**SHOULDER IMPINGEMENT**

**What is it?**

# Impingement is a byproduct of dysfunction or pathology of the shoulder.

# The rotator cuff muscles help to stabilise the shoulder joint and also help with shoulder movement. The four tendons of the rotator muscles attach on to the head of the humerus. There is a space underneath the acromion of the scapula called the subacrominal space. The rotator cuff tendon passes through here. Narrowing of this space can cause compression and irritation of the tendons and bursa resulting in ’impingement’ pain.

**Common signs and symptoms**

* Anterolateral shoulder pain
* Painful arc of shoulder movement
* Aggravated with raising arms over head or reaching out the side
* Local swelling
* Weakness of the arm
* Reduced range of shoulder movement (e.g. increased difficulty with hand behind back)

**What causes it?**

* Instability of the glenohumeral joint
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* Rotator cuff degeneration or tendinopathy
* Muscular imbalance
* Poor scapulohumeral rhythm
* Elevation of the head of humerus
* Excessive load on rotator cuff muscles (swimming, throwing, overhead work)
* Long hooked acromion – osteophyte formation

**How can I self-manage it?**

* Implement the R.I.C.E.R. protocol
* If not contraindicated, a course of non-steroidal anti-inflammatory medication can help to reduce inflammation.
* Avoiding aggravating activities

**What your physiotherapist can do to help**

# Take an accurate history of your shoulder problem

# Assess your posture

# Review your shoulder biomechanics

# Assess for muscle imbalance

* Review your gym program and make necessary modifications to reduce and prevent impingement symptoms
* Soft tissue massage
* Joint mobilisation
* Dry needling or acupuncture
* Electrotherapy

# Prescribe an exercise program involving scapular setting, rotator cuff strengthening, and other specific rehab exercises to address areas of imbalance and reduced control and stability.

* NOTE: Conservative management involves exercise prescription. The causative factors need to be addressed and corrected to prevent ongoing pain or future recurrence. Diligence with home exercises is a MUST.

**Further Management**

# In the case where nonsurgical treatment is unsuccessful, surgery may be recommended:

* A cortisone injection may be trialed to ‘shrink’ the bursa if that is enlarged and causing the impingement pain.
* If there is severe tendon degeneration, this may be repaired.
* If the acromion is beaked or there is osteophyte formation, surgery may be required to remove the obstruction causing impingement.