



Shoulder Impingement Syndrome Handout

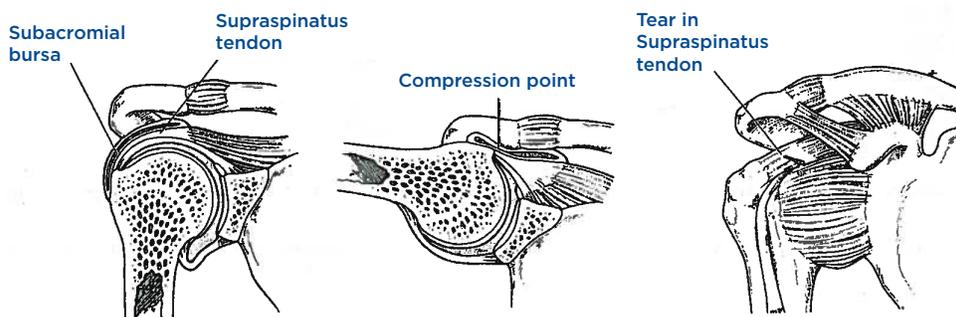
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WHAT IS IT?

Impingement syndrome is characterized by pain in the shoulder due to inflammation of the rotator cuff tendons or the subacromial bursa from being pinched during shoulder motion. The rotator cuff is a group of four muscles that surround the shoulder and are responsible for motion and stabilization of this ball and socket joint. The subacromial bursa is a slippery membrane/cushion that sits on top of the rotator cuff tendons and helps the surfaces slide on each other and reduces undue friction.

What happens is that something starts the pain process off, often something relatively minor. Then once the shoulder is irritated, we tend to try and not do things that make it hurt so we develop patterns of movement to decrease the pain (like limping if you hurt your foot). That leads to a vicious cycle of pain, which leads to decreased motion, which leads to weakness and stiffness, which leads to more pain, etc...

Rotator Cuff Injury



WHAT ARE THE SYMPTOMS?

The main symptom of impingement syndrome is pain around the shoulder and often at the outer portion of the upper arm. This pain is usually worse with shoulder motion, especially when reaching overhead or lifting activities. Occasionally, patients might also complain of night pain or aching pain even when not using the arm. Depending on the severity of inflammation, you may also experience weakness and loss of shoulder motion, especially overhead and reaching up behind your back.

WHY DOES IT HURT?

Shoulder impingement problems hurt because the tissues are getting pinched between the ball of the shoulder joint (humeral head) and the roof of the bone over the top of the shoulder (acromion). Your physician will have ordered x-rays to check the bones in your shoulder to make sure they look okay.

WHY DO I HAVE IT?

Impingement syndrome often occurs with repetitive overuse types of activities as seen in sports like baseball, tennis, volleyball and lacrosse. It can also be the result from an acute strain or traumatic injury where the tissue stays inflamed.

WILL I NEED SURGERY?

About 2/3 of the patients get better with a course of physical therapy over about a 6 week period. If it is not getting better, then the next step is to consider an injection of a cortisone type medication. This injection hopefully breaks the cycle by taking the pain and inflammation away. The injection plus the physical therapy leads to relief 75% of the time. If the injection works, even if it is only temporary relief, it also confirms that the pain comes from where we did the injection. If things are not getting better at that point, then surgery is the next option.

WHAT DO I DO TO GET BETTER?

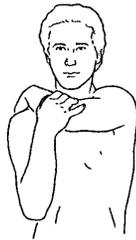
The biggest thing is to break the cycle of pain leading to weakness and stiffness. You break the cycle by restoring normal strength and flexibility of the shoulder with exercises and stretches. You may try some over the counter anti-inflammatory medication like ibuprofen or your physician may prescribe you one. Another thing you can try is using ice for 20-30 minutes several times daily to calm down the inflammation. With this condition, some people may actually respond better to applying heat so you may want to try both and see which works better for you. One good rule is "heat before/ice after" activity.

SUGGESTIONS FOR SOME EXERCISES & STRETCHES TO START WITH:

SHOULDER JOINT POSTERIOR CAPSULE STRETCH

Gently pull elbow of involved shoulder over chest with opposite hand as shown until a stretch is felt in shoulder.

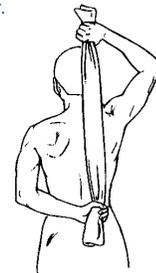
Hold for 15 seconds.
Repeat 3 time.



TOWEL STRETCH FOR SHOULDER INTERNAL ROTATION

With involved arm on bottom, pull towel up with uninjured arm until a stretch is felt in shoulder.

Hold for 15 seconds.
Repeat 3 time.



RESISTED SHOULDER INTERNAL ROTATION (SIDELYING)

Keeping elbow bent and in at side, bring arm up and in toward body.

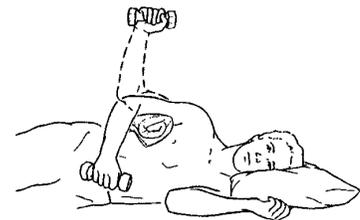
Use 1-2 pound(s)
Do 3 sets of 12.



RESISTED SHOULDER EXTERNAL ROTATION (SIDELYING)

Keeping elbow bent and in at side, raise arm up toward ceiling as shown.

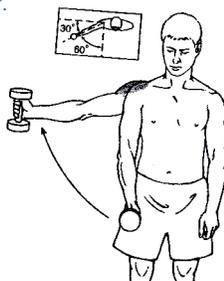
Use 1-2 pound(s)
Do 3 sets of 12.



SUPRASPINATUS STRENGTHENING EXERCISE

Keeping elbow straight and thumb pointing up, bring arm forward and up to just below shoulder level. Arm should not be out to side or out in front but in between making a "V".

Use 1-2 pound(s)
Do 3 sets of 12.



WALL PUSH-UP

With arms slightly wider apart than shoulder width, and feet 12 inches from the wall, gently lean body toward wall.

Do 3 sets of 12.

