

Shoulder Soft Tissue Injury

Information for patients

Out Patient Fracture Care Team: Shared care plan

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This is a follow-up letter to your recent telephone consultation with the Fracture Care Team explaining the ongoing management of your injury. Your case has been reviewed by an Orthopaedic Consultant (bone and joint specialist) and Fracture Care Physiotherapist.

You have sustained a soft tissue injury to your shoulder. This means there is no fracture but the structures surrounding the joint may have been injured.

- Healing:** This normally takes approximately two to six weeks to settle, though there may be some aching on strenuous or repetitive overhead activities for up to three months.
- Pain:** Take pain killers as prescribed.
You may find it more comfortable to sleep propped up with pillows.
- Using your arm:** You may use the arm as outlined in the management plan table on the next page; it is important to keep the shoulder moving to prevent stiffness but not to aggravate it.
- Follow up:** We do not normally follow up patients with this type of injury as it heals well with time. **If, after two weeks, you are not close to achieving full movement in your shoulder or you are noticing any muscle weakness,** please contact us using the details above.

Area of injury



If you are worried that you are unable to follow this rehabilitation plan, or have any questions, then please phone the Fracture Care Team for advice.

If you are experiencing pain and symptoms anywhere else, other than at the site of the original injury or surrounding area, please also get in touch using the telephone or email details above.

Please follow the management / rehabilitation plan below:

| Weeks since injury | Plan |
|---------------------------|---|
| 0-1 | <ul style="list-style-type: none"> ✓ Wear the sling during the day except for exercises and personal hygiene. ✗ You do not need to wear the sling at night. ✓ Start initial exercises (see next page). ✗ Do not do any heavy lifting. ✗ Avoid repetitive overhead movements. |
| 1-2 | <ul style="list-style-type: none"> ✗ Try not to use the sling. ✓ Begin normal light activities with the arm and shoulder. ✓ Increase movement as shown in the Stage 2 exercises. |
| 2-6 | <ul style="list-style-type: none"> ✓ The injury should be largely healed. ✓ Resume normal activity but be guided by any pain you are experiencing. ✓ Carry out day-to-day activities. ✗ Heavy tasks may cause discomfort. |
| 12 | If you are still experiencing significant pain and stiffness then please contact us for further consultation |

Advice for a new injury

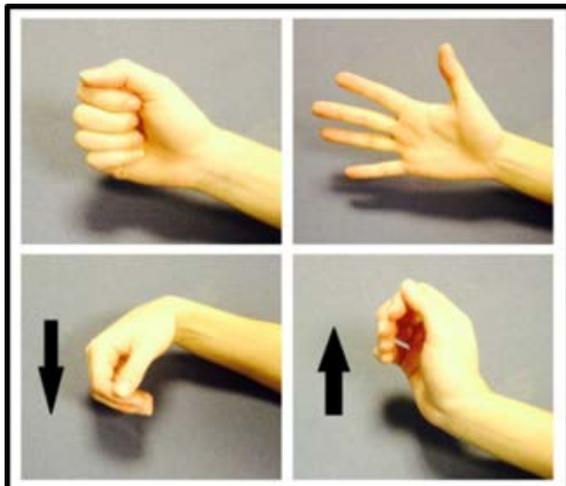
Cold packs: A cold pack (ice pack or frozen peas wrapped in a damp towel) can provide short-term pain relief. Apply this to the sore area for up to 15 minutes every few hours. The ice must never be in direct contact with the skin.

Rest: Try to rest your shoulder for the first 24-72 hours. However, it is important to maintain movement. Gently move your shoulder following the exercises shown; this will ensure your shoulder does not become stiff and will help the healing process. These should not cause too much pain.

Exercises

If you have stiffness in your elbow or hand from wearing the sling, you may wish to perform the initial exercises first. However, once they become easy you can stop these but continue with the shoulder exercises.

Initial exercises to do five to six times a day:

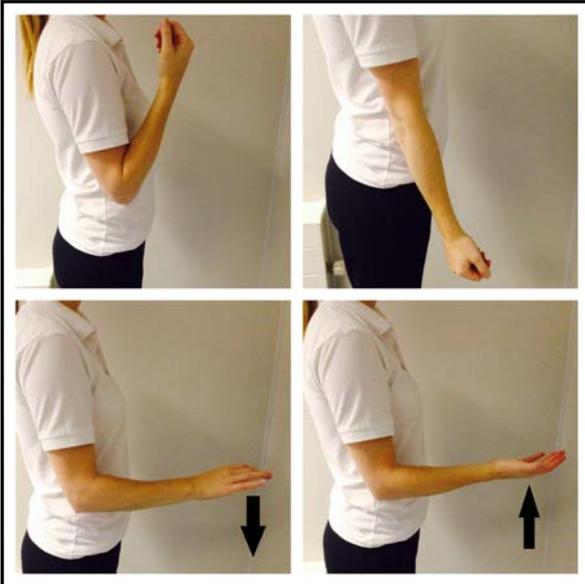


Finger and wrist flexion and extension:

Open and close the hand of your injured arm as shown 10-15 times; then move your wrist up and down 10-15 times.

After a few days, hold a soft ball or ball of socks. Squeeze the ball as hard as possible without it causing pain.

Hold for five seconds and repeat 10 times.



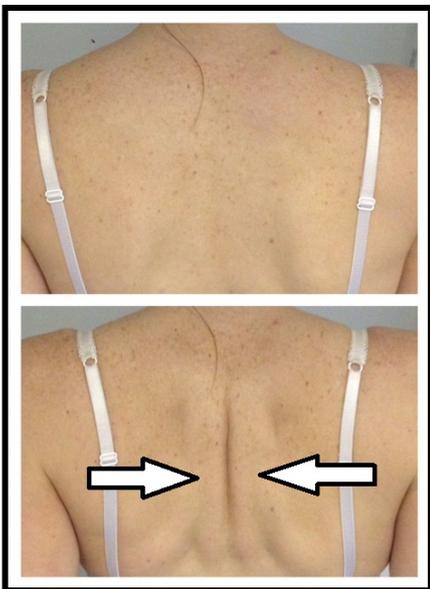
Elbow bend to straighten:

Bend and straighten your elbow as far as you can without pain. You should not feel more than a mild to moderate stretch. You can use your other arm to assist if necessary.

Forearm rotations:

Begin this exercise with your elbow at your side and bent to 90 degrees. Slowly turn your palm up and down as far as you can go without pain. You should not feel more than a mild to moderate stretch. You can use your other arm to assist if necessary.

Repeat both exercises 10 - 15 times if there is no increase in pain.



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 as long as there is no increase in symptoms.

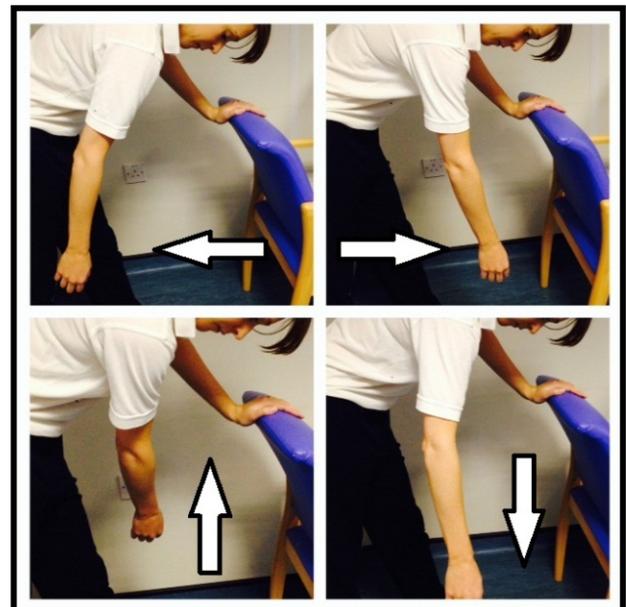
Shoulder pendulum exercises:

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.

Continue for approximately one to two minutes in total, provided there is no increase in symptoms.

Remember to try to relax your arm.



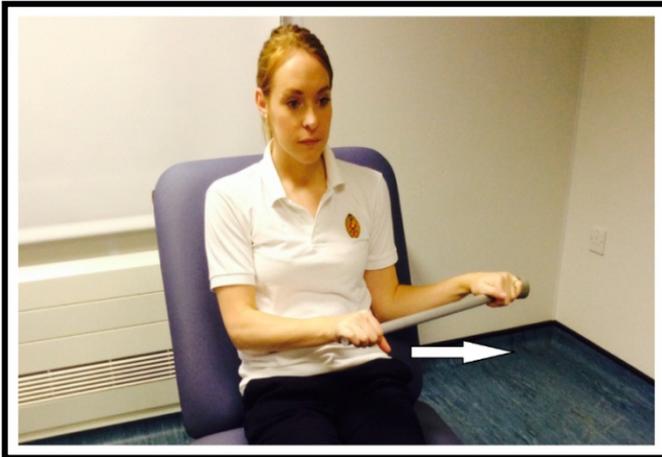
Stage 2: exercises to do four to five times a day (to start at two to three weeks):



Active assisted shoulder flexion:

Use your other hand to lift your injured arm up in front of you as shown in the pictures. Repeat 10 times provided, there is no increase in symptoms.

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 five seconds then return to the starting position. Repeat 10 times provided, there is no increase in symptoms.

Stage 3 exercises to do four to five times a day (to start at six weeks):

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 injured 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 these three exercises 10 times each, four to five times a day.
- ✓ Only go as far as you can naturally, without doing any trick movements to try and get further.
- ✓ The movement 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.

Further information and advice can be obtained from:

NHS 111
NHS Choices online

 **111**
www.nhs.uk

MTW NHS Trust is committed to making its patient information accessible in a range of languages and formats. If you need this leaflet in another language or format please ask one of your clinical care team or the Patient Advice and Liaison Service (PALS). We will do our best to arrange this.

Maidstone and Tunbridge Wells NHS Trust welcomes all forms of feedback from our service users. If the standard of service you have received from the Trust does not meet your expectations, we want to hear from you. Please speak with the ward manager or the nurse in charge in the first instance, or you can contact the **Patient Advice and Liaison Service (PALS)** on:

Telephone:  01622 224960 or  01892 632953

Email: mtw-tr.palsoffice@nhs.net

or visit their office at either Maidstone or Tunbridge Wells Hospital between 9.00am and 5.00pm, Monday to Friday.

You can be confident that your care will not be affected by highlighting any areas of concern or making a complaint. The Trust will retain a record of your contact, which is held separately to any medical records. If you are acting on behalf of a patient, we may need to obtain the patient's consent in order to protect patient confidentiality. More information on PALS or making a complaint can be found on the Trust's website: www.mtw.nhs.uk or pick up a leaflet from main reception.

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