



BeyondDuty+

Shoulder Injuries

Shoulder injuries are a frequent issue among UK veterans, particularly those with service roles involving repetitive overhead activity or heavy manual tasks. Conditions such as **rotator cuff tears**, **subacromial bursitis**, and **shoulder impingement syndromes** are common, often arising from cumulative microtrauma during military service.

Common Causes in Service Contexts

- **Repetitive overhead work** in confined or awkward positions (e.g., engineers, mechanics, artillery crews)
- **Load-bearing activities**, such as carrying weapons, body armour, or equipment packs
- **Falls, impact injuries**, or dynamic training environments (e.g., assault courses, unarmed combat)

Typical Presentations

- **Chronic shoulder pain** (especially with lifting, reaching, or sleeping on affected side)
- **Reduced range of motion** and **weakness**
- Clicking or catching sensation
- **Difficulty performing daily tasks** (e.g. dressing, lifting overhead)



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VETERANS
WELFARE GROUP

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Key Diagnoses in Veteran Populations

- **Rotator Cuff Tears** – partial or full-thickness tendon tears, often from repetitive strain or degenerative changes
- **Subacromial Bursitis** – inflammation of the bursa under the acromion, causing pain with elevation
- **Shoulder Impingement Syndrome** – tendons or bursa become trapped during arm elevation
- **Adhesive Capsulitis (Frozen Shoulder)** – can follow injury or prolonged immobilisation

Management and Rehabilitation

1. Initial Management:

- **NHS MSK referral** via GP (self-referral possible in some trusts)
- **Rest, activity modification**, and **ice** in acute flare-ups
- **Pain relief:** paracetamol, NSAIDs, or topical agents

2. Physiotherapy (First-Line Treatment):

- Focus on restoring **range of motion, rotator cuff strength**, and **scapular control**
- Prescribed exercises may include:
 - Pendulum swings
 - Isometric holds

- o Theraband strengthening
- o Postural correction

3. Injections and Imaging:

- **Corticosteroid injections** for persistent bursitis or impingement
- **MRI or ultrasound** imaging for suspected full-thickness tears
- **Ultrasound-guided injection clinics** often available via NHS MSK services

4. Specialist Referral (Orthopaedics):

- For suspected rotator cuff tears, impingement unresponsive to rehab, or frozen shoulder not improving after 6 months
- Surgical options (e.g. arthroscopic decompression, rotator cuff repair) are considered based on age, activity level, and tear severity

Self-Management Tips:

- Avoid overhead lifting during flare-ups
- Maintain shoulder mobility with regular gentle stretching
- Use heat therapy before exercise, ice after
- Ensure work or gym activities are adapted to prevent recurrence
- Follow prescribed **home exercise programmes** diligently

Shoulder Rehabilitation Exercises

For: Rotator Cuff Injuries, Bursitis, Impingement Syndrome

Use under guidance from professionals

Important Before You Begin

- Perform exercises slowly and within a **pain-free range**.
- Stop and consult your clinician if symptoms worsen.
- Apply **heat before** exercise and ice after, if inflamed.
- Start with 1–2 sets of each exercise daily, progressing as advised.

Phase 1: Pain Relief & Mobility

Pendulum Exercise (Shoulder decompression)

- Lean forward, let the injured arm hang freely.
- Gently swing in small circles clockwise and anticlockwise.
- 30 seconds each direction, 2–3 times daily

Wall Crawl (Flexion)

- Stand facing a wall.
- Walk fingers up the wall as high as comfortable.
- Hold 5 seconds, slide back down. 10 reps

Passive External Rotation

- Use a stick or cane held in both hands.
- Gently push the injured arm outward using the other hand.
- 10 reps, hold each 5 seconds

Phase 2: Strengthening (Start after pain settles)

Isometric Shoulder Holds

- Stand near a wall.
- Gently push your hand into the wall in:
 - **Forward direction (flexion)**
 - **Out to the side (abduction)**
 - **Outward rotation (external rotation)**
- Hold each push for 5 seconds, 5 reps per direction

Theraband External Rotation

- Tie a resistance band to a door handle.
- Elbow at 90°, tucked to your side.
- Pull hand away from body, keeping elbow still.
- 2 sets of 10 reps

Scapular Retractions

- Stand or sit up straight.
- Squeeze shoulder blades together.
- Hold for 5 seconds, repeat 10 times

Phase 3: Functional Return

Wall Push-Ups

- Stand arm's length from a wall.
- Do a controlled push-up against the wall.
- 10–15 reps

Overhead Reach with Band

- Resistance band anchored below waist.
- Pull diagonally up and outward, mimicking overhead reach.
- 2 sets of 10 reps

Tips for Ongoing Recovery

- Avoid heavy overhead lifting during rehab
- Improve posture and avoid slouching
- Regularly stretch chest and upper back
- Stick with your **home exercise plan** even when pain reduces

Daily Tracker (Example)

Date	Pain (0-10)	Exercises Done	Notes

Contact Us

For more information and support, get in touch with our advisors and veterans with lived experience today.



enquiries@veteranswelfaregroup.co.uk



0330 056 0174

