

Shoulder Impingement

The aim of this leaflet is to give you some understanding of the problems you have with your shoulder and to provide some advice on how to manage this. It is not a substitute for professional health care advice and should be used along with information you may be given by your GP or AHP.

What is shoulder impingement?

The shoulder is a ball and socket joint. The joint is formed from a ball at the top of your arm bone (humerus) and a socket which is part of the shoulder blade (scapula). The ball is kept in the socket by muscles called the rotator cuff. There is also a lubricating sac called a bursa in the space between the rotator cuff and the bone on top of your shoulder (acromion).



Shoulder impingement is when the rotator cuff tendons or bursa are pinched under the acromion. The tendons of the rotator cuff are vulnerable to damage or wear and tear. This can cause swelling, which increases the chance of the tendon becoming pinched. The bursa can also become inflamed and swell, which causes pain. Sometimes small calcium (bone) deposits can be found in the tendon, causing inflammation and pain.

Causes

The exact cause is not known, however several factors may contribute to it. For example; Overuse or a new activity where you use your arms overhead can irritate the tendon. Injuries such as falling can cause small tears in the tendon. Aging and gradual wear and tear can result in small tears in the tendon. Impingement becomes more common as we get older.

Symptoms

Pain is often felt at the front or outside of the arm when you lift your arm to the side towards your ear. This movement narrows the space at the top of the joint, causing the rotator cuff to be pinched. Twisting movements, such as putting your jacket on, may also cause pain.

You may feel pain at night and when your arm is at rest. You may feel a 'catching' sensation in your arm when you move in certain ways.

Diagnosis (+/- tests)

Diagnosis of shoulder impingement is mainly based on what you tell us and from our examination. Other investigations may be considered, these can be discussed with your health care professional.

What are your treatment options?

Self help

Avoid overhead activities until the pain settles.
Stop or find a different way of doing the activity that is making your arm painful.

Pain relief medication or anti-inflammatories can help. It is recommended that you take your medication regularly. It is best to get advice from a GP or pharmacist. Ice packs and heat can be useful to reduce pain. Exercises can help by strengthening and stretching muscles, and improving your posture.

Exercises

Try these exercises 3 times a day. All exercises should be relatively comfortable to do. If you have pain on a specific exercise that does not settle quickly, you should stop that exercise.

Exercise 1: Stand with your back against a wall with arms by your side. Push your arms back against the wall and tighten the shoulder blade muscles. Push your chest out, do not let your shoulders come forward. Hold 5 seconds. Repeat 10 times



Exercise 2: Stand and lean forwards onto a table. Your hands should be in line with your shoulders and your elbows close to your body. Keep your shoulders back and your neck and back straight. Slowly do small push-ups. Repeat 10 times



Exercise 3: Stand with your upper arm close to your side, elbow at a right angle and the back of your hand against a wall. Push the back of your hand against the wall. Hold approx 5 seconds. Repeat 10 times



A physiotherapist will be able to advise you further on suitable exercises.

Corticosteroid Injection

These help to reduce inflammation, and are usually given into the bursa.

Surgery

A very small number of people need an operation. An operation is usually only done if your shoulder has not responded to physiotherapy and injections.

Try to stay positive. There is a lot you can do to help yourself. Most symptoms do settle with time.

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