

NECK AND SHOULDER PAIN FACTSHEET

Q Why are we prone to neck and shoulder pain?

A Neck and shoulder pain is a common cause of concern for many beneficiaries and, as the specialists who have seen some of you, and leading doctors and physiotherapists tell us, there are physical reasons why you're more likely to experience it:

- Having shorter arms may cause you to overuse other parts of the body to compensate for not being able to reach as far. This can cause wear and tear (a type of arthritis) in the neck and shoulder earlier than it would otherwise
- Poor posture, such as rounding the shoulders to compensate for reduced reach, can lead to shoulder, neck and back pain as it increases the likelihood of muscle tension and spasm between the shoulder blades
- A joint that was not properly formed at birth can wear unevenly (like a badly fitting tyre on a car). This can also make the joint prone to early wear and tear, for example the shoulder joint
- The shoulder joint and also the acromioclavicular joint (where the shoulder connects to the collar bone) may have to move further, if the shoulder is damaged, to allow the arm to move
- If you were born without the disc of cartilage in the acromioclavicular joint (found by a scan called an MRI), then you are missing a vital cushion within the joint to protect it; again, this may cause the joint to wear out earlier than if you had been born with it
- The Trust's nerve study showed that compression of the nerves is more common in the neck and spine in Thalidomide Survivors. This can cause pain in the neck but can also make you feel pain in the shoulder and arm (called referred pain). It can also cause symptoms such as pins and needles and numbness down the arm and in the hand. You can see details of the study here: <https://www.thalidomidetrust.org/neuropathy-study-completed/>

Q How do I find out what's causing my pain?

A Understanding your pain, and getting a diagnosis, are very important first steps in doing something about it. You can do this by seeing your GP, going direct to a physiotherapist or discussing the best way to go about it with the Trust.

Giving professionals a detailed description of the pain may make the cause obvious, and sometimes an examination can provide the answer; but on some occasions more tests are needed. For example, for the shoulder – X-Rays, ultrasound, or an MRI scan. For the neck an X-Ray of the spine or neck is very rarely done, as the more highly detailed MRI provides much more information.

Sometimes a steroid injection into a joint can help to see if this is the area causing the most pain and it is helpful if this is done under ultrasound guidance.

Once you understand where the pain is coming from you can have a meaningful discussion about what can help.

Q What is the best way to treating pain?

A Sometimes a combination of treatments is the best way to help ease neck and shoulder pain. Treatment can range from physio and other physical treatments right through to surgery.

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Q What will physiotherapy do and what will involve?

- A** An initial assessment with a physiotherapist can help identify any unequal muscle length, and muscle spasm, that may have built up over the years. The assessment will help the physio work out a plan to help reduce spasm and improve the strength of the muscles around the shoulder joint and the neck; and increase the overall strength of the back and core. They will also look at the stability of the shoulders and how they work with the back. Some therapists use Electromagnetic Stimulation (EMS) pads on the neck to strengthen the muscles. Acupuncture can also be helpful.

You can find out more about physiotherapy and how to find a therapist here:

<https://www.csp.org.uk/public-patient/find-physiotherapist/find-physio> or watch the Trust's video on Physiotherapy here:

<https://www.thalidomidetrust.org/physiotherapy-professionals/physiotherapy-video-case-study/>

Q Can massage therapy help?

- A** The muscles between the shoulder blades can become very tense in people with short arms if they round their shoulders to compensate for their shorter reach. Sitting at your computer for periods of time can cause pain in this area in everyone – and the neck muscles can also become tense.

A massage therapist, focusing purely on these muscles, will reduce the tension, helping relieve pain. Massage therapists can spend longer than a physiotherapist on reducing the muscle spasm so massage may be a cheaper treatment option. Many of you have told us you find it helpful to have a regular massage.

Though a therapist is the best way to help reduce muscle spasm, massage chairs, hand-held massagers and heat pads can also help. There are different kinds of heat pads; some of which are heated in a microwave, some are electronically powered; some kinds are gel, some are wheat packs – which are often the most suitable as they are both lightweight, and extremely self-conforming, and, thereby, convenient.

Q Will improving my posture help?

- A** Making sure you hold your neck and shoulders in the right position, or good posture as it is sometimes called, is very important. Good posture reduces the strain on your body in everyday life.

If your posture has been bad for some time, the muscles in your shoulders and neck may have become tight and may not be equal in length. In this case it may not be possible for you to correct the posture without first reducing the muscle spasm and then improving the muscles and strengthening them, later.

Initially, you may need a full assessment with a physiotherapist to work out a programme of treatment. You may also need their help with making sure you are holding your head in the correct position when doing every-day things like sitting reading a book, watching television, or working on your computer. Some therapists use a laser on the head and exercises to keep the head in the normal alignment.

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If you are a wheel chair user it's important to have your cushion checked, and how it affects your posture in the chair. This should be done at least every two years – and can be done by a physiotherapist, or a wheelchair occupational therapist.

Pilates, the Alexander Technique and stomach and core strengthening exercises, can work wonders in helping you develop good posture and keep it in your daily tasks to cause the least strain possible on your body. You can find out more here:

<https://www.thalidomidetrust.org/health-and-wellbeing/living-well/getting-active/pilates/>

Read Simone's story to find out how she managed pain with exercise

<https://www.thalidomidetrust.org/managing-pain-with-exercise/>

Q What is Pacing and how can it help?

A Finding the exact amount of activity you can do without causing a flare-up of your symptoms can become an art form. The trick is to work out how long you can do things like sitting, standing, or walking, and how long you can do them on a good day, and on a bad day. Find out more about pacing in our blog: <https://www.thalidomidetrust.org/pacing-for-pain/>

Accepting help with day to day tasks can also really help. It can make all the difference in keeping you well enough to spend time on the things you enjoy.

Q Are there any aids and assistance that can help?

A Finding things that can help make life easier is really important. Having an assessment with an Occupational Therapist (OT), getting tips from other beneficiaries, or having your computer/chair assessed are just some of the things you can do.

For example, it's important you don't tilt your head down, or up, to look at the computer, or read for long periods of time as this can cause the muscles in the back and neck to go into spasm. Making sure you have the right equipment for sitting, changing position and having breaks can help you sit properly.

It is also worth considering investing in a good, supportive mattress. Some beneficiaries have reported that this has really improved their pain and the quality of their sleep.

Q Why will weight loss help?

A Extra weight can lead to pain and inflammation. Many beneficiaries have told us how important it is for them to keep their weight down. This helps them do many daily tasks they would otherwise not be able to do. Weight loss can also make you more flexible, too, as things become easier to reach, and you're putting less strain on your muscles when you reach for things.

Simone found losing weight made a real difference to her pain. Read her story here:

<https://www.thalidomidetrust.org/professional-resources-research/beneficiary-stories/achievements/simones-story/>

What about exercise?

Staying active and doing regular exercise are still very much recommended even if you have chronic pain. And it can be fun! Read more about it here:

<https://www.thalidomidetrust.org/health-and-wellbeing/living-well/getting-active/>

Q What's the right medication to take?

A Over-the-counter painkillers such as ibuprofen (for people who can take NSAIDs and don't get indigestion) and paracetamol may help relieve your pain in the first instance. Find out more here: <https://patient.info/treatment-medication/painkillers>

If you find you need stronger painkillers it may help to see your GP. Your GP may prescribe neuropathic painkillers if your usual painkillers are not working. Neuropathic pain killers are not stronger, they just work differently. They are tablets that help nerve-related pain, and there are many different kinds available. You could ask your GP if you could take them on top of ordinary painkillers. They may also help you sleep better. Find out more here: <https://patient.info/brain-nerves/neuropathic-pain>

Q What other medical treatments are available?

A If the above measures aren't working, steroid injections may be an option. Steroids can be injected into the specific area where you think your pain is coming from, and can help with your diagnosis when your pain may be coming from more than one source. For example, you may have an injection directly into the shoulder joint.

Steroid injections can also help reduce the pain so your physiotherapist can strengthen the muscles and improve the range of movement. Find out more here: <https://patient.info/treatment-medication/steroids/steroid-injections>

Q Will I need an operation?

A An operation is usually the last resort and a surgeon will have thought very carefully before suggesting it. The operation can involve decompression surgery, which means releasing pressure from the nerves.

Sometimes smaller scale surgery can be tried, such as an arthroscopy of the shoulder, where a scope (which is a tube with a camera on the end) is put into the joint. Recovery is usually quick. However, sometimes you might need more complex surgery, such as a full shoulder replacement, or neck surgery, where the nerves are released.

Billy underwent surgery for his neck and shoulder pain. Read his story here: <https://www.thalidomidetrust.org/billys-shoulder-surgery/> and here: <https://www.thalidomidetrust.org/neck-surgery-success/>

Q Where can I find out more, or discuss my concerns?

A If you want to know more about the information in this fact sheet, or just need a chat about your concerns. Call the Health and Wellbeing team at the Trust. We're here to help on 01480 474074.