

# fact sheet

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## Shoulder Tendonitis

*Also known as:*

*Bicipital Tendonitis*

*Rotator Cuff Tendonitis*

*Supraspinatous Tendonitis*

*Impingement Syndrome*

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## What is it?

Tendons are bands of strong fibers that attach muscles to bone. The shoulder joint is kept stable by a group of muscles called the rotator cuff as well as the bicipital tendon, the tendon that keeps the upper arm bone within the shoulder socket.

Shoulder tendonitis is an inflammation (irritation and swelling) of the tendons of the shoulder. The most common tendon disorders of the shoulder are bicipital tendonitis and rotator cuff tendonitis.

Causes of shoulder tendonitis include frequent use of the arm in an overhead position or throwing motion, jobs with overhead assembly or lifting, a direct blow to the shoulder, falling on an outstretched arm, diseases that weaken the shoulder muscles, age being over 40 years, and rarely, infection.

## How is it diagnosed?

Early signs include a slight pain in the shoulder/upper arm area when you move your arm up and down. This pain may only occur when the shoulder is under pressure, but may occur at anytime during the day or night. Pain often

increases as the shoulder is moved away from the body. As the tendonitis develops, the pain will become more severe and spread from where the shoulder meets the arm to all over the rotator cuff.

Most symptoms begin gradually, but with traumatic tendonitis, a “pop” may have been heard or felt as the tendon fibers tore. The diagnosis can be made when specific movements, especially raising the arm above the shoulder, causes pain and soreness.

## What to look for

Pain may be felt in the front of the shoulder when moving the arm and shoulder. This pain will especially be felt upon extension of the arm, raising the arm above the shoulder, and may even be felt when touching the shoulder. The area may be red with swelling noted and a burning sensation may be felt around the front of the shoulder area. The pain may be worse at night or first thing in the morning.

## Tests

Physical examination, x-rays, and possibly MRI

## How is it treated?

Treatment goals include reduction in pain and inflammation, as well as preserving mobility and preventing disability and recurrence.

Treatment involves resting the shoulder and avoiding activities that cause pain. Ice packs applied to the shoulder and non-steroidal anti-inflammatories will help reduce inflammation and pain. Physical therapy may be indicated to help strengthen the muscles of the rotator cuff. If pain persists, a steroid injection may reduce pain and inflammation.

## Common Medications

Anti-inflammatories, analgesics, and possibly steroid injections

## What is the Predicted Outcome?

Most cases of tendonitis resolve on their own. See your doctor if you experience pain that interferes with your normal day to day activities and have soreness that doesn't improve despite self care measures.

## How can this be prevented?

Since most cases of tendonitis are caused by overuse, the best treatment is prevention. It is important to modify and/or avoid the activities that cause the problem. Improper posture or poor technique at work should be corrected.

## Work Restrictions and Accommodations

Restrictions include no use of arm above shoulder level. No lifting, no carrying and no pushing are normal restrictions during early treatment. Job modification to allow timely and safe RTW may be recommended. Resume activities and job duties as tolerated.

## What is the expected return to work?

*Medical Treatment:* duration depends on severity of symptoms and whether dominant or non-dominant arm is involved.

<b>Job Classification</b>	<b>RTW Minimum-Maximum</b>
Sedentary Work .....	0-4 days
Light Work .....	0-7 days
Medium Work.....	14-42 days
Heavy Work .....	28-84 days
Very Heavy Work .....	28-84 days

## Apply these basic rules

- Take it slow at first and gradually build up your activity level.
- Use limited force and limited repetitions.
- Stop if unusual pain occurs.