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Shoulder Impingement

Shoulder impingement is the commonest cause of shoulder pain.

The pain is usually at the front and side of the shoulder and can go down the side of the arm. The pain causes considerable impact on the activity of daily living, work and sports. It can affect sleep especially when lying on the affected side.

In moderate to severe cases it will lead to limitation of range of movement especially elevation above shoulder level.

What causes impingement?

Impingement usually affects people between the ages of 40-60 years. The cause is usually a combination of degeneration of the rotator cuff tendon and boney spurs underneath a bone called the "acromion", under which the tendon passes.

Deposits of calcium in the tendon and tendon tears can also contribute to the painful condition. This will cause a painful arch when moving the shoulder, where the rotator cuff tendon is squished between the acromion and the upper part of the arm bone.

Treatment

Shoulder impingement can be treated with non-surgical means in over 75% of cases. This includes anti-inflammatory medications, physiotherapy exercises to mobilise and strengthen the joint and steroid injection into the space between the acromion and the rotator cuff i.e. the "bursa."

If conservative treatment fails, then arthroscopic surgery (keyhole) is successful in 85% of cases. This can be done as a day case procedure. With the aid of a post-operative rehabilitation program, the patient should expect to go back to performing normal activities of daily living by six weeks and sports by three months.

The keyhole surgery is called, "Subacromial Decompression". This operation aims to increase the space between the rotator cuff tendons and the acromion. This is done by removing anterior and lateral bone spurs from the acromion which may be rubbing against the bursa and rotator cuff tendons. This will also release the growth factors, which are

available in the blood of the bone marrow, which in turn will regenerate the rotator cuff tendons.

Keyhole surgery will give the surgeon the opportunity to check the integrity of the rotator cuff and the biceps tendon, and to deal with any pathology at the same time.

Shoulder surgery requires considerable rehabilitation period with the aid of physiotherapy. This might take several months. A sling may be required directly after surgery, and the period worn depends on the procedure performed.

It must be remembered however that over-zealous physiotherapy and repetitive or sustained overhead activities could lead to delayed recovery.

Physiotherapy aim

Achieve full range of movement, improve postural awareness and initiate shoulder blade stability, strengthen the rotator cuff and shoulder balancing.

Return to function

No driving for two weeks after surgery.
Return to work: dependent on the patient's occupation, however avoiding repetitive or sustained overhead activity at or above the shoulder height for three months is advisable.
Sporting activity: can be resumed at three months.