FREE GUIDE

Understanding Shoulder Pain: Rotator Cuff, Impingement, and What Actually Helps

What's really going on in your shoulder — and how targeted exercise can reduce pain and restore function.

Shoulder pain is one of the most common complaints in adults over 40. Yet it's also one of the most mismanaged — often met with rest, anti-inflammatories, or vague advice to "avoid overhead activity." For most shoulder conditions, that approach delays recovery rather than supporting it. This guide explains the most common causes of shoulder pain and what the evidence says actually helps.

THE SHOULDER — A QUICK OVERVIEW

Why it's vulnerable and what keeps it stable

The shoulder is the most mobile joint in the body — and that mobility comes at the cost of stability. Unlike the hip, which is a deep ball-and-socket joint with significant bony support, the shoulder sits in a shallow socket and depends almost entirely on muscles, tendons, and ligaments for stability. When those supporting structures are weak or imbalanced, pain and dysfunction follow.

The rotator cuff — a group of four muscles that surround and stabilize the shoulder — is central to virtually every shoulder problem. Understanding it is the key to understanding your pain.

COMMON CAUSES OF SHOULDER PAIN

What's likely going on

Rotator cuff tendinopathy.

The most common shoulder condition in adults 40+. The tendons of the rotator cuff become irritated and painful — often from repetitive overhead activity, poor posture, or muscle imbalances that place excess stress on the tendons. Despite the pain, the tendon is usually intact and responds very well to progressive loading (specific strengthening exercises).

Shoulder impingement syndrome.

Occurs when the rotator cuff tendons become compressed between the bones of the shoulder during arm elevation. Often caused by weakness in the rotator cuff and scapular stabilizers, poor posture, or tightness in the posterior capsule. Highly responsive to corrective exercise.

Rotator cuff tears.

Partial or full tears of one or more rotator cuff tendons. Small tears are extremely common in adults over 50 — and many are completely asymptomatic. Surgery is not always necessary; many tears respond well to conservative rehabilitation.

Frozen shoulder (adhesive capsulitis).

A condition where the capsule surrounding the shoulder joint becomes inflamed and contracted, causing significant stiffness and pain. More common in people with diabetes. Responds to gentle progressive mobility work and is often self-limiting over 1–3 years.

AC joint arthritis.

Arthritis of the small joint at the top of the shoulder. Common after 40. Typically causes pain with reaching across the body. Responds well to activity modification and strengthening.

> **"For most rotator cuff conditions, progressive strengthening is more effective than rest — and equally effective as surgery for many partial tears."**

WHAT ACTUALLY HELPS

The evidence-based approach to shoulder recovery

Rotator cuff strengthening.

The single most important intervention for most shoulder conditions. External rotation and internal rotation exercises, combined with scapular stabilization work, address the root cause of most shoulder pain. The key is progressive loading — starting light and building over time.

Scapular control.

The scapula (shoulder blade) is the platform the shoulder moves from. Poor scapular control — often from weakness in the middle and lower trapezius and serratus anterior — is a contributing factor in many shoulder conditions. Improving scapular stability reduces impingement and improves shoulder mechanics.

Posture and thoracic mobility.

Rounded upper back posture (common with desk work and aging) reduces the space available for the rotator cuff tendons and changes shoulder mechanics. Thoracic mobility work and postural correction are often underappreciated parts of shoulder rehabilitation.

Gradual return to overhead activity.

Avoiding overhead activity entirely can maintain or worsen the problem. A graded return — starting with partial ranges and low loads, then progressing — is usually more effective than prolonged avoidance.

WHEN TO SEE A DOCTOR OR SURGEON

Red flags that warrant medical evaluation

- Sudden, severe pain following a fall or trauma
- Significant weakness — inability to lift the arm or hold objects
- Numbness or tingling radiating down the arm
- Night pain that prevents sleep and doesn't improve over several weeks
- No improvement after 6–8 weeks of consistent, appropriate exercise

Note: A diagnosis (confirmed by imaging or a physician) is helpful context but is not required before beginning a conservative strengthening program. Most shoulder conditions respond similarly to the same foundational approach.

READY TO TAKE THE NEXT STEP?

Get a program built around your specific situation

Shoulder pain is one of Tim's specialties. With a clinical PT background and specific experience in post-surgical shoulder rehabilitation, he can build a program that addresses your specific condition.

Tim Williams (BodyGrades) is based in Roswell, GA and works with adults 40+ managing pain, rebuilding strength, and returning to the activities they love. With 15 years as a licensed physical therapist assistant,

he understands your body at a clinical level — and comes to you.

Book your assessment at bodygrades.com
or call Tim directly at (678) 316-9459

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