



# Shoulder osteoarthritis

## Patient information factsheet



- In shoulder osteoarthritis (OA) – also called ‘degenerative joint disease’ – your cartilage and other joint tissues gradually break down. Friction in the joint increases, pain increases, and you slowly lose mobility and function.
- Shoulder OA is not as common as OA of the hip or knee, but it is estimated that nearly one in three people over the age of 60 have shoulder OA to some degree.

### Symptoms of shoulder OA

- While many people with shoulder OA will not have any symptoms, those who do can have a wide range of experiences.
- The affected joint can feel stiff, swollen and painful.
- Osteoarthritis will not always affect both of your shoulders. It may only affect one joint.
- Being diagnosed with osteoarthritis does not mean your condition will get worse. There is a lot you can do to improve your symptoms.
- You may feel pain when you move your shoulder. This could mean that simple activities like shaving or brushing your hair can suddenly become much more difficult.
- You might hear some crunching or crackling noises, especially when moving your shoulder. This is usually nothing to worry about and it only sounds loud because this joint is close to your ears.

- The pain may feel worse at the end of the day, or when you move your arm, and it may feel better when you rest.
- You might feel a bit stiff in the morning, but this should not last more than half an hour.
- The affected joint will show where the pain is felt in the body:
  - If the glenohumeral shoulder joint is affected, the pain will be felt at the back of the shoulder and may feel like a deep ache.
  - If the acromioclavicular joint is affected, pain will be focused on the top of the shoulder. This pain may shoot up the side of the neck.

## What causes shoulder OA

Shoulder osteoarthritis can be either primary or secondary.

- **Primary OA** has no specific cause. It is related to age, genes and sex. It is usually seen in people over the age of 50 and women are affected more than men.
- **Secondary OA** is usually due to having had a previous injury, history of shoulder dislocations, infection, or rotator cuff tears. Doing certain jobs such as working in building construction, or participating in sports, can also put you at higher risk of developing shoulder OA.

## How is shoulder OA diagnosed

- Your healthcare provider will perform a physical examination of your shoulder, including checking the range of motion and strength.
- Your provider will also ask about your medical history and current symptoms.
- They will order imaging tests, including:
  - **X-rays:** X-rays show the condition of your shoulder bones. They can't directly show cartilage, but your provider can see the amount of space between your shoulder bones. Being very close or touching means you have lost cartilage.
  - **Computed tomography (CT) scan:** This test provides more detail of the bones of your shoulder joint than X-rays and is often used for surgical planning.
  - **Magnetic resonance imaging (MRI):** This test shows the surrounding soft tissues of your shoulder joint. Your provider may order it to look at the condition of the rotator cuff tendons.

## What else could shoulder OA be

- Labral Tear, a detachment of the tissue that surrounds the socket of the shoulder joint.
- Septic Arthritis, commonly referred to as bacterial or infectious arthritis.
- Rotator Cuff Injury, where tendons are torn.
- Cervical Disc Disease with radiculopathy into shoulder, where the problem is in the spine, but the symptoms may be felt in the shoulder.
- Adhesive Capsulitis, commonly referred to as Frozen Shoulder.
- Polymyalgia Rheumatica (affects the shoulder in 95% of cases), a rheumatic inflammatory disorder that has an unknown cause.
- Pseudogout, a form of arthritis that causes sudden episodes of pain and swelling in your joints
- Systemic Lupus Erythematosus, a chronic autoimmune disease.

## Shoulder OA treatment

- The first treatment of shoulder arthritis is usually nonsurgical. This may include activity modification (changing the way that you do things in your activities), physical therapy and other measures.
- If these do not work, arthroscopic surgery or shoulder replacement may be appropriate.
- If a person with severe shoulder arthritis has also had a prior rotator cuff tear, they may need a special surgery known as a reverse shoulder replacement.
- **Exercise or any kind of regular physical activity** should form a core part of your treatment.
- It is important to keep moving, as this will help reduce the pain and fatigue caused by your osteoarthritis. It may also help your sleep. For more information about managing fatigue see: <https://www.versusarthritis.org/about-arthritis/managing-symptoms/managing-fatigue/>
- Many people with joint pain worry that moving more might make things worse, but this isn't true. Keeping your muscles and bones strong will support your joints and make you feel better.
- Try to start off slowly and gradually increase how much you do. Exercising little and often is a good place to start.
- There are three different types of physical activity that are good for osteoarthritis and general health:
  - Range of movement exercises, also called stretching exercises, help improve movement and maintain the flexibility of your joints.
  - Strengthening exercises will build up your muscle strength around your joints, so they are better supported and more stable.
  - Aerobic exercises are important for your health and fitness, especially for your heart.

- You should try to do at least 20 minutes exercise each day, building up to at least 150 (two and a half hours) minutes of moderate aerobic activity every week and doing strengthening exercises on two or more days a week.
- You might have to avoid forms of exercise that put too much weight on your shoulders initially.
- Swimming can be a great exercise to try, as it increases muscle strength.
- The best exercise is something you will enjoy and keep doing. Try several different things, maybe even join a class, and see what works best for you.
- **Activity modification:** This means not doing things that put too much pressure on your arm. You might need to lift lighter things and try sports or games that are easier on your arm.
- **Heat** may make the arm feel more comfortable.
- **Physiotherapy** can help maintain or improve your range of motion and strength.
- **Nonsteroidal anti-inflammatory drugs (NSAIDs)** such as ibuprofen, naproxen, or aspirin can be effective over-the-counter medication. Please discuss with your local pharmacy or GP.
- A cortisone injection can help reduce swelling and pain in a joint. It usually doesn't cause problems, but the relief might not last very long. Also, people with diabetes might notice their blood sugar goes up for a little while after getting the shot. For more information see:

## Surgery for shoulder OA

- If non-operative treatments are not effective, your doctor may discuss either shoulder arthroscopy or shoulder replacement surgery.
- **Arthroscopy:** this is a minimally invasive (small) operation requiring anaesthesia, in which a small camera is placed inside the joint through a small incision (cut). Through another incision, small instruments can be brought inside the joint to manipulate tissue.
- **Arthroscopy of the shoulder:** to remove loose fragments of cartilage and bone in the joint. This can be a useful surgery in the early stages of arthritis when there is little damage to the joint surface. This does not get rid of arthritis but can be helpful in removing loose pieces of tissue which are irritants. For patients with advanced arthritis, the benefits may be small.
- **Shoulder replacement:** This is an operation similar to hip replacement or knee replacement. Implants made of plastic and metal are placed to create new joint surfaces. During this operation the arthritic ball is removed and replaced by a metal ball (prosthesis) which attaches to a metal stem that goes inside the upper humerus bone. The arthritic socket is covered by a smooth plastic socket, also called a prosthesis. It is the smooth metal ball moving on the smooth plastic socket that relieves pain

## Outlook?

- Although there is no cure for osteoarthritis, there are many ways to prevent it, and relieve and manage its symptoms.
- Maintaining a healthy lifestyle with low-impact exercise, getting plenty of rest and enough sleep, and maintaining a healthy diet and weight are simple ways you can reduce and manage OA symptoms so that you can live a healthy and fulfilling life.

## Exercises

### Table slide



Start sitting or standing with the arm/hand supported on the countertop or table.

Slowly slide your arm in front until you feel a stretch.

Use a towel or plastic bag to reduce friction

## Shoulder mobility and strength



Stand upright and move the shoulders upward, downward, forward and backward.

Hold the contraction for three seconds.

Do not move the head as you do the movements.

## Wall slide



Stand facing a wall and place the side of your hands in front of you on the wall.

Slowly slide your hands up the wall.

Keep your shoulder blades back and down.

Lower to the starting position and repeat.

## Further information

Versus Arthritis - Shoulder pain:

[https://www.versusarthritis.org/about-arthritis/conditions/shoulder-pain?gad\\_source=1&qclid=CjwKCAiAm-67BhBIEiwAEVftNkTrA26271MjAcR7z\\_TBrrvLAey3gj\\_zVQ1ciTS\\_mG624fFuM0kebRoCVvUQAvD\\_BwE](https://www.versusarthritis.org/about-arthritis/conditions/shoulder-pain?gad_source=1&qclid=CjwKCAiAm-67BhBIEiwAEVftNkTrA26271MjAcR7z_TBrrvLAey3gj_zVQ1ciTS_mG624fFuM0kebRoCVvUQAvD_BwE)

Versus Arthritis – Exercises for the shoulder

<https://versusarthritis.org/about-arthritis/exercising-with-arthritis/exercises-for-healthy-joints/exercises-for-the-shoulders/>

## MSK CATS and Physiotherapy Services

Tel.: 0207 288 3317 Email: [whh-tr.mskinterfaceservice@nhs.net](mailto:whh-tr.mskinterfaceservice@nhs.net)

## Patient advice and liaison service (PALS)

If you have a compliment, complaint or concern please contact our PALS team on 020 7288 5551 or [whh-tr.PALS@nhs.net](mailto:whh-tr.PALS@nhs.net)

If you need a large print, audio or translated copy of this leaflet please email [whh-tr.patient-information@nhs.net](mailto:whh-tr.patient-information@nhs.net). We will try our best to meet your needs.

**Whittington Health NHS Trust**  
Magdala Avenue, London, N19 5NF  
Phone: 020 7272 3070  
[www.whittington.nhs.uk](http://www.whittington.nhs.uk)  
[x.com/WhitHealth](https://x.com/WhitHealth)  
[facebook.com/WhittingtonHealth](https://facebook.com/WhittingtonHealth)

**Date published: 22/05/2025**  
**Review date: 22/05/2027**  
**Ref: ACS/MSKCATS/ShoulOA/01**

© Whittington Health NHS Trust  
Please recycle