

Patient information

Subacromial Shoulder Pain

Therapies Department

What is Subacromial Shoulder Pain?

It is a condition characterised by pain, mainly around your shoulder and upper arm. It can spread further down the arm and up towards the neck and shoulder blade. It limits your ability to raise your arm above your head or rotate your shoulder. You may feel the pain during everyday activities such as dressing and driving.

This condition is also known as 'Subacromial Impingement Syndrome', 'Rotator Cuff Related Shoulder Pain', 'Rotator Cuff Tendinopathy' and 'Shoulder Impingement'. This condition is the most common cause of shoulder pain and accounts for 70% of all shoulder pain problems.

What are the symptoms?

- Pain mainly around the shoulder and upper arm.
- Pain when raising your arm above your head or behind your back.
- Pain can affect your ability to perform everyday activities.
- Pain can disturb your sleep.
- Onset of pain can be sudden or gradual.
- Often it can be due to a recent increase or decrease in using your shoulder.
- Your arm may feel weak.

What Causes Subacromial Shoulder Pain?

- The pain originates from the subacromial space of the shoulder, an area at the top of the shoulder made up of the rotator cuff tendons and the subacromial bursa, hence its name.
- The rotator cuff is a group of four muscles that cover both sides of the shoulder blade. They surround the shoulder and attach to the top of the upper arm bone (humerus).
- As the name suggests, these muscles are responsible for rotating or twisting the arm. They help you do movements like reaching behind your head or behind your back, and they support the weight of the arm. However, they also play an important role in everyday movements.

- It used to be thought that pain in the shoulder was caused by certain structures ‘impinging’ on each other, rubbing together, being pinched, and resulting in pain. We now know that this is not usually what happens. More commonly the structures within the shoulder get more sensitive and it is often difficult to tell which structure is the one that is causing the pain. The good news is, that whichever structure, or combination of structures, is causing your pain it doesn’t affect the management.
- It can often occur due to a recent increase or decrease in using your shoulder, or sometimes it can occur suddenly which you cannot associate with a specific event or change.
- The most common reason is a sudden increase in load or activity (overload). This can occur because you do a lot of new activity, or a one-off activity (e.g. decorating a room) or you have been exposed to a sudden force (such as catching yourself if you trip or fall). As the change is sudden the tendons struggle ‘to cope’, leading to pain.
- Another reason is constant exposure to overload (such as sustained heavy activity), for example because of your occupation. Again, the tendons struggle ‘to cope’ to the demands you are placing on them.
- You may also get pain because you don’t use your shoulders very often. Tendons become deconditioned and if they do, normal day to day activities can start to cause changes we normally see with overload.

Lifestyle Factors

It is not just about load and age.

There are a number of lifestyle factors that have a key role in tissue health and how long it takes for your shoulder pain to get better.

- Sleep.
- Nutrition.
- Alcohol.
- Physical Activity.
- Smoking.
- Stress.

Stress, worry, fear of movement and other psychological factors have been shown to play an important role in how much pain you experience. The good news is that you can do things to improve many of these. Understanding how pain works and that continued movement and strengthening is safe to do in most cases (despite some pain) can help speed up your recovery.

Medications

Medication can help you remain able to perform your daily activities and remain in work. They can be helpful in the short-term to help you take part in physiotherapy to improve the movement and strength in your shoulder.

Painkillers

You may have been prescribed painkillers by your GP to help with your pain, or you can use painkillers, such as paracetamol, which you can purchase yourself over the counter. Your pharmacist can give you advice about the best options for you.

Anti-inflammatories

You may have been prescribed anti-inflammatory medication by your GP. The side-effects mean that they are not suitable for everyone. They can help reduce inflammation and pain in the shoulder.

Injections

Steroid Injection

An injection of steroid and local anaesthetic into the shoulder joint may be an option, if you are struggling to sleep and do normal daily activities and are not responding to physiotherapy and exercise. This may be done under ultrasound guidance. This can be helpful in providing you with short term pain relief. However, on its own, an injection does not give good long-term benefit.

An injection combined with follow-up physiotherapy, can give you a good reduction in pain and improve the movement in your shoulder.

Multiple injections are not usually recommended.

Physiotherapy

The latest research has shown that if you do the right type of physiotherapy exercises often enough and for long enough then this is the best way to manage your pain and effective in up to 80% of people.

You should undergo an average of 3 months of physiotherapy to see a reasonable improvement in your symptoms. Your shoulder should start to feel better within 6-12 weeks with a good exercise plan. If there are a number of lifestyle factors (detailed above) that are present and affecting your shoulder pain you may find that it takes up to six months, or longer, to see a reasonable improvement in your symptoms.

Exercises that focus on strengthening the tendons/muscles of your shoulder are most likely to reduce pain and improve your shoulder movement, increasing your shoulder function.

If I exercise the tendon could this cause further damage?

There is no evidence that exercising the tendon can cause further damage. In fact, if you exercise your tendons so that they become stronger they will be able 'to cope' with the demands of load that your life requires.

X-Ray

X-rays can be useful if you present with a specific pattern of symptoms or if you have had no improvement in your symptoms despite using medication and at least three months of physiotherapy. The musculoskeletal specialist who assesses you will establish whether you will benefit from having an X-Ray and if it is likely to change the management.

If you have an X-Ray that you do not need, you are exposing yourself to unnecessary radiation which can have side-effects, so it is important to ensure that the benefits outweigh the risks.

Ultrasound Scan

An ultrasound scan uses high-frequency sound waves to examine and build pictures of the inside of the body. It can identify if there are tears in the tendons.

Most people improve if they follow advice and exercises for long enough, however if you have had no improvement in your symptoms despite using medication and at least three months of physiotherapy (longer if any of the above lifestyle factors are relevant to you) then you may be referred for an ultrasound scan to look at the soft tissues inside your shoulder. This will help decide what other treatment options are available to you.

Rotator Cuff Tears

As you get older, your tendons age too, resulting in fraying and small tears developing within the tendons. This is known as normal age-appropriate change. This means that you have to work harder to keep your tendons healthy.

What we also know is that tears that occur gradually as we age do not always lead to pain or reduced function. In fact, as we age, tears in the rotator cuff are more and more common, even in people with no pain at all.

Similarly, very often pain does not match the size of the tear. A big tear does not always result in a lot of pain, and a small tear does not therefore guarantee only minimal pain. In fact, a small tear may be just as, or more painful than a very large tear.

Referral to an Orthopaedic Surgeon

If other treatments have not helped and your symptoms have not improved, a consultation with an Orthopaedic Shoulder Surgeon may be helpful.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point.

Your co-operation is greatly appreciated.

Further Information

Useful Websites:

<https://bess.ac.uk/patient-resource-subacromial-shoulder-pain/>

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