16305 SAND CANYON AVE, STE 220 IRVINE, CA 92618

(949) 855-2772 FLOYDSHONMD.COM

Board Certified-Diplomate American Board of Orthopaedic Surgeons Specializing in Hand/Wrist, Shoulder & Elbow and Microvascular Surgery, including Sports and General Orthopaedic Trauma

### **Shoulder Impingement Syndrome**

What are the symptoms?: With shoulder impingement, you may feel pain, pinching, or stiffness in your shoulder. pain often comes with movement. but you may also feel it when you're not using your shoulder. For example, you may feel pain while trying to sleep.

What Causes it? : Shoulder impingement can be3 caused by making repeated overhead movements. Some activities that can lead to shoulder impingement include:

- stocking high shelves
- painting or carpentry
- weekend home repair
- swimming, tennis, softball, baseball and other sports.

In some cases you may get impingement after many years of normal shoulder use. Impingement can be worsened by certain bone shapes or conditions.

**How is it Diagnosed?**: To learn more about your problem, your doctor will examine your shoulder. He or she may also do some of the following tests:

- Impingement sign test: your doctor will slowly raise your arms and guide them and tell your doctor when you feel pain.
- Imaging tests: These create images of your shoulder bones. MRIs, ultrasound, and X-rays can show whether bone shape is causing impingement. They can also help rule out other problems.
- Strength Test: with your arms raised, your doctor gently presses down on them while you try to resist.
- Other Tests: certain other tests may be done on your shoulder to check for impingement. your doctor can explain these to you.

**The Parts of the Joint:** The shoulder joint is where the humerus (upper arm bone) meets the scapula (shoulder blade). Muscles and ligaments help make up the joint. They attach to the shoulder blad and upper arm bone. At the top of the shoulder blade are two bony knobs called the acromion and coracoid process.

**The Subacromial Space:** The subacromial space is between the top of the humerus and the acromion. This space is filled with tendons and muscles. This space also contains the bursa. The bursa is a thin, slippery sac that cushions the joint so it moves smoothly. When you raise your arm, the subacromial space compresses. When you lower your arm, the space opens up again.



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**How Impingement Begins:** Impingement occurs when the subacromial space is too small to let the parts move easily. This may be due to joint inflammation (swelling). When swollen parts of the shoulder take up more room. This makes the joint space smaller. The shape and condition of shoulder bones may also add to impingement. Shoulder problems develop over time. So you may not notice a problem until it causes pain.

**Overuse and Inflammation:** Constant shoulder use can irritate the bursa and tendons. The body sends more blood to the irritated areas, causing swelling. As the swelling gets worse, two problems can develop:

- Bursitis is inflammation of the bursa. The bursa fills up with fluid and the tissue swells, limiting the joint space.
- Tendonitis is the inflammation of the tendons. Swollen tendons make the joint space smaller.

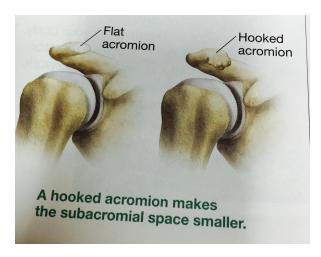


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**Bone Shape and Condition:** The acromiom may be naturally flat or hooked. A hooked acromion makes the acromial space smaller than normal. Shoulder problems are then more likely. Bone Spurs (growths on the bone) can also narrow the subacromial space. Your shoulder health may also be affected by poor posture, weak muscles, and other conditions.



### **Finding Relief:**

If impingement remains untreated, it can cause more serious problems, such as thinning or tearing of the rotator cuff tendons. Read on to learn how to start treating your shoulder so it can heal. Adjusting your posture by making sure your neck, shoulders, and hips are in line. This will reduce the strain on your shoulders. Check and adjust your posture when sitting, standing and even lying down. Try sleeping on your back as much as possible. Set up and Ergonomic work station at your desk or work place and lastly make sure you support your lower back. In addition use your shoulder wisely. Position your body so that you avoid activities where the elbow must be raised above shoulder level. Use a stool or stepladder to bring your body closer to overhead tasks. Change your daily tasks to limit any reaching overhead and allow your shoulder to rest and recover. Lastly limit your force and the activities that could strain your shoulder such as heavy lifting, pushing, and pulling.

#### **Treatment:**

- Ice: Ice reduces inflammation and relieves pain. apply an ice pack for about 15-20 minutes about 3 times daily. Make sure that you have a barrier between your skin and the ice such as a shirt or wash cloth.
- Heat: Heat may sooth aching muscles, but it wont reduce inflammation. you can use a heating pad or take a warm shower or bath for about 10-15 minutes. Heat is best used before activity.
- Injection Therapy: This may reduce your pain but will help your provider make a diagnosis. Usually and injection consists of an anesthetic to reduce pain and cortisone to reduce the swelling. It can take a few hours to a few days for the injection to work.
- Medication: Tylenol or NSAIDs may be suggested to help control inflammation and pain
- Ultrasound: This device will send sound waves to muscles and other soft tissue. It will feel warm and may encourage healing.

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• Electrical Stimulation: May help reduce pain and swelling in the muscles of your shoulder. Your healthcare attaches small pads to your shoulder that send an electrical current then flows into your shoulder.

#### **Exercises:**

#### • Pendulum Exercise:

- 1. Relax the arm on the injured side, letting it hang straight down. Lean slightly forward and hold a table or chair for support with your good arm.
- 2. Slowly move the injured arm in a small circle. Reverse direction and repeat. Then slowly swing the arm back and forth and side to side.

Note\* Do this exercise 3 times a day and do each arm movement 20 times in each direction

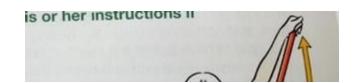


#### • Wall Walk:

- 1. Stand about 2 feet away from a wall.
- 2. Raise your arm to shoulder level, fingers touching the wall. Gently "walk" your fingers up the wall as high as you can without pain.
- 3. Hold for 10 seconds. Then walk the fingers back down.

Note\*: Repeat 3-5 times





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#### • Broom Stretch

- 1. Stand up or lie on the floor. place the palm of your hand on the injured side over the end of a broomstick or cane. grasp the stick farther down with the other hand, palm facing down
- **2.** Push the end of the stick up as high as you comfortably can.
- **3.** Hold for a few seconds
- **4.** Return to the starting position
- **5.** Repeat 3-5 times

Note: Do not force the stretch. build up to holding each stretch for 10-30 seconds

#### • Back Scratcher

- 1. Stand Straight, placing the back of the hand on the injured side flat against your lower back.
- 2. Throw one end of a towel over your good shoulder. with your other hand, grab the towel behind your back.
- 3. Pull down gently on the towel with your front arm. Let your back arm slide up as high as it comfortably can. You'll feel a stretch in your injured shoulder.
- 4. Repeat 3-5 times

Note\* Build up to holding each stretch for 10-30 seconds.



### **Surgery for Shoulder Impingement:**

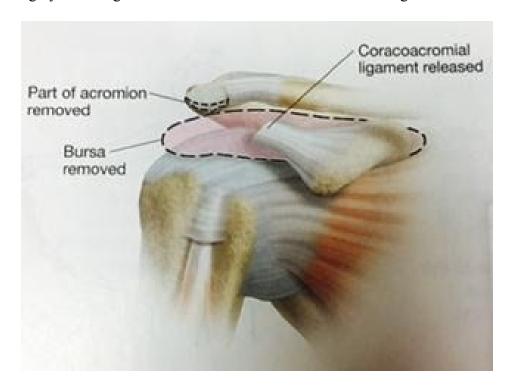
Surgery can remove a swollen bursa. If the coracoacromial ligament is tight, it may be released. if the acromion is hooked or has bone spurs, a portion of it may be removed. Surgery may be done in one of two ways:

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- Arthroscopy: Several small incisions are mad and a small lighted instrument (arthroscope) is inserted through one incision. It contains a light and a tiny camera that sends images to a video monitor, allowing the surgeon to see inside the shoulder.
- Open Surgery: One large incision is made in the shoulder so the surgeon can work inside.



### **Before/After Surgery:**

Stop taking anti-inflammatory medications (NSAIDS) before surgery as directed. You will need a ride to and from the surgery. Stop any food or beverage the night before surgery or as directed by your surgeon. You will be given a nerve block to help reduce the pain after surgery at the time of surgery. You will be sent home with pain medication to help reduce your pain and instructed to ice and possibly be in a sling.