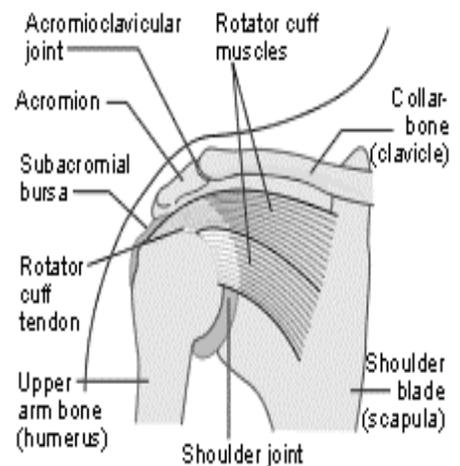


Shoulder Impingement



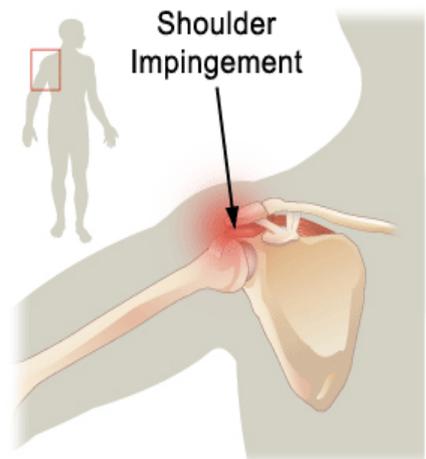
The normal shoulder

The shoulder is a complex system made up of the humerus (the upper arm bone), the scapula (the shoulder blade), and the clavicle (the collar bone). On the top of the shoulder sits a bony protrusion called the acromion. The space below this is called the subacromial space. This is filled by the subacromial bursa, a fluid filled sac that acts as a protective layer between the bones and soft tissue structures. The shoulder joint is surrounded by a fibrous capsule and ligaments that have a limited role in stability. There are numerous muscles that help to keep it stable. The rotator cuff muscles are a group of muscles that are important for both stability and producing movement at the shoulder. With shoulder impingement, the muscles/bursa may be irritated and become painful.



What is impingement?

Shoulder impingement occurs when muscle tendons or bursa are irritated within the shoulder joint on certain movements, leading to pain, stiffness and restricted motion. This can be due to poor posture, overuse (especially with overhead work), weakness of the muscles in the shoulder, or sometimes occurs after minor trauma. Often there is no apparent cause for the pain and it may come on suddenly or gradually.



In some cases there may be small tears in the rotator cuff muscles. This is especially common after the age of 50 and does not always lead to pain or weakness.

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What are the symptoms of impingement?

Symptoms vary from person to person but may include:

- Pain in the shoulder and upper arm. This may radiate down the arm in more severe cases. It can present as either an ache or a sharp pain, or a combination of the two.
- Pain on activities such as lifting, reaching, overhead movements or driving.
- Pain when lying on the shoulder.
- Pain may be worse at night time and can affect your sleep.
- There may be some mild weakness of the shoulder muscles making it harder to lift your arm.

How long will it last?

This will depend on the severity of your symptoms and it may take up to a few months to improve. It is vital to make sure the muscles around the shoulder are working well and this is usually achieved through an individual exercise programme. In most cases symptoms will respond well to physiotherapy, usually with an exercise based approach, but it can take 6 weeks or more to notice your symptoms improving.

What can I do to help myself?

Be positive and keep moving! There are many things you can do yourself to help manage your symptoms.

Medication

If you have been prescribed anti-inflammatories or painkillers for pain relief take them at regular intervals. Consult your GP if your medication is not helping.

Sleeping positions

Sleep on a supportive mattress and avoid sleeping directly on the shoulder. If you have to lie on that side, then try a thicker pillow or two pillows. Alternatively, try sleeping on your opposite side with a pillow tucked under your armpit. Choose whatever position is best for your pain levels.

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What can I do to help myself? (Continued)

Hot/Cold

Either heat or cold can be used to help pain and muscle spasm. Use frozen peas in a damp tea towel for up to 10 minutes, or alternatively try a hot water bottle in a cover. Use whatever gets best results for you. Make sure to regularly check your skin to avoid skin damage.

Exercise

It is **essential** to start active exercises as prescribed by your GP or physiotherapist. This will help to increase the mobility in the shoulder as well as improving strength and stability of the muscles around the shoulder. This will help to reduce your pain. The exercises should be done slowly, and should not increase your pain. If they do cause an increase in your symptoms, stop and seek advice. Start with the simple exercise below:

Correct your posture by sitting upright and gently pulling your shoulder blades together and down

- Hold for a few seconds, and then relax
- Repeat 5 times
- Try to do this 4 to 5 times a day



Posture

Good posture is important as this will place the shoulder joint in a better position and avoid aggravating your pain. Make sure you sit tall, keeping a small curve in your lower back. Avoid slumping or rounding the shoulders and keep your chin tucked in gently. A small rolled towel placed in the small of your back may help support a better posture when sitting.

Activity

It is important to keep active. You should avoid activities that aggravate your pain such as overhead activities or long bouts of gardening. Try and pace your activity to avoid exacerbating your pain. If you have a sedentary lifestyle, try and incorporate some gentle exercise into your daily routine. This may be a regular walk or another form or exercise you find enjoyable.

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Other treatments that may be offered

Physiotherapy is the main treatment shown to be effective for shoulder impingement. However, if you find that this is not successful, there may be other management options available to you. Your GP or physiotherapist can advise on which may be suitable for you.

- In some cases a corticosteroid injection may be considered for pain relief.
- If your pain is ongoing despite physiotherapy and injection, you may be referred to a consultant orthopaedic surgeon for a surgical opinion.

Further Information

Below are the telephone numbers for the Community Outpatient Physiotherapy departments. Please call your local department for any further information/guidance:

Chippenham	01249 456451
Devizes	01380 732520
Malmesbury	01666 827583
Melksham	01225 701027
Salisbury	01722 336262 Ext 4425/4413
Savernake	01672 517310
Trowbridge	01225 711341
Warminster	01985 224716

Useful websites:

<https://patient.info/health/rotator-cuff-disorders>

<https://www.nhs.uk/conditions/impingement-syndrome/Pages/Impingement-syndrome.aspx>

<http://www.shoulderdoc.co.uk>

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Safeguarding

Wiltshire Health and Care has a strong commitment to care that is safe, of a high quality and that upholds our patients' rights. All our patients have the right to live lives free from abuse or neglect and, where they are able, to make or be supported to make informed decisions and choices about their treatment, care and support. Where patients are not able to make their own decisions, Wiltshire Health and Care staff are committed to ensuring that treatment, care and support is undertaken in accordance with the person's best interests. In order to fulfil these commitments, Wiltshire Health and Care follow the Safeguarding principles and responsibilities laid out in Sections 42-46 of the Care Act (2014) and are informed by, and apply, the guiding principles and provisions of the Mental Capacity Act (2005).

If you or your carer have any concerns about abuse, neglect or your rights in relation to care provided by Wiltshire Health and Care or any other agency or individual, please raise this directly with any Wiltshire Health and Care staff or contact the Safeguarding Adults Team by telephone on: 0300 4560111.

Wiltshire Health and Care Patient Advice and Liaison Service (PALS)

If you have any questions, or concerns, suggestions or compliments about our service, please speak to a member of staff.

This information sheet is available in other languages and formats. If you would like a copy, please contact us on 0300 1237797 and PALS.wiltshirehealthandcare@nhs.net

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