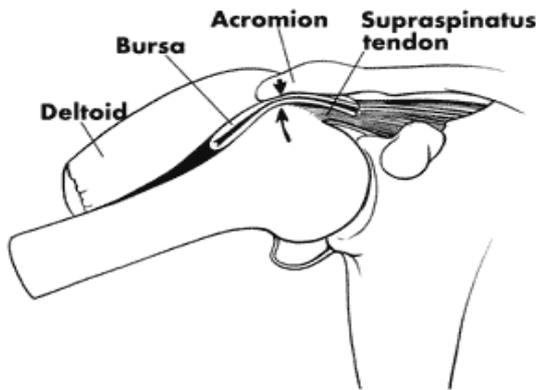


What is it?

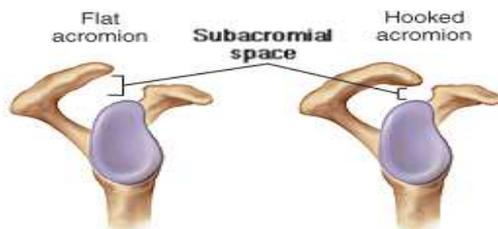
Shoulder impingement is a condition that results from the tendons of your rotator cuff and the associated bursa (fluid filled lubricating sac) being repeatedly compressed as they pass through a tunnel created by the acromion (arch) of your shoulder blade, the head of your humerus and a shoulder blade ligament.



Repeated impingement of the tendons and bursa causes irritation and swelling, thus making the space available for these tendons smaller. The pain gets worse as the irritation continues, and movement becomes more and more difficult.

Why does it occur?

Your Ethos Health Physiotherapist will be able to determine what is causing the impingement. It usually develops as a result of poor shoulder mechanics in combination with a task at work or home which repeatedly irritates the rotator cuff. Impingement can result after minor trauma, and less frequently occurs as a result of a bony growth (called a spur) impeding the passage of the tendons and or bursa under the roof of the shoulder blade.



What are the symptoms?

Pain and “catching” to the front and outside of the shoulder and upper arm is very common, particularly with overhead activities, reaching across the body or behind the back. A dull ache can persist as the problem develops even at rest. As the condition worsens, pain at night can significantly affect sleep.

Weakness can result as repeated stress to the tendons of the rotator cuff leads to a tear in this muscle group.

How will physiotherapy help me?

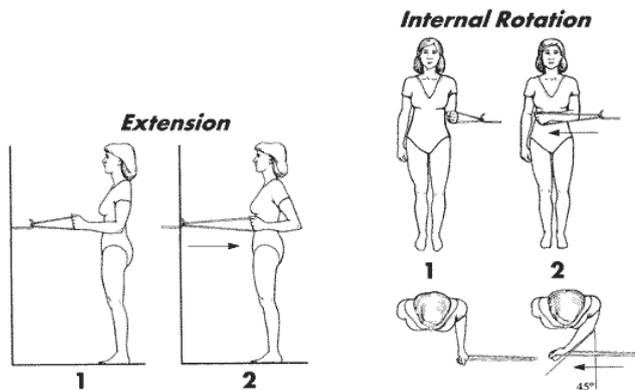
Your Ethos Health Physiotherapist will physically assess your shoulder and explain the reason for the pain you are experiencing. You may need an X-ray or an ultrasound scan of your shoulder which may provide more information regarding your shoulder pain and help to guide treatment.

Your Physiotherapist will also assess your cervical spine to determine if there is any involvement in your shoulder pain.

Research has shown that early physiotherapy intervention has a positive effect in reducing symptoms, restoring movement and returning people to work and sport faster.

Initial treatment would involve reducing pain and inflammation, restoring shoulder movement, unloading structures causing pain and advice on avoiding/modifying aggravating activities.

Your GP will also help by prescribing pain relief or anti-inflammatory medications if needed. Occasionally a cortisone injection is recommended to reduce the inflammation within the subacromial space. This has also been shown to relieve pain in the first few months after injury.



Exercise is the most important component of physiotherapy treatment for shoulder impingement. Your physiotherapist will instruct you on the performance of specific exercises, such as those shown above, to correct the position and stability of your shoulder blade and strengthen components of the rotator cuff assessed as not functioning properly. They will also design a specific exercise and stretching program and will encourage you to perform these at home and at work.

Return to work / sport

Your Ethos Health Physiotherapist will be able to advise you on the likely time frame for your shoulder pain to settle. This will depend on how long you have had pain for, adherence to your exercise program and avoidance of activity which tends to aggravate your pain.

Your Physiotherapist will work closely with your doctor should further opinion be required and can assist in the return to work / sport process by recommending certain activities that you are capable of while your pain settles.

What is the likelihood of recurrence?

Evidence suggests that maintenance of your exercise program as directed by your therapist will keep your symptoms at bay, yet you may require upgrades from time to time to maximise your recovery.

Long term relief from symptoms is best achieved through modifying activity, posture and maintaining a consistent exercise and stretching program.

Surgery

Most cases of shoulder impingement resolve within 3 to 6 months, but for a small group of people surgery may be required. Arthroscopic acromioplasty involves trimming the acromial bone to increase the space for the tendons and bursa, and therefore reducing the irritation and pain. Your GP will be able to discuss this with you further if necessary.

References

1. Faber E et al (2006) Treatment of impingement syndrome: a systematic review of the effects on functional limitations and return to work. *Journal of Occupational Rehabilitation* March; 16(1):7-25
2. Dickens VA, Williams JL, Bhamra MS (2005) Role of physiotherapy in the treatment of subacromial impingement syndrome: a prospective study. *Annals of Rheumatic diseases* September; 91 (3):159-164
3. Michener LA, Walsworth MK, Burnet EN (2004) Effectiveness of rehabilitation for patients with subacromial impingement syndrome : a systematic review. *Journal of Hand Therapy* April-June; 17 (2):152-164