

Home Management

Follow your exercise routine little and often.
Avoid sleeping on your shoulder at night - support with a pillow.

Avoid heavy unnecessary lifting with the affected arm especially repeated movements at shoulder height.

Exercises

Your Physiotherapist may give you specific exercises with a rubber band to strengthen the rotator cuff muscles.



Put both of your hands behind your head. Push your elbows away from your head to the floor. Sustain the stretch for 30 seconds. Repeat 10 times.



Use strong arm to lift the affected arm up in front of you. Try to control the shoulder so it doesn't lift up.



Stand in front of a wall. Walk the fingers of your bad arm up the wall as high as you can. When you can go no further, sustain the stretch for 30 seconds. Repeat 10 times.

Shoulder Impingement



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The Shoulder

The shoulder joint is commonly regarded as a 'ball and socket joint' and is the most mobile joint in the human body.

A joint capsule, cartilage (labrum), muscle and ligaments collectively provide joint movement and stability. Pain in the shoulder joint can come from any of these structures.

The important muscle in shoulder impingement are the Rotator Cuff-a group of 4 muscles which provide the shoulder joint with movement and stability.

What is a Shoulder Impingement?

In the most simplest form, it is a 'trapping' or 'pinching' of a tendon of the rotator cuff muscles under a line of bone and ligament when lifting your arm above your shoulder level.

Symptoms

- Pain on rest to the shoulder joint
- Pain into the upper arm
- Pain lifting arm up in front
- Pain lifting arm up to the side
- Night pain, especially when lying on the affected side
- Pain on performing upper limb, overhead sports

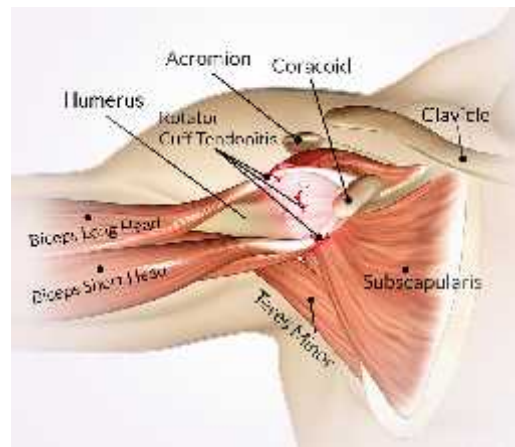
Causes

- Hypomobile (stiff) shoulder girdle
- Poor shoulder control
- Muscle strength discrepancies between muscles in front/behind the shoulder
- Poor rotator cuff strength
- Fatigue
- Age related tissue degeneration
- Lack of thoracic (upper back) flexibility
- Minor +/- repeated trauma (excessive movements)
- Falls or trips

Diagnosis

This can be made by your GP or Physiotherapist.

X-rays, MRI scans or Ultrasound may be beneficial if recovery is slow.



Treatment

Physiotherapy - Individual treatment will be tailored to the stage and symptoms of your condition, involving shoulder joint mobilization techniques. These can sometimes be quite uncomfortable and may involve stretching the soft tissue around the joint.

Electrotherapy eg ultrasound and TENS (transcutaneous electronic nerve stimulation) can sometimes be used for pain relief, and acupuncture can also be beneficial.

However, strengthening routines and manual physiotherapy are regarded as the best modalities along with a home exercise routine.

Pain killers/Anti-inflammatories - Please consult your GP.

Corticosteroid Injections - They are sometimes useful in chronic conditions and would be performed by your GP, Orthopaedic Consultant or Specialist Practitioner.

They are used often in conjunction with Physiotherapy to settle the pain whilst recovery of movement is achieved.