

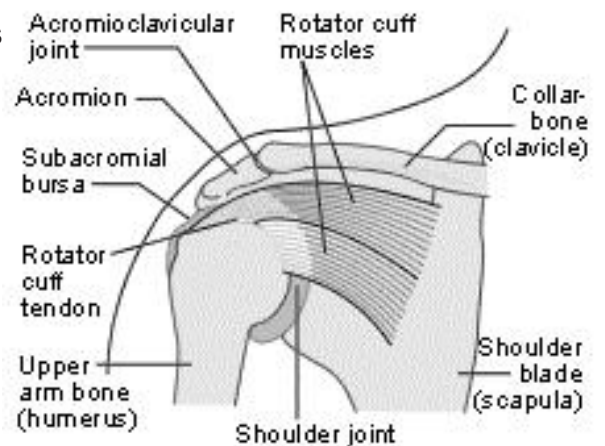
# Shoulder Impingement (1 of 2)

## What is impingement?

Shoulder impingement occurs when muscle tendons or bursa are pinched within the shoulder joint on certain movements, leading to pain, stiffness and restricted movement.

## 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). The shoulder joint is surrounded by a fibrous capsule and ligaments that help to keep it stable. 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 soft tissue structures are the ligaments and rotator cuff muscles, a group of muscles that are important for both stability and producing movement at the shoulder.

With shoulder impingement, it is these muscles and/or bursa that are pinched/ irritated in the subacromial space.

## What symptoms can I expect?

Symptoms vary from person to person and may come on gradually or as the result of an injury.

Common symptoms include:

- shoulder and upper arm pain, which can radiate down the arm in more severe cases
- it can be felt 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.

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The evidence used in the preparation of this leaflet is available on request. Please email: [patient.information@salisbury.nhs.uk](mailto:patient.information@salisbury.nhs.uk) if you would like a reference list.

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## How long will the symptoms last?

This will depend on the severity of your symptoms and it may take up to a few months to improve. In most cases symptoms will respond well to physiotherapy. However, if you find that physiotherapy is not successful, there may be other things that can be done. Your GP or physiotherapist will be able to offer more advice on this at a later date.

## 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 pain killers for pain relief take them regularly. See your GP if your medication is not helping.

**Exercise** you must start active exercises as shown to you by your GP or physiotherapist. This will help to increase the mobility in the shoulder and so reduce the pain. The exercises should be done slowly, moving into discomfort but not into excessive pain. Start with the simple exercise below.

**Sleeping positions** Sleep on a supportive mattress and try not to sleep on your shoulder. If you have to lay 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.

**Posture** Good posture is important as this will place the shoulder joint in a better position and avoid aggravating your pain. Regularly sit up straight, pull your shoulder blades together (see diagram below) and tuck your chin in. A small rolled towel placed in the small of your back may help support a better posture when sitting.

**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.

## Scapular setting exercise



Correct your posture

Sit upright, gently pull 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, or whenever you feel yourself slouching.