FITNESS & EXERCISE

Should You Exercise With a Bad Shoulder?

The safest answer depends on what hurt, how it started and whether you are exercising around an injury or rehabilitating it.

"Bad" is doing too much work

You reach for a weight, a racket or the floor, and your shoulder objects. Now the question is not simply whether exercise is good for you. It is whether this particular shoulder, with this particular problem, should be loaded today.

"Bad shoulder" can describe a sprain, strain, dislocation, fracture, torn rotator cuff, tendinitis, bursitis, frozen shoulder or arthritis. Those problems do not share one exercise plan. Some injuries happen suddenly after a fall, blow or twist; others develop gradually after repeated loading. Treating them as interchangeable is where confident fitness advice becomes unreliable.

The shoulder's freedom of movement is part of the difficulty. Its three bones are the collarbone, shoulder blade and upper arm bone, and the ball of the upper arm is larger than the socket holding it. Muscles, tendons and ligaments help keep this highly movable joint stable. When one of those structures is injured or irritated, "work through it" is not a diagnosis.

Your first useful distinction is how the trouble began. Sudden pain after trauma belongs in a different category from an ache that arrived gradually after repeated overhead movement. A dislocated joint typically needs immediate medical care, and most acute fractures require an immediate visit to a health care provider. Severe sports injuries also need professional assessment rather than an improvised workout.

Movement can help, but specificity matters

Exercise is part of care for many shoulder problems. That does not mean any shoulder exercise is therapeutic. The evidence supports exercise in defined conditions, while also showing that researchers cannot yet name one universally best program, resistance level or amount.

A 2023 evidence synthesis examined more than 500 papers on exercise for tendinopathy, including rotator cuff-related shoulder pain. Its efficacy reviews included 204 studies and concluded that exercise therapy was generally safe and beneficial. But much of the evidence was low or very low quality, limiting firm recommendations about which exercise works best

for a particular tendon problem.

For shoulder tendinopathy, the review suggested that exercises targeting flexibility and awareness of joint position may be more useful than strengthening alone. Across tendinopathies, combining the muscle-shortening and muscle-lengthening phases of strengthening might help. These findings are possibilities, not a ready-made gym plan: the authors said better research is still needed on exercise type and dosage.

Frozen shoulder has its own evidence. A 2022 review of 33 studies found preliminary support for exercise programs improving movement, function, pain and strength. Supervised exercise appeared more beneficial than home exercise for movement and function, while adding stretches to a broader exercise program may improve movement. The review could not identify the most effective amount of exercise or draw conclusions about long-term results.

The gym cannot tell you what is injured

If your shoulder hurts during exercise, changing the movement may avoid provoking it. What that change cannot do is tell you whether the underlying problem is a tendon disorder, frozen shoulder, instability, arthritis or an acute injury. That distinction affects whether you are modifying activity, beginning rehabilitation or delaying care that you need.

Health care providers assess shoulder problems using your medical history, a physical examination and, when appropriate, imaging. That matters because the same everyday description-pain when lifting an arm, for example-can sit inside several different conditions. The available sources do not support a universal list of "safe shoulder exercises" for an undiagnosed painful shoulder.

For many sports injuries, early care may include rest, ice, compression and elevation, commonly shortened to RICE. Exercise and medicines to reduce pain and swelling are also used for some shoulder problems. More severe injuries may require physical therapy, a brace or splint, or surgery. A rehabilitation program is usually recommended before returning to the activity that caused a significant sports injury.

This is the line between a lifestyle decision and a medical one. If the pain followed a fall, collision or other sudden injury, or you may have a fracture or dislocation, do not use exercise as a test. If the problem is persistent or you do not know what you injured, a health care provider can establish what you are actually asking the shoulder to recover from.

More effort is not better evidence

Shoulder trouble often invites a shopping list of solutions: special exercises, devices and therapies layered together. The research is less certain. For frozen shoulder, programs combining exercise with several other interventions produced little to no difference in movement compared with exercise alone, and the evidence about differences in pain and function was uncertain.

Pulsed electromagnetic field therapy (PEMF) is one example. Despite broader claims for electromagnetic treatments in some musculoskeletal conditions, the shoulder-specific findings are disappointing. A 2016 review of four studies involving 168 people with rotator cuff disease found that PEMF did not reduce shoulder pain, either alone or when added to physical therapy exercise.

A later study of 40 people with a shoulder tendon or rotator cuff tear reached a similar result: adding PEMF to conventional physical therapy did not improve pain or function more than physical therapy alone. Static magnets have even less to offer here. There is no recent research establishing that static magnet therapy helps shoulder pain.

The stronger message is not that exercise fixes every shoulder. It is that a condition-specific exercise program may be useful, particularly for tendinopathy or frozen shoulder, while extra technology may add nothing. The quality of the evidence also matters: a large body of research can still leave basic questions unanswered when studies use inconsistent methods and report outcomes poorly.

Monday takes a notebook and pen

Before your next workout, use a notebook and pen to build the medical history your shoulder decision needs. Write down whether the problem began suddenly or gradually, whether there was a fall, blow or twist, and which activity was happening when you first noticed it. Record what you can no longer do comfortably and whether repeated overhead or lifting movements are involved.

That page is not a self-diagnosis. It is a way to replace "my shoulder is bad" with information a health care provider can use alongside an examination and, if needed, imaging. It also gives you something more dependable than testing one painful movement after another in the gym.

If you already have a diagnosed tendon problem or frozen shoulder, take the page to the professional supervising your rehabilitation. Ask which movements belong in your program, which activity you are preparing to resume and how progress will be judged. Individualised care and the patient-professional relationship were identified as important to confidence and motivation in the 2023 tendinopathy review.

If you have not been assessed, especially after a sudden injury or with pain severe enough to disrupt ordinary activity, make that assessment the next step. On Monday, the job is not to prove that your shoulder can tolerate a workout. It is to arrive with a notebook, a pen and a clearer account of what happened.

Where this comes from

- Shoulder Injuries and Disorders

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/shoulderinjuriesanddisorders.html
- Veterans and Military Health

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/veteransandmilitaryhealth.html
- Sports Injuries-Types, Symptoms, & Risk Factors

  National Institute of Arthritis and Musculoskeletal and Skin Diseases · https://www.niams.nih.gov/health-topics/sports-injuries
- Magnets For Pain: What You Need To Know

  National Center for Complementary and Integrative Health · https://www.nccih.nih.gov/health/magnets-for-pain-what-you-need-to-know
- Exercise therapy for chronic low back pain.

  The Cochrane database of systematic reviews, 2021 · https://pubmed.ncbi.nlm.nih.gov/34580864/
- Exercise therapy for tendinopathy: a mixed-methods evidence synthesis exploring feasibility, acceptability and effectiveness.

  Health technology assessment (Winchester, England), 2023 · https://pubmed.ncbi.nlm.nih.gov/37929629/
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  Archives of physical medicine and rehabilitation, 2022 · https://pubmed.ncbi.nlm.nih.gov/34425089/
- Benefits of physical therapy in improving quality of life and pain associated with endometriosis: A systematic review and meta-analysis.

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