



Shoulder Pain (Impingement)

Professor Len Funk of Orthteam at The Alexandra Hospital talks us through frequently asked questions about shoulder pain (impingement)

Q. I have developed pain over my shoulder and upper arm when reaching overhead, lying on my shoulder and tucking shirts in. I have not had any specific injury. What could be the cause?

Shoulder and upper arm pain is very common and the most frequent cause is inflammation of the rotator cuff and subacromial bursa of the shoulder (figure 1a and 1b). This is known as tendonitis, bursitis or impingement syndrome.

The rotator cuff is a group of tendons that are essential for controlling movement of your shoulder. They can become inflamed if they are sprained, overused or irritated by poor posture or sports technique. A small spur of bone can also develop over time in some people. This can 'impinge' (rub) on the rotator cuff tendons (figure 2).

Q. Will I need tests?

Ultrasound scanning is most useful to assist with the diagnosis and exclude other causes for the pain. X-rays are also useful. MRI scans are often performed, but these are expensive and no better than ultrasound at assessing the rotator cuff. A good clinical examination by an experienced clinician is the best way to make the diagnosis, with scans to assist when required.

Q. What treatment will I need?

A good physiotherapist can often help. This will include local treatment for the pain and exercises to improve the function of the rotator cuff. You will also need pain-killers and anti-inflammatories from your doctor. Subacromial bursal injections also help relieve the pain and inflammation.

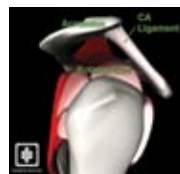
If the above does not improve your pain or if the pain is so severe that it wakes you at night and significantly affects your lifestyle, you should see a shoulder surgeon.

Q. What does surgery involve?

The surgery is usually a keyhole, day-case procedure. This is known as an Arthroscopic Subacromial Decompression. The spur of bone is removed and the subacromial bursa is cleaned (figure 3). The surgery is done through two or three small 5mm holes and generally no stitches are required.



1a. Subacromial bursa under the acromion



1b. Subacromial bursa removed to show rotator cuff tendons



2. Acromial bone spur developed on acromion



3. Bone spur removed by surgery with cut ligament

Q. When will I get back to normal?

After the surgery you will be able to move your arm comfortably and return to driving and light work after one week. You will need physiotherapy for about three months. The surgery has a 96 per cent success rate and most people feel there has been an 80 per cent improvement by three months after surgery.

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