Shoulder Osteoarthritis

**What is Shoulder Osteoarthritis?**

The main joint of our shoulder is the ball and socket joint or glenohumeral joint. It is formed where the head of your upper arm bone meets the socket of your shoulder blade. This joint can develop osteoarthritis when the protective surface called the cartilage becomes damaged and thins and changes happen in the surrounding bones.

**How is it caused?**

Joints are constantly undergoing some form of repair due to the daily stresses and strains we place on them. However, in some people, it seems that this repair process becomes faulty and osteoarthritis develops.

In joints with osteoarthritis, the joint cartilage becomes damaged and worn. The bone tissue next to the cartilage can also be affected and bony growths can develop around the joint edges. These growths are called osteophytes and may be seen on X-rays. The joints and the surrounding tissues can also become inflamed. This inflammation is called synovitis.

Previous fracture involving the ball part of the joint can also increase the risk of developing osteoarthritis as it can lead to a change in the shape of the bones and cause disruption to the joint.

**What are the symptoms?**

* A deep ache over your shoulder and upper arm which can be present at rest but also worse with movement.
* Stiffness of the shoulder joint which affects your everyday function and range of movement.
* A ‘noisy’ shoulder – you may experience sensations of grinding, clicking and crunching.
* Pain at night when lying on the shoulder.

**How is it diagnosed?**

Shoulder osteoarthritis is normally diagnosed based on your signs and symptoms and a physical examination. X-rays can be useful but are not always required. X-Rays may reveal degenerative changes however this can be a common finding in patients without pain and so are not recommended unless another cause is suspected or more invasive treatment is being planned.

Your Physiotherapist or GP is able to determine if imaging is required following your examination.

**What can I do?**

Activity modification:

Adjusting the amount of repetitive shoulder activity, particularly overhead, can help to control your symptoms. Break down tasks into smaller chunks and ask others for help where appropriate.

Exercise therapy:

Exercise therapy is really beneficial in the long-term to keep the joint mobile and strong. Exercises should be done as pain allows, with some discomfort being acceptable. If a sharp shooting pain is provoked then ease off. As your pain reduces and your movement improves consider progressing to the more difficult exercises.



Warmth: may help reduce symptoms, use for 10 minutes twice daily.

Medication:

Over-the-counter analgesia, such as paracetamol or anti inflammatories such as ibuprofen may also help to reduce your symptoms. If you require further information on pain relief, speak to your GP or pharmacist.

**Factors influencing pain and recovery**

During your recovery a number of other factors can influence your pain levels. Keep the following factors in mind to help control your symptoms:

Work

You may be worried about continuing with work, or other responsibilities. It is important to discuss these fears with your practitioner. Remaining at work usually leads to a quicker recovery even if you have to work with modified activities.

Having poor posture does not cause back pain. There is no perfect posture. Staying in one position for long periods can be a factor in your pain. It is important to plan regular breaks and change posture regularly.

Your relationship with your boss and colleagues, job enjoyment, feeling supported at work and returning to work are all very important in helping your recovery. Speak to your employer if you need support at work.

Look after yourself

Pain is not usually simply a physical problem. Your general well-being can make you vulnerable to pain and your wellbeing can also be made worse by pain. Looking after your general health and well-being will help recovery. There is helpful advice on this website: [https://www.nhs.uk/oneyou](https://www.nhs.uk/oneyou/)

Reduce stress and anxiety

It is normal for people with pain to have stress, anxiety and change in mood. This may affect your ability to cope with the pain and may influence your pain levels. Help is available if you are being affected by stress, anxiety or low mood – see the links below or discuss with your practitioner.

It is important that your whole nervous system is in a healthy state to aid recovery. If your brain is stressed or overworked this may slow recovery. Relaxation is an important part of your recovery. Simple relaxation techniques may help manage pain and stress. Try to set aside some time each day to relax – you can use relaxation techniques as linked below, or simply an activity you enjoy – reading, deep breathing, sitting in the garden, singing – whatever relaxes you.

Find help and support here: <https://www.nhs.uk/oneyou/every-mind-matters/>

<https://www.northessexiapt.nhs.uk/west-essex>

Physical Activity

Exercise improves fitness, confidence with movement and strength. It can also help reduce your stress and tension and improve your mood and quality of sleep, helping support you to return to normal activities. Perhaps you could simply start by trying to walk for 10 minutes per day.

Alcohol

Avoid alcohol in the early stages of healing (first three days). Evidence has shown this can slow down recovery and increase the chances of re-injury. <https://www.drinkaware.co.uk/>

Sleep

Sleep is very important for your wellbeing. Poor sleep quality, and lack of sleep can make managing pain more difficult. Consistently getting 6-9 hours is recommended. Get help and tips here:

<https://www.nhs.uk/live-well/sleep-and-tiredness/>

Nutrition and weight

Being overweight can increase the physical strain on the body and also contribute to inflammation in your body. Make sure you eat a balanced diet. Adult weight management services are available free to Essex residents here: <https://acelifestyle.org/weight-management>

Smoking

Smoking can also impact how quickly tissues can heal and affect pain levels. For help with stopping smoking <https://www.essexlifestyleservice.org.uk/stop-smoking/> <https://www.nhs.uk/better-health/quit-smoking/>

**How long will it last?**

You can expect a flare up in your symptoms to last anywhere between a few weeks to a couple of months. If your shoulder joint has significant degenerative changes you may experience some ongoing symptoms. If your symptoms have persisted despite following the advice and exercise provided in this leaflet you may need the guidance of a physiotherapist to help you return to normal activity.

If you require 1:1 physiotherapy treatment please fill out a self-referral form which can found at <https://eput.nhs.uk/our-services/essex/west-essex-community-health-services/adults/rehabilitation/musculo-skeletal-physiotherapy> and send to epunft.mskphysio@nhs.net

If your symptoms have worsened despite the advice given we would recommended you see a healthcare professional for review.

**Is there anything I should avoid?**

Avoid complete rest as this will weaken your shoulder and make you vulnerable to injury and continued pain. Doing too much too quickly, may also make it difficult to control your symptoms.

**What other options are there?**

Steroid injections:

These can be helpful to settle your joint pain in the short term. These are used if your pain is severe and preventing you from enjoying your normal activities or if the pain is disturbing your sleep.

Surgery:

Referral for an orthopaedic opinion would be considered for patients whose symptoms remain unacceptable despite an appropriate period of relative rest, pain relief, an exercise programme and a corticosteroid injection.

Surgery generally involves replacement of the shoulder joint with an artificial joint. There are different types of shoulder replacement. A shoulder surgeon would discuss which is most appropriate for your situation.

Recovery from surgery generally requires a hospital stay for a couple of days and a sling which is worn for between 3-6 weeks. Returning to a manual job can take at least 3 months and more vigorous sporting activities such as golf and swimming can take around 6 months.

Complication rates after surgery are generally low but potential risks include infection, nerve or blood vessel damage, rotator cuff injury and loosening of the replacement.