



ALLAN MCGAVIN SPORTS MEDICINE CENTRE

STIFF AND PAINFUL SHOULDER

Patient Information Sheet

GENERAL RULES AND GUIDELINES:

- Follow your physician's orders on taking medication
- Recovery does not usually follow stages based on time (months)
- It is normal to have problems with sleep and posture
- If you are lying, sitting or standing, **support the arm** in a stable fashion at all times



Support Lying Supine



Support Standing



Support Sitting



Pillow Support in bed Side Lying

YES



Ron's Elbow Rule

NO



Don't let the shoulder poke forward

- Lying **on the affected** side or tucking the arm up under the pillow **does not** usually help recovery

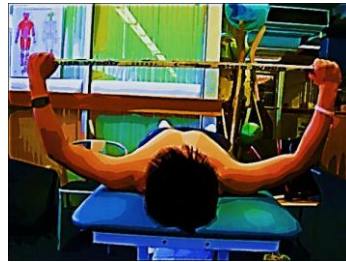
- Activity of any kind **at or above** shoulder height is risky
- Painful **trigger points** are common (on the front of the shoulder at the biceps tendon, at the deltoid insertion and at the medial boarder of the scapula)
- Use heat or cold to help with pain – your choice – which ever seems to work best
- Initially do not lift anything heavier that a plate of food or indoor clothes
- Initially you will have to stop or markedly modify normal activities
- Do not do one arm pushups

WITH EXERCISE:

- Gentle controlled movements are best
- Start with active assisted exercise (lying face up, support arm with a ball, use a T-bar, use table or wall support)



Band



Use a T-Bar



Wipers



Table



Modified Pendulum



Wax on – Wax off

Gentle Controlled Comfortable Exercises are **BEST**

- Initially, keep the duration of the exercise sessions to 2 or 3 minutes every 2 or 3 hours (think “little and often”)
- Initially, exercise frequency would be 6-10x/day
- Lifting anything heavy is detrimental in the early stages (2-10lb maximum)
- Lifting anything away from the body is risky (“the front burners of the stove” rule) – No long levers
- Do **not** lift anything heavy at work or in the gym
- If in doubt, less resistance is usually better

- **WITH STRETCHING** , initially do not push into painful zones
- Hold the stretch only briefly and only do a few at a time and only in zones you can control and tolerate
- Lying down doing range of motion with a short T-bar works well initially
- Traction stretch on the corners of the table or counter
- **Main concept** – smooth, controlled motions – do not push into pain

Go with your Strengths



Use a stick to help assist in executing controlled movements

REMEMBER WITH EXERCISE

- **CONTROLLED**
- **SMOOTH**
- **SHOULD FEEL RIGHT**



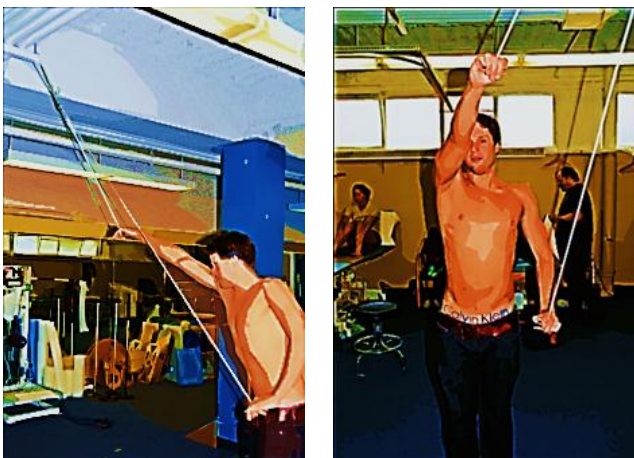
Lying supine usually allows more movement and easier movement



Support your elbow and you will find everything will work better

OTHER IMPORTANT INFORMATION YOU MUST KNOW:

- “Take the shoulder for a walk” 30’ to 60’ each day – it fertilizes your brain and oxygenates your shoulder
- pain free trunk, rib and scapular movements are helpful – a hug or a light massage
- **DO NOT SLOUCH**
- You can walk backwards
- **Activity** in water is wonderful ...so that is activity or play, it is **NOT** swimming
- Do every conceivable motion that does not cause pain (e.g. wipers, egg beaters, swoosh forward and back, swing a bat or golf club, keep arms on a float without reaching,
- Including walking in the water while simultaneously moving your arms in a smooth fashion in a breast stroke fashion
- A **RECIPROCAL PULLEY** is not a bad idea – pain free
- Involve trunk movements with arm patterns
- 200-400/day in sets of 25 to 50



- You can help re-educate normal movement patterns and sequences by rolling a ball on a table or counter top or wall



- **Pendular exercises** are a great idea
- An option is to do modified pendular movements with both hands pressing down on a ball
- The sore arm can “go along for the ride” so to speak



Modified pendulum



Pendulum

- With your exercises, do what works **best**.
- If one movement or exercise does not go well then move on to something else
- If one exercise really seems to help, **stay with it!**

- Expect PAIN if you throw anything or move the arm quickly (i.e. reaching for spilled coffee or controlling a dog on a leash!)

- If your predominant symptom is pain or things are getting worse then **DO LESS** and look both ways before you cross the street

- If your predominant symptom is stiffness and you feel better, then push things a little (but in a controlled fashion) and act like Bobby Orr

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