

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 Specialist) and Fracture Care Physiotherapist.

**Your painful shoulder combined with the results of your x-ray shows possible calcific tendonitis in your shoulder.**

Calcific tendonitis is a condition that causes the formation of a small, calcium deposit within the tendons of the rotator cuff. The calcium deposits are not always painful.

**Healing:** Often this problem spontaneously resolves after a period of one to six weeks.

**Pain:** It can be very painful in the early stages. Take pain killers as prescribed. You may find it more comfortable to sleep propped up with pillows. In some instances steroid injections can be used to settle pain if required. A Shoulder Specialist will make this decision.

**Using your arm:** It is important to keep the shoulder moving to prevent stiffness but not to aggravate it. Use the sling for comfort only; try not to use it as soon as you are able.

**Follow up:** You have been referred to see an Upper Limb Specialist within 2 weeks of your injury. They will assess your shoulder and decide if further treatment, such as a steroid injection, or scans are required. If you have not received this appointment within one week of receipt of this letter please contact the booking hub directly on Tel: .

**Area if 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. **Or** 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 e-mail details at the top of this letter.

### Advice for a new injury:

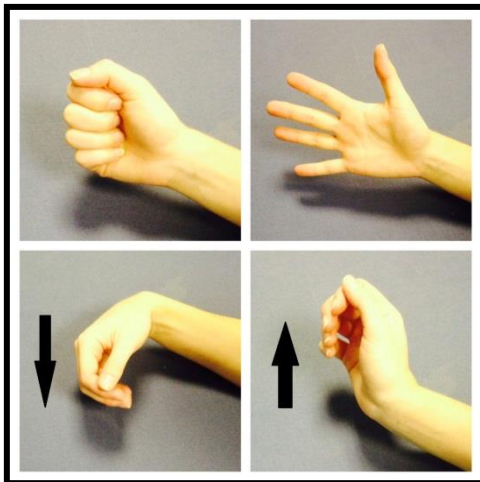
**Cold packs:** A cold pack (ice pack or frozen peas wrapped in a damp towel) can provide short-term pain relief. Apply this to the sore area for up to 15 minutes, every few hours. The ice must never be in direct contact with the skin.

**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. These should not cause too much pain. This will ensure your shoulder does not become stiff and it will help the healing process.

### Exercises

If you have stiffness in your elbow or hand from wearing the sling, you may wish to perform these exercises first. However, once they become easy you can start with the posture and pendulum exercises.

#### Initial Exercises to do 4-5 times a day:



#### Finger and wrist flexion and extension

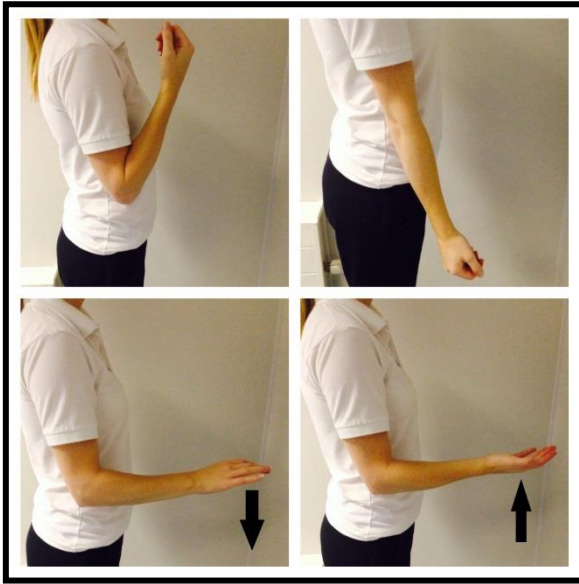
Open and close your hand as shown 10-15 times.  
Then move your wrist up and down 10-15 times.

After a few days, hold a soft ball/ball of socks. Squeeze the ball as hard as possible without pain.  
Hold for 5 seconds and repeat 10 times.

**York Virtual Fracture Clinic Contact details:**

**Phone:** 01904 726575

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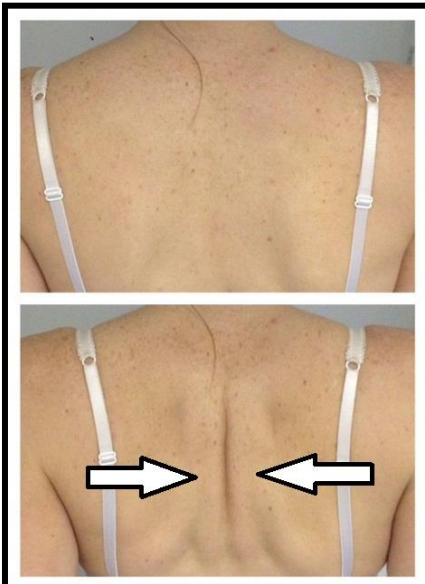
### **Elbow Bend to Straighten**

Bend and straighten your elbow so you feel a mild to moderate stretch. You can use your other arm to assist if necessary. Do not push into pain.

### **Forearm Rotations**

Put your elbow at your side. Bend it to 90 degrees. Slowly rotate your palm up and down until you feel a mild to moderate stretch. You can use your other arm to assist if necessary. Do not push into pain.

Repeat 10-15 times provided there is no increase in symptoms.



### **Postural awareness**

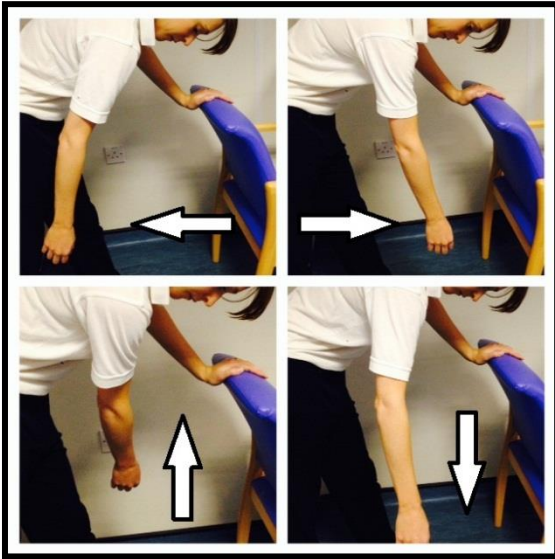
Bring your shoulders back and squeeze your shoulder blades together as shown in the picture. Do this with or without your sling on.

Hold the position for 20-30 seconds and repeat 5 times provided there is no increase in symptoms.

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### 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 1-2 minutes in total provided there is no increase in symptoms. Remember to try and relax your arm.

### Stage 2 Exercises

To start as soon as you are able and to do 4-5 times a day:



### Active assisted Shoulder flexion

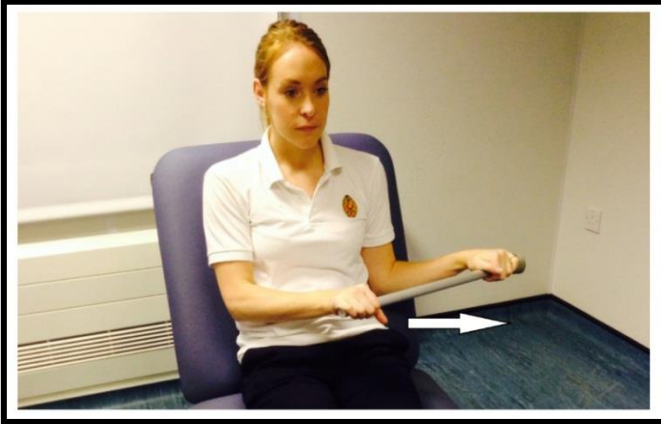
Use your other hand to lift your arm up in front of you as shown in the pictures.

Repeat 10 times provided there is no increase in symptoms.

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### **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 5 seconds then return to the starting position. Repeat 10 times provided there is no increase in symptoms.

## **Stage 3 Exercises**

**To start once you can do Stage 2 Exercises comfortably. To do 4-5 times a day:**

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.

Perform these exercises 10 times each. Only go as far as you can naturally, without doing any trick movements to try and get any further. The movement should increase over time and should not be forced.

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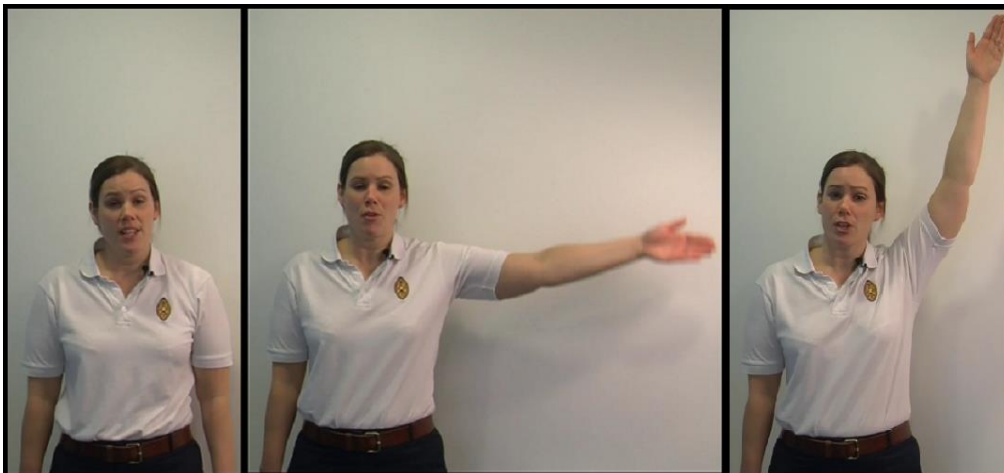
**Active Forward flexion:**

With your thumb facing up, try to move your 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.



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**Active External rotation**

With your elbow by your side, rotate your forearm outwards, keeping your elbow at about 90 degrees in flexion.



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