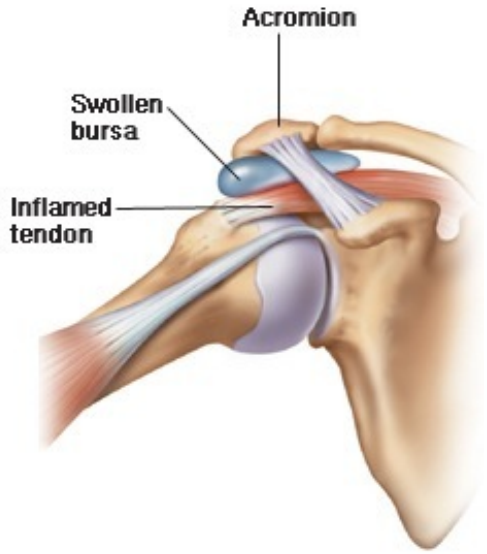
Subacromial impingement syndrome of the shoulder

What is subacromial impingement?

Subacromial impingement is one of three main musculoskeletal conditions. More than 50% of patients have symptoms for longer than six months.
It occurs with repetitive compression or 'impingement' of the bursa (a sac of fluid) and the tendons around the shoulder joint, known as the rotator cuff, as shown in the diagram below.



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What are the causes?

There are many possible causes of shoulder impingement, including:

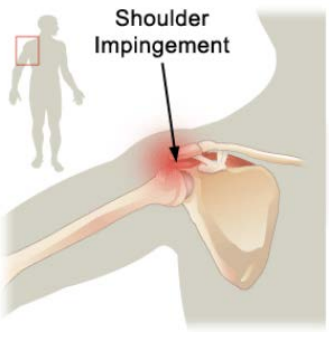
Muscle imbalance: This can lead to the arm riding up in the joint and squashing the tendons beneath the Acromion. This can be related with both poor function of the Rotator Cuff muscles and poor control of the shoulder blade.

Mechanical reason: This can cause a loss of the usual space beneath the Acromion needed for the smooth running of the tendon, for example the growth of a bony spur or Osteoarthritis.

What are the symptoms?

Symptoms can include:

- Generalised shoulder pain especially the outer side of your shoulder;
- An arc of shoulder pain that is worse when you move or lift your arm especially above shoulder height;
- Pain when putting your arm behind your head or back. People often report difficulty with dressing, particularly in fastening a bra;
- Pain reaching for your seat-belt;
- Pain at night, difficulty especially when lying on the affected side, which can disrupt your sleep.



How is it diagnosed?

Shoulder Impingement can be diagnosed by your physiotherapist through a process of asking detailed questions and an objective assessment of your shoulder.

An ultrasound scan may be useful to see a dynamic shoulder impingement and detect any other reasons for your shoulder pain such as shoulder bursitis, rotator cuff tears, calcific tendonitis or shoulder tendinopathies. However this is not always required, and can be discussed with the physiotherapist.

How is it treated?

Non-operative treatment

- If possible, modify the activity that causes you pain, or find a different way of doing it.
- Exercise – recent research suggests that exercise, especially shoulder-specific exercises and scapular stabilisation, should be prescribed for all patients with shoulder impingement. This may include exercises to strengthen the muscles around your shoulder blade, improve your posture, stretching exercises and/or strengthening the Rotator Cuff in order to decrease disability and pain severity in impingement syndrome.
- Non-steroidal anti- inflammatory drugs (NSAIDs) such as ibuprofen and naproxen, are tablets that can help with pain, swelling and inflammation. Medication should always be discussed with your GP or pharmacist.
- Corticosteroid injections have been shown to be beneficial combined with an exercise approach. This can be discussed with your Physiotherapist as the injections are not appropriate for everyone.

Surgery

Surgery is rarely needed but when all other treatment options have failed surgery may be considered. If surgery is required your physiotherapist will discuss with you referral to an orthopaedic surgeon.

References: Steuri R, Sattelmayer M, Elsig S, et al, Effectiveness of conservative interventions including exercise, manual therapy and medical management in adults with shoulder impingement: a systematic review and meta-analysis of RCTs Br J Sports Med. 2017 Sep;51(18):1340-1347; Physiotherapy for patients with shoulder pain in primary care: a descriptive study of diagnostic and therapeutic management. Physiotherapy. 2017 Dec;103(4):369-378; Turgut E, Duzgun I, Baltaci G. Effects of scapular stabilization exercise training kinematics, disability and pain in subacromial impingement: a randomized control trial. Arch Phys Med Rehabil. 2017 Oct;98(10):1915-1923.e3

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