

Shoulder Impingement

The problem

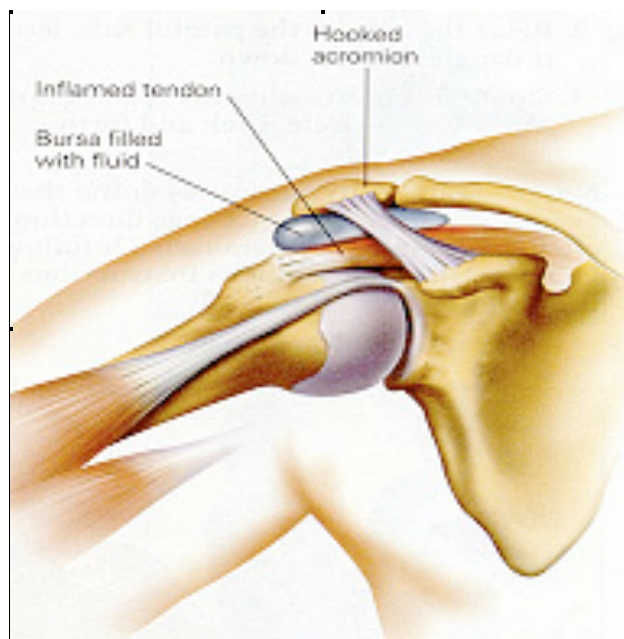
- Is caused by pinching and compression of the **rotator cuff tendons** and the **bursa** (fluid-filled sac) between the upper arm bone and the shoulder blade
- If the shoulder blade is not held in a good position (from bad posture) or the rotator cuff muscles are weak, movements of the shoulder can lead to mechanical pinching and inflammation of the soft-tissues
- Pain may be located at the upper, front part of the shoulder, although it may extend to the back of the shoulder or even as far as the elbow
- Weakness and/or the inability to lift the arm above the head may also be a problem

Interesting facts

- Other names for shoulder impingement include swimmers shoulder, painful arc syndrome, throwers shoulder or supraspinatus syndrome
- In some individuals a congenital 'hooked acromion' may predispose them to shoulder impingement (see figure above right)

What you can expect/look out for

- Pain with above-head movements
- Pain is often worse at night



Hints for self-management

- Rest from aggravating activities, avoid overhead movement
- Try not to sleep on the side of your painful shoulder

Management options

- Conservative management includes rest and physiotherapy based exercises
- There is evidence to support the use of corticosteroid injection into the subacromial space
- Severe impingement that does not respond to conservative management may require acromioplasty and surgical decompression +/- a rotator cuff repair

More information

- The scapular stabilising muscles, namely the serratus anterior and the lower and middle trapezius, can often be weak which predisposes the shoulder joint to impingement
- Exercises are often targeted to affect the muscles that control the position of the shoulder blade as well as rotator cuff strengthening