

symptoms are failing to settle or if the pain is present for the majority of the time, this is usually a mixture of local anaesthetic and steroid and is injected into the subacromial space. You will need to rest for a few days following the injection but then your exercise programme needs to be restarted.

Very rarely surgery may be indicated which aims to reduce the effects of impingement by restoring space in the affected area. The operation usually performed is known as an arthroscopic subacromial decompression. Even if surgery is performed, it is important that the factors which caused the problem to develop in the first place are addressed before and following the operation to prevent recurrence.

What can you do to help?

There are a number of things which you can do to relieve the symptoms and prevent recurrence.

- Long term awareness of posture is essential – this should be addressed during your treatment
- Avoid or adapt any known aggravating factors such as repetitive overhead activities
- Initially, regular pain relief is important if this enables you to be able to perform the exercise programme. Once the symptoms settle you should no longer need these.
- Your exercise programme often needs to be continued on a long term basis.

Exercise

Exercises will be recommended for your treatment, which are specific for your symptoms. It is important to persevere with these as it can take time to bring the symptoms under control, this might take between 6 to 12 weeks, or occasionally longer.

Do you have a communication or information support need?

If so please contact a member of the physiotherapy team so that those needs can be recorded and responded to.



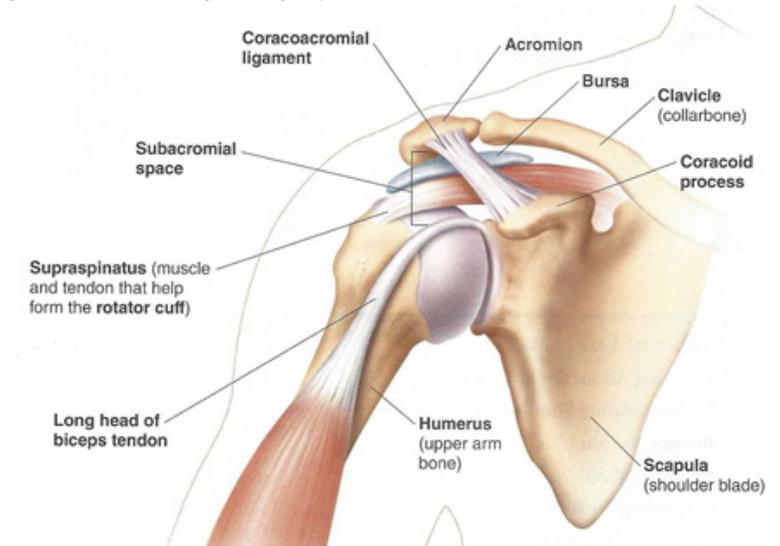
Shoulder Impingement Syndrome (subacromial impingement syndrome)

Information for patients

Aim of leaflet

This leaflet will help you understand:

- What happens when you have shoulder impingement syndrome
- How you can relieve your symptoms



Shoulder Anatomy: The shoulder is a ball and socket joint made up of the round ball at the top of your arm bone (humerus) and a shallow socket that is part of the shoulder blade (scapula). Above the ball and socket is a ligament that links 2 parts of your shoulder blade to form an arch. The area below the arch is known as the subacromial space.

What is impingement?

The design of the shoulder makes it very mobile and this mobility also depends on correct movement occurring at the shoulder blade and the thoracic spine (middle of the back). Providing all parts are working correctly the shoulder can move freely and painlessly. There are muscles which control the position of the shoulder blade and a separate group of muscles which hold and move the ball in the socket at the shoulder joint (the rotator cuff). Impingement usually occurs when the rotator cuff tendons (the attachment of the muscles) which run through the subacromial space become compressed along with the bursa (a fluid filled sac - see diagram) between the humeral head below, and the arch of the ligament and acromion bone above. This is usually the result of several

factors including posture, poor muscle control of the rotator cuff and shoulder blade, repetitive overhead activity of the arm that fatigues the muscles, or wear and tear within the tendons of the shoulder joint as a result of ageing. All these factors can result in the subacromial space becoming narrowed. This can result in pinching of the rotator cuff tendons which if it continues can begin to irritate the tendons which then become painful. If this goes on for a prolonged period it is possible that the tendons may develop tears which are initially usually small.

What will you experience?

The main symptom is usually pain, particularly when trying to lift the arm away from the side of the body. To begin with you might only feel this pain in an arc of movement when moving around shoulder height. This corresponds to the subacromial space being at its narrowest. Eventually the shoulder may become painful on twisting movements such as dressing, or at night. The pain may not be felt in the shoulder but in the upper arm. The shoulder may eventually become stiff because the painful movements are avoided.

How is it diagnosed?

The signs and symptoms as described above are very typical for this condition and usually along with your shoulder being examined might be all that is required to make the diagnosis. Very occasionally if following the above a bony cause is suspected an x-ray maybe requested, or if the muscles in your arm are significantly weak then an ultrasound scan or MRI may be helpful (the muscles sometimes appear weak due to the pain stopping them working properly).

How is it treated?

Usually impingement syndrome responds well to treatment directed towards avoidance of aggravating postures/activities, along with improving the muscle control around the shoulder joint and shoulder blade. This will help maximise the space available for the rotator cuff tendons in the subacromial space and avoid the compression of the tendons. Posture is also very important for similar reasons.

Specific exercises are often recommended that may be modified as your treatment progresses. Occasionally an injection may be suggested if the