



# Health & Wellbeing



Max Webster-Green is a musculoskeletal physiotherapist, based in the Physio Motion clinic in Green Park, with experience in a variety of conditions and an interest in the shoulder. In his first article for SEBRA NEWS W2 he gives insights on shoulder pain, common misconceptions, and strategies to reduce pain and improve movement.

## SHOULDER PAIN AND HOW TO IMPROVE IT

**S**houlder pain can make a previously trivial activity, such as dressing, unbearable. It can prevent you from picking up your child or strip you of your ability to work. Consequently, you can become fearful of movement, further limiting the activities that comprise your life. Recent evidence suggests that we may have misunderstood the cause and management of shoulder pain, but I hope to demystify the topic and provide you with a pathway to improving it.

### WHY IS YOUR SHOULDER PAINFUL?

Shoulder impingement was the most common diagnosis for shoulder pain. It is defined as compression of structures in the shoulder, such as the rotator cuff, as the arm is raised. This supposedly damaging form of compression is due to a lack of space between bones in the shoulder. However, is this diagnosis borne out in the research? We now know that approximately 50% of non-painful shoulders impinge, and corrective



Physical assessment of shoulder pain

decompression surgery has been shown not to improve pain or function more than placebo or exercise therapy. Further studies show that less space between bones in the shoulder does not produce more pain. Therefore, we cannot say shoulder impingement is a problem, and it is likely a normal finding that need not be corrected.

Incorrect posture is another proposed cause of shoulder pain. In reality, it is less often the cause of pain and more often

the result of it. Posture is determined by many influences, such as genetics, mood, illness, and mental health. Correct posture and form is useful to improve performance in sport or activities, but there isn't strong evidence that it contributes to shoulder pain. One can become obsessed with how they sit or position their shoulders, but there is no perfect posture, and posture should not be pathologised.

Rotator cuff tendinopathy and tears are another group of causes of shoulder pain that are not reliably supported by the research. These changes are seen in a person's painful shoulder and concurrently in their non-painful shoulder, suggesting rotator cuff changes are not the cause of their pain. However, an increase in the size of an existing tear or a full-thickness tear can increase the likelihood of pain. Additionally, the presence of inflammation in the shoulder is more prevalent in those with shoulder pain. So we can say that shoulder structures matter, but they are not the be-all and end-all of the problem.

### WHAT IMPROVES SHOULDER PAIN?

Surgery is commonly used to treat shoulder impingement, but, as discussed above, impingement is not a tenable cause of shoulder pain and should not be corrected. Surgery should be considered first in specific or severe cases of full-thickness rotator cuff tears. However, people with non-traumatic tears seem to improve equally as well with conservative treatments such as exercise as they do with surgery. In these cases, surgery, which costs at least twice as much as conservative management, with no associated benefit, may be a poor first approach.

Exercise can improve shoulder pain, and it is the only universally recommended treatment throughout the guidelines. It may be as effective as surgery in reducing pain, but it is cost-effective, presents a low risk of harm, and has a multitude of secondary benefits. It is also helpful for people who have become fearful of movement as a result of their pain and would benefit from learning less painful ways of moving. As an adjunct to exercise, manual therapy, such as massage, may improve pain by desensitising and reducing threat in the painful areas.

The biggest predictors of improvement are non-structural, such as fear of movement, self-efficacy, and pain catastrophising. In the majority of cases, structural factors such as severity of impingement do not determine how you will improve. Your MRI is not your destiny, and, according to the evidence, you can get better irrespective of your impingement or muscle tear.



Exercise therapy for shoulder pain.

What matters most is your belief in your ability to recover, confidence in moving your shoulder, expectations and optimism in relation to rehabilitation, and confidence in your clinician. Fortunately, physiotherapists are well-equipped to help you improve your confidence and fear, coach you to less painful movement, and return to life as it was before shoulder pain.

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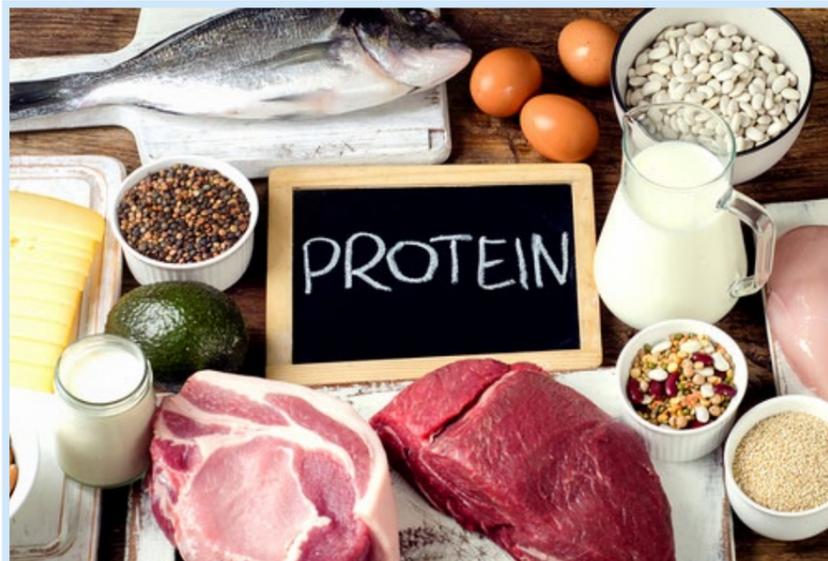




**SEBRA Member Lisa Powell** is a Registered Nutritional Therapist (CNHC) and Nutritionist (mBANT), Metabolic Balance Coach and Weight Loss Specialist. She also holds a Diploma in Performance Nutrition and runs corporate nutrition programmes. Lisa's articles are always as interesting as they are thought provoking, and we thank her once again for contributing to the magazine.

## NOT ALL PROTEIN IS CREATED EQUAL

**P**rotein has become the star nutrient recently, with supermarket shelves packed with high-protein yoghurts, cereals, ready meals, snacks and even desserts. Media headlines regularly promote protein for weight loss, muscle tone and appetite control. While protein absolutely plays a vital role in health, the current marketing hype has blurred an important truth: not all protein is created equal. Protein is essential for building and repairing tissues, supporting immune function, producing hormones and maintaining muscle mass – particularly important as we age. It also helps with satiety, meaning meals containing adequate protein can keep us feeling fuller for longer. For these reasons, ensuring we eat enough protein across the day is important.



There are many great foods to choose from which contain high-quality protein. The message is to shop wisely and read the labels.

So it's not just about protein quantity; it's also about protein quality. High-quality proteins tend to be minimally processed and naturally rich in other nutrients. Examples include eggs, fish, Greek yoghurt, beans, lentils, tofu, nuts, seeds and lean poultry. These provide fibre, vitamins, minerals and healthy fats alongside protein.

In contrast, many ultra-processed foods now boast "added protein" while remaining high in salt, saturated fat, refined carbohydrates and additives. The presence of protein does not automatically make a product healthy. Fast-food outlets have also embraced the protein trend. While a grilled chicken option can be reasonable, many "high-protein" burgers and wraps still come in refined white buns with sugary sauces and high sodium levels. A meal may contain 30g of protein but also a day's worth of salt. Protein content alone does not determine nutritional value – the overall balance matters.

That said, some convenience ranges offer decent choices. High-protein and nutrient-dense ranges from M&S Food include options with lean protein, vegetables and wholegrains. Similarly, the Gym Kitchen range from Sainsbury's offers higher-protein ready meals that are often lower in saturated fat than typical alternatives. Another



Ultra-processed foods may have protein added, but that doesn't make them healthy.

simple option is buying a bag of salad or greens alongside some protein, e.g., pre-cooked roast chicken or even a can of tuna. These can be useful for busy people when chosen carefully, though they shouldn't replace a varied, home-cooked diet.

Protein bars deserve particular scrutiny. Marketed as fitness foods, many contain 15–20g of protein – but also glucose syrup, artificial sweeteners, palm oil and highly processed protein isolates. Some contain as much sugar and saturated fat as a standard chocolate bar, simply with added protein powder. Adding protein to a confectionery product does not transform it into a health food.

Ultimately, protein is important, but it does not automatically deserve a nutritional gold star. Rather



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