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*Nottinghamshire Integrated Care System*

# Subacromial Pain Syndrome

(Impingement syndrome / Rotator Cuff Tendinopathy)

## Information for Patients



Information in this booklet is intended to be used as a guide. It gives you an idea about how *Subacromial Pain Syndrome* can be managed. You should remember that every case is different, and symptoms and management can vary from person to person.

# Subacromial Pain Syndrome

The shoulder joint is the most mobile joint in your body. It is a ball and socket joint that allows for lots of movement involved and needed for washing, dressing and reaching. However, to allow for this movement the shoulder has less 'bony support' than other joints like the hip and requires muscles and tendons to provide stability and control.

A group of four muscles and their tendons make up the Rotator Cuff, which controls movement and helps to hold the joint together.

Shoulder pain is very common and affects between 15-25% of adults; this percentage increases as we get older. Shoulder pain can be annoying and painful but is rarely due to a serious condition.

*Subacromial Pain Syndrome* refers to the soft tissues under the 'Acromion', which is the roof of the shoulder blade.

The condition can normally be diagnosed by your reported symptoms and an assessment completed by your health care professional. Further investigations are often not needed. If the diagnosis is unclear, then an X-Ray or ultrasound can be performed to aid the diagnosis.

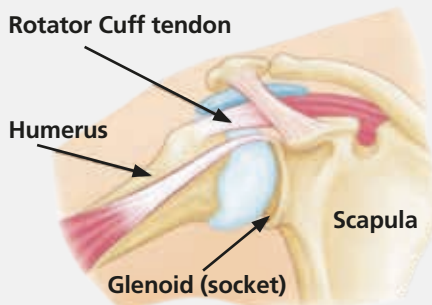
Approximately 80% of patients are treated successfully with conservative (non-surgical) treatment. Physiotherapy can be very helpful in improving your symptoms and is normally the only treatment required. The use of exercises and education can help to reduce your pain and increase your movement by strengthening the Rotator Cuff and improving the stability of the shoulder.

## What is Subacromial Pain Syndrome?

**The Rotator Cuff provides stability to the ball and socket joint. The picture below shows the Rotator Cuff travelling through the tunnel between the Acromion (the roof of the shoulder blade) and the 'ball' of the Humerus (the bone in the top of your arm).**

If the control or strength of these muscles is affected or reduced, then they can become stressed and the space in the tunnel can become smaller; this is often due to swelling and inflammation. This can cause these muscles to become painful.

*Subacromial Pain Syndrome* does not cause any serious damage to the muscles and responds well to conservative treatment such as simple home exercises.



## Why me?

**Anyone can develop *Subacromial Pain Syndrome* and many factors can contribute towards its development. These can include:**

- Muscle weakness or imbalance
- Injury
- Shoulder stiffness
- Posture
- Age related change of the muscles / tendons or joints of the shoulder.

Symptoms can develop gradually or follow from an injury. They are more commonly experienced in individuals older than 45 years of age. Often there is no clear cause of the pain.

Overuse of the shoulder can be a cause of pain. People that complete regular overhead activity, such as painting and decorating, or work with an outstretched arm, such as hedge trimming can contribute to developing symptoms. This is often due to the mechanical element.

## Symptoms

**As *Subacromial Pain Syndrome* includes a few different conditions, the symptoms can vary. They can range from very mild to more intense symptoms and can include:**

- An ache or pain in the shoulder or upper arm
- Pain on movement of the shoulder, especially above head height

- Reduction in movement, such as reaching behind your back, putting your arm in a coat or reaching for a seatbelt
- Weakness or stiffness when lifting heavy items
- Discomfort if lying on the painful side.

## Diagnosis & Investigations

**Subacromial Pain Syndrome can be diagnosed from the signs and symptoms that you describe. Assessment of the shoulder, neck and arm by a health care professional will help to inform this diagnosis.** Depending on your presentation an X-Ray and/or ultrasound may be indicated to provide additional information to aid the diagnosis and recommend treatment. Investigations only provide information to support the clinical examination.

### Ultrasound Scans

An ultrasound scan looks at the 'soft-tissues' around the shoulder such as the muscles, tendons and bursa. It is important to remember that tears can be found on ultrasound scans, but this does not mean the tear(s) are responsible for the symptoms you are experiencing.

### X-Rays

An X-Ray looks at the bones of the shoulder, assessing the quality of the joint and the surface of the bones.

## Will it get better?

***Approximately 80% of patients with Subacromial Pain Syndrome are treated successfully with conservative (non-surgical) management. This will include exercises, some of which are demonstrated towards the end of this booklet.***

It may take between 3-6 months of consistent exercise use to get better, but this is normal.

We work with a team of Orthopaedic Advanced Practitioners and Consultants. If you do not respond to physiotherapy, we can escalate your care, such as considering steroid injections.

Steroid injections are sometimes used to facilitate physiotherapy exercises. They offer a window of opportunity of reduction in symptoms to allow participation of the exercises. Injections are only offered in conjunction with physiotherapy.

## Management

**Subacromial Pain Syndrome is treated with a variety of different management techniques. Below is a list of ways you can help yourself:**

- **Rest** - Relative rest from the activity or movement that hurts. This does not mean stopping all shoulder movements but perhaps reducing how often you do the painful activities
- **Pacing activity** - Taking regular breaks from difficult or repetitive activities such as lifting if possible
- **Pain relief** - As required and as recommended by your GP or pharmacist. This is often a combination of analgesia and anti-inflammatories
- **Movement** - Continue to keep your shoulder moving. Even if it is just changing position try and do so every 30 minutes or so
- **Active** - Being active for 30 minutes in your day can make a big difference in your overall health and improve your pain. Sedentary and inactive lifestyles increase the risk of developing pain and can also delay your recovery
- **Work** - If you use a computer, make sure that you do not have to stretch your arm forward to use your mouse, and arrange your workstation so that everything that you use frequently is within easy reach
- **Posture** - Try not to 'slouch' in your chair. Sit with your arm supported on a pillow or the armrest
- **Exercise** - See the exercise section for suggestions.

## Medication for Pain Control

Controlling your pain allows you to continue to function and helps you cope. Your GP may have already discussed medication to help with your pain and the correct ways to take pain relief. They may recommend that you take it as a short course rather than 'as and when' the pain is bad. This often includes 'non-steroidal anti-inflammatory' medication such as ibuprofen, paracetamol or Zapain. Anti-inflammatory gels can also be trialled. Please always read the instructions before using these products.

## Steroid Injections

Steroid injections are sometimes used to facilitate physiotherapy exercises. The steroid injection for *Subacromial Pain Syndrome* is into the subacromial bursa so is considered a soft-tissue injection. It is therefore not recommended to have more than two of these. They offer a window of opportunity to reduce symptoms, to allow participation of the exercises. Injections are only offered alongside with physiotherapy. Steroid injections can be discussed with your health care professional.

## Surgery

Surgery for *Subacromial Pain Syndrome* is rarely needed. The aim of the operation is to increase the space under the Acromion. This is an arthroscopic (keyhole) surgery and is called a Subacromial Decompression (SAD).

## EXERCISES

All the exercises advised can be tried at home once a day. If they are easy, then you can increase how many times you do them, to 2-3 times per day. If they are painful or cause new symptoms, then please reduce how many you do or stop them if necessary.



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### EXERCISE 1

#### Resisted lateral rotation:

- Standing next to a wall with your elbow bent and tucked into your side
- Push the back of your hand and wrist against the wall, making sure your elbow stays tucked in
- Squeeze your shoulder blades together
- Push enough to feel the muscle around your shoulder and shoulder blade switch on
- Push for 5 seconds and then relax
- Repeat 5-10 times.



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### EXERCISE 2

#### Resisted abduction:

- Stand or sit next to a wall with your affected arm next to the wall
- Let your arm relax by your side
- Push your arm outwards against the wall
- Push for 5 seconds and then relax
- Repeat 5-10 times.

## EXERCISES



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### EXERCISE 3

#### **Flexion with a towel:**

- You can do this exercise standing up or if this is too difficult then you can lie down on your back and do it
- Holding a small towel in both hands keep it tight
- Lift the towel out in front and then above you as far as you can
- If you cannot get as far as the picture, then just lift as far as you can comfortably
- Slowly lower back down and relax your shoulder
- Repeat 5-10 times (increase the number if it is easy to complete).

