

## How can Osteopathy help?

Once the underlying cause of the shoulder complaint is established, appropriate treatment can be started. Tendons can take at least six weeks to repair. Rotator cuff injuries recover over many months and frozen shoulders can take a couple of years!

Osteopathy can help loosen joints and muscles in the upper back, neck and shoulder blades restoring compensation. Osteopathic treatment can ease tightness in the tendons and the muscle pain in the shoulder with soft tissue massage or stretch techniques to the muscles or with the very gentle cranial approach depending on the type of problem and how long it has been there and how deeply set it has become. Osteopathy can mobilize the shoulder joint to improve mobility.

In most cases, gentle movement and gentle stretching exercises are appropriate and can be started along side treatment, as oppose to mobility and strengthening exercises which can compound the problem when started too early. Tight muscles and tendons cannot function properly when they are tight and need to repair and relax before they can be strengthened. Rehabilitation can then be started but can take months rather than weeks if the complaint is chronic and been there a long time.

Osteopaths can advise and help with habitual bad posture and advise on stretching, mobility and strengthening exercises and rehabilitation options. These maintain and improve the mobility in the spine and shoulder girdle as it is important to try and prevent re-occurrence. Exercises, like Yoga or Pilates, gym classes or swimming can all be helpful.

Heat is usually helpful. Muscles like the warmth, heat eases the ache by flushing the blood through the muscles helping recovery. Either warm hot water bottles, wheat bags or heat patches can help. If you can't use heat, at least try not to let the muscles get cold!



Established in its present location in Shaw, Newbury and in the Hungerford doctors surgery in the Croft since 1994.

The clinic has operated in the Newbury and Hungerford area since 1990.

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## Osteopathy

### Shoulder pain



Dr Andrew Taylor Still

Osteopathy was developed by an American doctor, Andrew Taylor Still in 1873. He noticed people with traditional medical complaints often presented with structural problems in their spinal joints. He developed mechanical 'techniques' to manually treat these complaints and ease their symptoms rather than relying solely on traditional medicine. He believed a person's body, mind and spirit was connected and interacted as a unit. He believed the structure of the body governed its function and the function governed its structure and that each person has inherent healing potential through their immune system to heal themselves.

Osteopathy came to Britain in 1913, when one of Still's early students, John Martin Littlejohn, returned to London to practice and with the aim of setting up an Osteopathic school. The British School of Osteopathy opened in 1917 but Osteopathy did not become properly regulated until 1993 under the Osteopathy act and the formation of the General Osteopathic Council, its governing body.

## What is an Osteopath?

An Osteopath is often associated with treating bad backs and necks and associated with 'clicking joints'. Eighty percent of patients who first present at the clinic present with neck and low back problems often as a last resort, having exhausted the conventional medical approaches.

Patients often ask and are often surprised to find out Osteopaths can treat complaints in hips, knees, ankles and feet, shoulders, elbows, wrists, hands and heads.

Osteopathy can be very gentle. 'Clicking joints' can be a useful tool when required and appropriate but there are many ways of easing restricted joints, ligaments, tendons and muscles and patients are often surprised how gentle and effective treatment can be and often how quickly some symptoms can improve.

The key to Osteopathic treatment is finding the cause! Bodies are very good at compensating around problems and imbalances, many restrictions can build up over a long time, from previous accidents, poor posture or habitual activity but the body bends and twists to compensate and carries on, moving as best it can, adapting to these restrictions until something finally finishes it off and it can't cope any more.

Osteopathic treatment eases these restrictions, restores the compensation and allows the body to do what it wants to do naturally and get itself better through its immune system. If you allow it an inch it will take a mile and get better on its own. Whether it requires easing joints with manipulation and 'clicks' at one end of the spectrum or a more gentle release to ease restriction with the subtle cranial sacral approach at the other extreme.

## Shoulder complaints treated by Osteopaths

[Tendonitis](#) Commonly affects the shoulder and can affect any of the shoulder tendons. It can be acute, sudden in onset, caused by a one off injury like a fall or strain, or chronic and recurrent, caused by repetitive activities. It often hurts as you move your shoulder, through a range of movement, it can be painful and sharp and eases off towards the end of the movement which can be relatively full in range.

[Rotator Cuff](#) The rotator cuff is an umbrella term for the four main muscles and tendons (and even the ligaments) that hold the arm (humerus) to the shoulder blade (scapula). It can result from an ongoing tendonitis, that isn't settling, can be acute or chronic from an ongoing repetitive action including for example rounded shoulders from poor posture. There is often a deep ache in the background. It is painful and sharp, often in more than one direction of movement and does not ease through the range of movement which is limited and restricted. Lying on it at night is painful and it can keep you awake.

[Frozen Shoulder \(Adhesive capsulitis\)](#) Most often result from ignoring an underlying, ongoing shoulder complaint such as a tendonitis and/or rotator cuff complaint. A further trauma is then sustained to a shoulder that is already struggling, such as a pull or fall and this can then result in a frozen shoulder. They are initially painful and very restricted in all ranges, the pain gradually subsides over a few months but is replaced with a duller pain and more restriction. They often feel frozen to your side, hence the name. They are very debilitating and can take many months to start improving and a few years to recover.

[Osteoarthritis](#) Osteoarthritis is often a result of previous traumatic injuries in the past, repetitive use, or physical, more manual occupations. Gradual in onset, better for movement and warmth and worse first thing in the morning and for rest and cold. Shoulders are one of the first joints to become susceptible to wear and tear changes, often wearing by 40 years of age, partly due to their huge range of movement and the demand placed on it through life, the shoulders are actually the only joints at a disadvantage as a result of us walking on two legs, they are at a mechanical disadvantage being at our sides rather than out in front of us as we would have been on all fours!

## How do I get better?

The real message is not to leave an ongoing shoulder complaint untreated. Try and establish the cause. Easier with a fall but more difficult with a repetitive task. Most shoulder problems often start as feeling in the shoulder, they don't hurt but you feel them when doing a task, you know they are slightly straining through the movement. At this stage they are already going wrong and you should take steps to change how you are doing things!

Most tendonitis and ligament strains settle gradually within 6 weeks with careful movement and heat. Try to avoid movements that create a sharp pain. That can include a lot of exercises that try to mobilise the shoulder and strengthen the muscles with bands. If it is making the shoulder painful, stop them. Sharp pain is a sure way to further aggravate a shoulder and make it more inflamed. As it gets more inflamed it gets more restricted and you get more sharp pain. You enter a downward spiral and things get worse quickly. This is often a time when cortisone injections work well. Some G.Ps offer this service or there are specialist shoulder clinics where injections can be done privately or where you can be referred. It is important to realise these injections are not a cure, they deliver a local dose of an anti-inflammatory drug into the shoulder which halts the progression of the inflammation and stops the downward spiral of pain, restriction and more inflammation which can result in a frozen shoulder. With chronic conditions it maybe worth asking for an ultrasound scan or x-rays to exclude bony and soft tissue complaints that require medical 'intervention' before starting a lengthy, inappropriate course of treatment or starting lengthy rehabilitation that won't work at this stage.

Many recurrent shoulder complaints are often caused by tightness in the upper back and shoulder blades. The upper back and neck should work together, if the upper back and shoulder blades get tight, the shoulder over compensates by moving a little too much and placing the tendons under more strain.