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www.whittington.nhs.uk/msk

www.nhs.uk/conditions/impingement-syndrome/Pages/Impingement-syndrome.aspx

<http://www.arthritisresearchuk.org/arthritis-information/conditions/shoulder-pain/shoulder-pain-exercises.aspx>

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Trapped shoulder tendon (shoulder impingement)

A patient's guide

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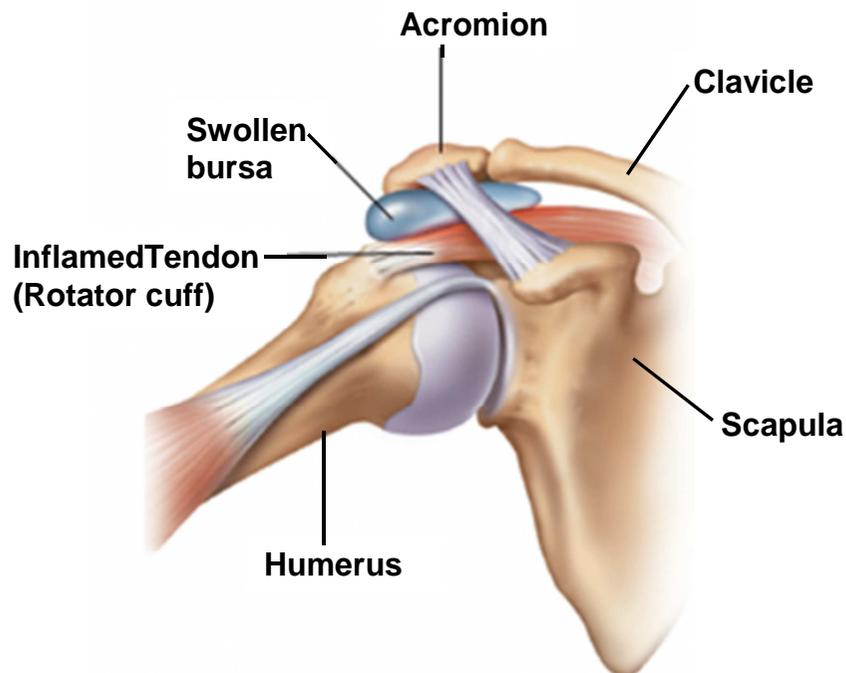


Introduction

Your shoulder needs to have a lot of movement so you can use your arms and hands in many positions. Most movement occurs at the ball and socket joint. The ball is the top of the arm bone (humerus) and the socket is part of the shoulder blade (scapula). The deep muscles, the rotator cuff, keep the ball of the joint in the socket during movements.

What is shoulder impingement?

The rotator cuff tendons and the fluid filled sac between the shoulder joint and the acromion bone known as the bursa, becomes pinched on certain movements and inflamed.



How can physiotherapy help?

Exercises to strengthen the rotator cuff muscles and those which affect your posture and shoulder blade position will help your shoulder move in a better way and reduce the impingement. Sometimes, physiotherapists will use manual techniques on your shoulder, neck or shoulder blade to help improve movement patterns and relieve pain.

Remember

It will take at least 6-8 weeks for the muscles to strengthen and change the mechanics of movement around the joint. It is important that the exercises are relatively pain free. If your exercises cause pain, which lasts for more than half an hour afterwards, stop them and check with your physiotherapist. It is also important not to aggravate the shoulder during this time by doing too many repetitive painful movements.

Sometimes shoulder impingement does not improve with physiotherapy. If this is the case, your physiotherapist will discuss other treatment options with you. This may include corticosteroid (anti-inflammatory medicine) injection, which can be given by specially trained physiotherapists or doctors. Occasionally, some people need surgery for their shoulder pain.

Assisted movement when laying down
Lie on your back, facing upwards. Use your good hand to help your sore arm up into the air and over your head. Gently stretch at the end of the movement if this is not painful. Repeat 10 times.



What if the pain doesn't go?

Sometimes the bone above your shoulder joint, known as the acromion, can be curved downwards or have a 'bony spur' underneath it. This can make the space above your shoulder joint smaller and more likely to press on the inflamed tendons.

The muscles may also weaken, which causes the ball of the joint to move upwards and pinch the tendons further.

How is it diagnosed?

The main way physiotherapists diagnose the condition is from a comprehensive examination. This includes asking you questions and examining your shoulder.

You may have a 'painful arc'. This is pain at a certain point in your movement when your tendons are pinched between the bones. If the impingement is more severe you may have pain at rest or at night. Pain is normally felt at the top of your shoulder and the outer part of your upper arm.

How does a shoulder impingement start?

It often starts with sudden increased use of your shoulder, like overhead activities. Sometimes, it is caused by a strain or tear of the rotator cuff or from wear and tear in your tendons.

What can I do to help my shoulder impingement?

Your shoulder may settle with a period of rest from aggravating movements, ice packs over the shoulder joint, or a course of anti-inflammatory medications. Ask your pharmacist or GP if you can take these medications and what dose you should take.

It is important to do gentle, pain-free movements so your shoulder doesn't stiffen up.

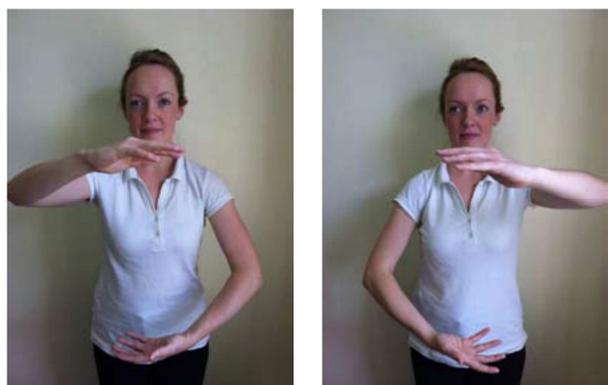
Shoulder exercises may help

Imaginary ball

Imagine holding a ball between your hands. Roll the ball around so your hands alternate above and below. Keep the ball small and low. Repeat 10 times.



Increase the size of the ball if it is pain free. Repeat 10 times.



Wall slides

Use a towel or cloth and slide it up a wall slowly with your sore shoulder, control it slowly back down. You can use your other hand to assist under the elbow. Do not push into any pain and make sure that your shoulder is in a relaxed position.



Repeat 10 times.



Good technique

Poor technique – shoulder position is too tense