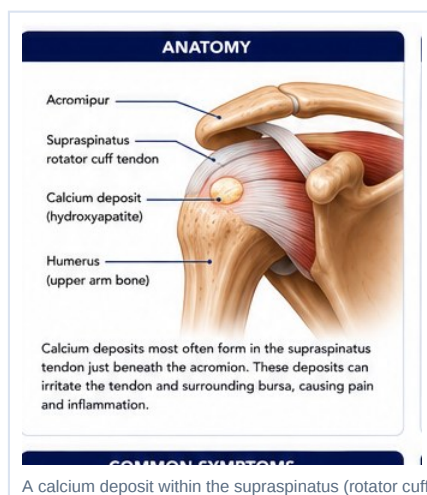


SHOULDER CONDITION

Calcific Tendinitis

Calcium Deposits of the Rotator Cuff — Patient Condition Guide



OVERVIEW

Calcific tendinitis occurs when calcium deposits form within the rotator cuff tendons. The deposits can irritate the tendon and surrounding bursa, and when the body begins to reabsorb them, the shoulder can become intensely painful — sometimes suddenly and without injury. It is most common between ages 30 and 60.

SYMPTOMS

- Aching shoulder pain that can flare into severe, acute pain
- Pain with overhead motion and at night
- Stiffness and guarding during painful flares
- Symptoms may wax and wane over months

DIAGNOSIS

Calcium deposits are usually visible on plain X-rays, which also help stage the deposit. Ultrasound can localize deposits precisely; MRI is used when other problems are suspected.

TREATMENT OPTIONS

Most cases settle with anti-inflammatory treatment, therapy to maintain motion, and time — the deposits often resolve on their own. For persistent or severe cases, options include ultrasound-guided needle aspiration (barbotage) of the deposit, corticosteroid injection of the bursa, or arthroscopic removal of the deposit in resistant cases.

RECOVERY OUTLOOK

Acute flares typically calm within days to weeks with treatment. The long-term outlook is excellent — calcific tendinitis usually resolves completely and rarely damages the tendon permanently.



SCAN FOR THE LATEST VERSION ONLINE

robertpettitmd.com/handouts/calcific-tendinitis.pdf

This handout is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.

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HOME EXERCISE PROGRAM

Calcific Tendinitis: Exercises & Strengthening

Keep the shoulder moving through comfortable range during flares, then rebuild rotator cuff strength as pain allows.

Stop and call the office at (513) 354-3700 if any exercise causes sharp pain, swelling, numbness, or symptoms that worsen into the next day. This general program does not replace an individualized plan from Dr. Pettit or your physical therapist.



Pendulum Swings

5 minutes, 3 times daily

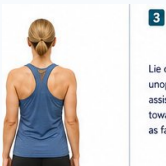
Lean forward with support, let the arm hang relaxed, and gently swing it in small circles. Gradually widen the circle. Keep the shoulder muscles loose.



Wand-Assisted Elevation

10 slow reps, 2–3 times daily

Hold a cane or stick with both hands and use the healthy arm to guide the affected arm overhead as far as comfortable.



Scapular Squeezes

10-second holds × 10, 3 times daily

Sit or stand tall and squeeze the shoulder blades together and slightly down, as if pinching a pencil between them. Do not shrug.



Band External Rotation **ECCENTRIC**

3 sets of 10–15, every other day

Elbow bent 90° and tucked at your side, rotate the forearm outward against the band, then return slowly — take 3–4 seconds on the way back (the eccentric phase).

SHOULDER CALCIFIC TENDONITIS (CALCIFIC TENDINOPATHY OF THE ROTATOR CUFF)

Calcific tendinitis occurs when calcium deposits form within the rotator cuff tendons, most commonly in the supraspinatus tendon. This can cause pain, weakness, and limited shoulder motion, especially during the “acute” phase when the body tries to reabsorb the deposit.

Calcium deposit within the supraspinatus tendon



ANATOMY

Calcium deposits most often form in the supraspinatus tendon just beneath the acromion. These deposits can irritate the tendon and surrounding bursa, causing pain and inflammation.

THE 4 PHASES

- 1. FORMATIVE PHASE**
Calcium builds up within the tendon. Usually painless.
- 2. RESTING PHASE**
Deposit becomes stable. May or may not cause symptoms.
- 3. RESORPTIVE PHASE**
Body tries to reabsorb the calcium. This is the most painful phase.
- 4. POST-CALCIFIC PHASE**
Deposit is gone. Tendon heals and pain improves over time.

RISK FACTORS

- Age 30–60 (most common)
- Repetitive overhead activity (sports or work)
- Poor shoulder mechanics or posture
- Diabetes or thyroid disorders
- Genetic predisposition
- Smoking

COMMON SYMPTOMS

- Deep aching pain in the front or side of the shoulder
- Pain with overhead activities or lifting
- Pain at night, especially when lying on the affected shoulder
- Stiffness and loss of motion
- Weakness in the shoulder
- Sudden severe pain during the resorptive phase

DIAGNOSIS

Your doctor will perform a physical exam and order imaging tests to confirm the diagnosis.

X-RAY
Shows calcium deposit in the tendon.

ULTRASOUND
Best test to evaluate the size, location, and stage of the deposit.

X-RAY EXAMPLE

Calcium deposit (white area) in the supraspinatus tendon.

TREATMENT OPTIONS

- 1. NON-SURGICAL TREATMENT (First Line)**
 - Activity modification
 - Anti-inflammatory medications
 - Ice and heat therapy
 - Physical therapy
 - Cortisone injection (for acute pain)

Most cases improve with time and conservative treatment over weeks to months.
- 2. IMAGE-GUIDED TREATMENTS (If Pain Persists)**
 - Ultrasound-guided needling and barbotage (lavage)
 - Extracorporeal Shockwave Therapy (ESWT)
 - Platelet-Rich Plasma (PRP) injection

These treatments help break up the deposit and reduce pain.
- 3. SURGICAL TREATMENT (Rarely Needed)**
 - Arthroscopic removal of the calcium deposit
 - Treatment of any associated rotator cuff tear or impingement

Considered when symptoms persist for 6–12 months despite appropriate non-surgical treatment.

EXERCISES THAT CAN HELP

Perform 1–2 times per day as tolerated. Stop if pain increases.

PENDULUM SWING

Lean forward and let your arm hang down. Gently swing in small circles.

TABLE SLIDE (FLEXION)

Place hands on table and slowly slide forward to stretch shoulder.

WAND EXTERNAL ROTATION

Use a stick or cane to gently rotate your arm outward.

WALL CLIMB

Face the wall and slowly walk your fingers up the wall.

SCAPULAR RETRACTION

Squeeze shoulder blades together and hold.

i Consistency is key! Improve motion and strength gradually over time.

PREVENTION TIPS

- ✓ Warm up before activity
- ✓ Maintain good shoulder flexibility and strength
- ✓ Avoid repetitive overhead strain
- ✓ Use proper technique in sports and at work
- ✓ Take breaks and rest when shoulder becomes fatigued

WHEN TO SEE A DOCTOR

- Pain lasts more than a few weeks
- Sudden severe shoulder pain
- Pain interferes with sleep or daily activities
- Weakness or loss of motion

Scan for exercise videos and more information about shoulder calcific tendinitis.

This information is for educational purposes only and is not a substitute for professional medical advice. Please consult your orthopedic surgeon for a diagnosis and personalized treatment plan.

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