to try and relax your arm.



## Stage 2 exercises to do 4 - 5 times a day - To start as soon as you are able



### **Active assisted Shoulder flexion**

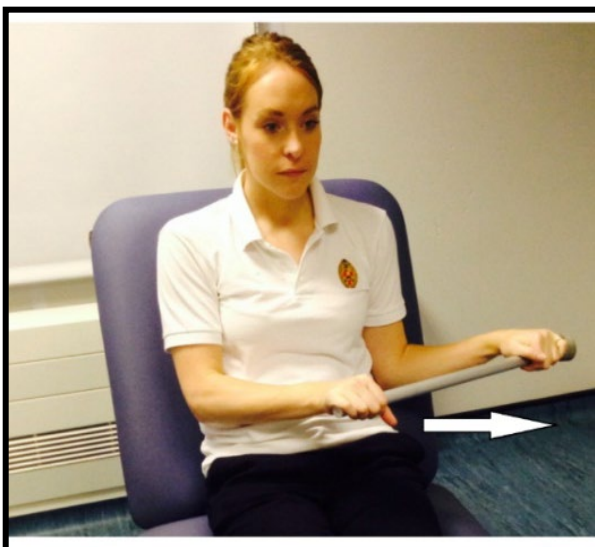
Use your other hand to lift your arm up in front of you as shown in the pictures.

Repeat 10 times provided there is no increase in symptoms.



### **Active-assisted Abduction**

Hold a stick in both hands as in the photo. Gently push your injured arm to the side (away from your body) as far as comfort allows. It may help to face a mirror initially to make sure the top of your shoulders stay level.



### **Active assisted External rotation**

Keep the elbow of your injured arm tucked into your side and your elbow bent. Hold onto a stick/umbrella/golf club or similar. Use your unaffected arm to push your injured hand outwards. Remember to keep your elbow tucked in.

Push until you feel a stretch. If you don't have a stick you could simply hold the injured arm at the wrist and guide it outwards.

Hold for 5 seconds then return to the starting position.

Repeat 10 times provided there is no increase in symptoms.

## Stage 3 exercises to do 4 - 5 times a day

### Start once you can comfortably complete stage 2 exercises without any pain

When you have regained full range of movement during the above exercises without pain you can start to do the exercises without the support of your other hand; this is known as active range of movement. Then when you have regained your full range of movement without the support of the other arm you can start to build up your regular activities.

#### **Active Forward flexion:**

With your thumb facing up, try to move your arm up, keeping it close beside your body.



#### **Active Abduction**

With your thumb facing up and outwards, try to move your arm in a big arc out to the side.



## **Active External rotation**

With your elbow by your side, rotate your forearm outwards, keeping your elbow at about 90 degrees in flexion.



Repeat all of these 3 exercises 10 times each, 4-5 times a day. Only go as far as you can naturally, without doing any trick movements to try and get further. This will increase over time and should not be forced.

If you are having problems progressing with the exercises and have a follow-up consultation booked, please do let the clinician know so that they can review the exercises and refer you on to Physiotherapy if necessary. If you are on an independent management programme, then please contact us using the number at the top of the letter so that we can also arrange physiotherapy for you.

## **Sources of information**

This information leaflet was developed by the Fracture Care Team at Brighton and Sussex University Hospitals Fracture Care Team and adapted for use at East Sussex Healthcare NHS Trust. Information updated during the COVID-19 pandemic to ensure that patients with injuries have information, support and care despite social distancing.

## **Important information**

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

## **Your comments**

We are always interested to hear your views about our leaflets. If you have any comments, please contact the patient experience team on 0300 131 4784 or [esh-tr.patientexperience@nhs.net](mailto:esh-tr.patientexperience@nhs.net).

## Hand hygiene

We are committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering

## Other formats

**If you require any of our leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department on 0300 131 4434 or [esh-tr.AccessibleInformation@nhs.net](mailto:esh-tr.AccessibleInformation@nhs.net)**

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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## Reference

Thank you to the Brighton and Sussex University Hospitals NHS Trust and to Kate Weatherly, Specialist Orthopaedic Physiotherapist for the first version.

This leaflet can also be found at: [www.esht.nhs.uk/leaflet/shoulder-soft-tissue-injury/](http://www.esht.nhs.uk/leaflet/shoulder-soft-tissue-injury/)

The following clinicians have been consulted and agreed this patient information:

Mr Guy Selmon – Consultant Orthopaedic Surgeon  
Mr Jamie Buchanan – Consultant Orthopaedic Surgeon  
Mr Albert Bonnici – Consultant Orthopaedic Surgeon  
Mr Hemant Thakral – Consultant Orthopaedic Surgeon  
Helen Harper-Smith – Professional Lead Physiotherapist  
Hilary Kircher – Clinical / Operational Lead Outpatient Physiotherapist

The Clinical Specialty/Unit that have agreed this patient information leaflet:  
Diagnostic, Anaesthetic and Surgery - Department of Trauma and Orthopaedics

Next review date: September 2025  
Responsible clinician/author: Helen Harper-Smith – Professional Lead Physiotherapist  
Prof Scarlett McNally – Consultant Orthopaedic Surgeon

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