Shoulder Instability and pain

Shoulder instability, if left untreated, can lead to a number of serious injuries. These may include rotator cuff tears and shoulder impingement. When a shoulder is unstable, the muscles surrounding the shoulder joint are not strong enough to support it during various ranges of motion. A well-designed shoulder stability exercise program may correct the postural alignment and muscular imbalances that lead to shoulder instability. Certain types of shoulder exercises can aggravate an unstable shoulder, and should be avoided. These include lifting heavy items overhead or above the shoulder.

While some people believe an increased range of motion helps strengthen and tone the shoulder, when the muscle is in a fully stretched position, it is at its weakest. Adding weight to this compromised position can result in tears or instability.

Common shoulder injuries

Frozen shoulder, is a condition characterized by stiffness and pain in your shoulder joint. Signs and symptoms typically begin gradually, worsen over time and then resolve, usually within one or two years.

Your risk of developing frozen shoulder increases if you're recovering from a medical condition or procedure that affects the mobility of your arm — such as a stroke or a mastectomy.

Treatment for frozen shoulder involves stretching exercises and, sometimes, the injection of corticosteroids and numbing medications into the joint capsule. In a small percentage of cases, surgery may be needed to loosen the joint capsule so that it can move more freely.

Frozen shoulder typically develops slowly, and in three stages. Each of these stages can last a number of months.

- **Painful stage.** During this stage, pain occurs with any movement of your shoulder, and your shoulder's range of motion starts to become limited.

- **Frozen stage.** Pain may begin to diminish during this stage. However, your shoulder becomes stiffer, and your range of motion decreases notably.

- **Thawing stage.** During the thawing stage, the range of motion in your shoulder begins to improve.

For some people, the pain worsens at night, sometimes disrupting normal sleep patterns.
**Rotator Cuff Injuries**

Injuries to muscle-tendon units are called strains and are classified by the amount of damage to the muscle or tendon fibers. Grade I strains involve stretching of the fibers without any tears. Grade II injuries involve partial muscle or tendon tearing, and grade III injuries are defined as a complete tear of a muscle or tendon.

The muscles and tendons in the rotator cuff group may be damaged in a variety of ways. Damage can occur from an acute injury (for example from a fall or accident), from chronic overuse (like throwing a ball or lifting), or from gradual degeneration of the muscle and tendon that can occur with aging.

**Impingement**

Impingement syndrome is a common condition affecting the shoulder often seen in aging adults. This condition is closely related to shoulder bursitis and rotator cuff tendonitis. These conditions may occur alone or in combination. In virtually all parts of your body, bones are the innermost structures and are surrounded by muscles. When an injury occurs to the rotator cuff muscles, they respond by swelling. However, because the rotator cuff muscles are surrounded by bone, when they swell, a series of other events occur. The pressure within the muscles increases, which results in compression and loss of blood flow in the small blood vessels. When the blood flow decreases, the muscle tissue begins to fray like a rope. Motions such as reaching up behind the back and reaching up overhead to put on a coat or blouse, for example, may cause pain.

**What Are the Symptoms of Shoulder Impingement Syndrome?**

The typical symptoms of impingement syndrome include difficulty reaching up behind the back, pain with overhead use of the arm and weakness of shoulder muscles. If these muscles are injured for a long period of time, the muscle can actually tear in two, resulting in a rotator cuff tear. This causes significant weakness and may make it difficult for the person to elevate his or her arm. Some people will have rupture of their biceps muscle as part of this continuing impingement process. The vast majority of people who have impingement syndrome are successfully treated with medication (8 weeks of anti-inflammatories but always check with your doctor), stretching exercises and temporary avoidance of repetitive overhead activity until the condition settles down.

**Types of Exercises**

Although there are various types of shoulder stability exercises, those that support internal and external rotation are the most effective. They are easily performed using a resistance band that is attached to a secure object. For internal rotation, hold the band with the hand that is closest to the attachment. Press your elbow against your waist. Begin with your forearm at a 180-degree angle from your body. Keeping a stable elbow, bring your forearm toward the midline of your body. For external rotation, hold the band with the hand farthest away from the body. Begin with the forearm internally rotated toward the midline, and then rotate your forearm. Sets, repetition and training schedule will vary according to the advice of your fitness expert or PT.

If your symptoms feel worse with any exercise, stop doing the exercise until you check with your physical therapist or your doctor.
1. **Shoulder Blade Setting**  
Start with arms relaxed at sides; rotate palms forward, squeezing your shoulder blades back and down. Hold for 2 seconds.

2. **Shoulder Clock**  
Start with arms relaxed at sides. Picture the face of a clock on the side of your shoulder. Raise shoulders toward ears (12 o’clock), hold for 2 seconds. Rotate shoulders back and down (9 o’clock). Hold for 2 seconds. Slowly return to the start position.

3. **Shoulder Press Up**  
Lie on your back with the arm pointed straight up toward the ceiling. Keep elbow straight. Press fisted hand straight up toward the ceiling. Allow the shoulder blade to lift off the floor or bed. Hold for 2 seconds. Slowly return to start position.

4. **Ball on Table – Press down**  
Place a ball on a table at hip height. Rest the hand on the ball. Set shoulder blade (refer to exercise #1). Press down on ball. Hold for 2 seconds.

5a. **Wall Push-Up Plus**  
Place your hands (open or fisted) on the wall just below shoulders. Stand straight. Push your chest away from wall, rounding upper back, allowing shoulder blades to come apart and forward. Hold for 2 seconds. Avoid shrugging shoulders towards ears. Return to start position.

5b. **Wall Press—One Hand** (alternate position)  
Follow instructions from exercise 5a with one hand on the wall. You may place other hand behind the head.

6. **Wax On / Wax Off**  
Place one hand on the wall with a light touch just below shoulder level. Set your shoulder blade without shrugging. Perform small circular motions, first clockwise, then counter clockwise, as if waxing the wall.

7. **Wall Squeeze**  
Place little fingers against the wall, creating a “W” with your arms. Squeeze your shoulder blades back and down, maintaining a light touch with wall. Hold for 2 seconds. Slowly return to start position.

8. **Creepy Crawley**  
Stand with back against the wall and creep the hands up the wall to maximum reach, hold 5 seconds and creep back down. Repeat, repeat, repeat!