

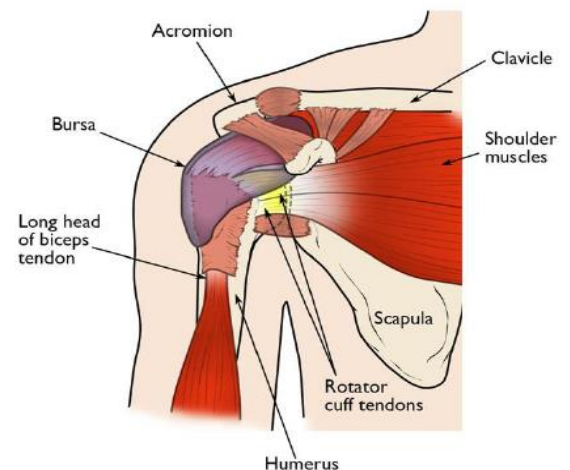
Shoulder Subacromial Pain/Rotator Cuff Pain

Patient information factsheet

- Subacromial pain is very common and causes pain in the shoulder and upper arm.
- It can spread further down the arm and up towards the neck and shoulder blade.

Shoulder anatomy

- Your shoulder is made up of three bones: your upper arm bone (humerus), your shoulder blade (scapula), and your collarbone (clavicle).
- Your arm is kept in your shoulder socket by your rotator cuff. These muscles and tendons form a covering around the head of your upper arm bone and attach it to your shoulder blade.
- There is a small, slippery sac called a bursa between your shoulder muscles (the rotator cuff) and the bone at the top of your shoulder (acromion). This sac helps the muscles move smoothly.



What is subacromial pain?

- The subacromial/rotator cuff pain is a **common shoulder problem**.
- Pain can be the result of:
 - **Tendinitis/Tendinopathy.** The rotator cuff/shoulder tendons can be irritated or damaged (for example by a tear in the muscle).

- **Bursitis.** The bursa can become inflamed and swell with more fluid causing pain.
- **Impingement.** When you raise your arm to shoulder height, the space within the shoulder narrows. The acromion bone can irritate the tendon and the bursa.

What is the cause?

- Subacromial pain can happen for many reasons. It might be caused by muscles that aren't working together properly, using your shoulder too much, normal wear and tear as you get older, differences in how your body is built, past injuries, or other health problems.
- Pain may also develop as the result of a small unnoticed injury.
- Sometimes, it occurs with no obvious cause.
- People who do a lot of lifting or overhead activities using their arms, such as paper hanging, construction, or painting can experience subacromial pain.
- 1 in 5 people will have symptoms at some time in their lives.

What are the common symptoms?

- Pain that is felt when you are moving around and when you are resting.
- Pain that begins at the front of the shoulder and moves down the side of the arm.
- Sudden pain lifting something or when reaching to put clothes on, brushing hair or driving.

As the problem continues, the symptoms increase:

- Pain at night and difficulties with lying on affected side.
- Loss of strength and motion.
- Difficulty doing activities that place the arm behind the back, such as buttoning.
- If the pain comes on suddenly, the shoulder may be very sore. All movement may be limited and painful.

What is the treatment?

- For most people, the first treatment is nonsurgical and can include rest, painkillers/anti-inflammatory medication, physiotherapy and/or steroid injections.
- These types of treatments can take several weeks/months to work. Many patients experience a gradual improvement and return to their movements.
- See below for more information on the different treatments.

Rest

- Your Doctor may suggest rest and activity modification (doing actions in different ways), such as avoiding overhead activities.

Non-steroidal anti-inflammatory medicines

- Medication like ibuprofen and naproxen reduce pain and swelling.

Physiotherapy

- A Physiotherapist will focus on exercise and functional education (helping you to do everyday tasks).
- Maintaining and restoring normal motion to your shoulder is a key goal.
- They will assess you for any other muscular tightness and scapular problems.
- Once your pain is improving, your Physiotherapist can start you on a strengthening program for the rotator cuff muscles.

Steroid injection

- If physiotherapy and painkillers do not relieve your pain, an injection of a local anaesthetic and a corticosteroid may be helpful.
- Corticosteroids are a very effective anti-inflammatory medicine.
- Injecting it into the shoulder/bursa beneath the acromion can relieve pain and reduce inflammation, this will help you to follow a physiotherapy program.
- Reducing pain will also help you sleep, improve your wellbeing and your ability to function with activities of daily living.

Surgical treatment

- Sometimes surgical treatment is needed.
- This can be discussed with an Orthopaedic Surgeon.

Why is physiotherapy important?

- Management of subacromial Pain/Rotator Cuff Pain is 'multifactorial'. This means there are many factors that can cause it (general health, work, stress, medications), meaning there isn't one specific treatment for it.
- If you choose to have a Corticosteroid injection, this only works to reduce the pain and reduce inflammation.
- It will be the physiotherapy that aims to restore movement and strengthen your shoulder.
- Therefore, physiotherapy in combination with the injection is the best approach to improvement.

Other top tips

- Be patient! It may be 6 to 12 weeks before you see a big change in your pain, so you need to stick with it.
- Don't stop moving your shoulder – muscles need movement to keep them healthy.
- If your sleep is poor, try supporting your arm on a pillow and roll a pillow up behind your back to stop you rolling on to your painful shoulder.
- Step towards things rather than stretch for them to make movement easier for your shoulder.
- General exercise can really help your recovery, so try to keep going with other activities you enjoy to keep fit.
- If you don't exercise regularly, try and make time to do so. Even a brisk 20-minute walk, three times a week, will help.

Exercises

Wall slide with band



- Shift your weight to the front leg and follow up with an upward slide of the hands on the wall. During the lift, your hands may keep the same distance between them or slightly move further apart.
- Return to the starting position and repeat. Perform half of your repeats (reps) with one leg in front and the other half with the other leg in front.

Supported shoulder external rotation



- Sit next to a table with the forearm resting on the table (you can have a towel under your elbow). Sit at an appropriate height so the arm is 45 degrees from the torso.
- Lift the forearm until your forearm is pointing straight upwards, then slowly lower the hand back down to the table.

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.

Further information

Patient Information website:

<https://patient.info/bones-joints-muscles/rotator-cuff-disorders>

Versus Arthritis website:

<https://versusarthritis.org/about-arthritis/conditions/shoulder-pain/>

Contact our service

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Contact our Trust

If you have a compliment, complaint or concern, please contact our Patient advice and liaison service (PALS) on **020 7288 5551** or 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. We will try our best to meet your needs.

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