

Shoulder Impingement Syndrome

(Pinching of the shoulder when lifting the arm)

Information and Exercise Leaflet for Patient's and Carers

What is Shoulder Impingement Syndrome?

Shoulder Impingement Syndrome (SIS) is the name given to the problem when the structures within the uppermost part of the shoulder joint complex become pinched as you lift the arm.

SIS affects approximately 20% of people at some time during their lifetime.

Why have I got Shoulder Impingement Syndrome?

The shoulder is a 'ball and socket' joint with a ligament above it which forms an arch. The space underneath the arch is called the sub-acromial space. The structures within this space include the subacromial bursa (a fluid-filled sac) and tendons of the rotator cuff muscles. In SIS, the structures within this space do not function effectively to keep the ball centred within its socket, ultimately causing pain. Structural changes can also decrease the size of this space causing pain.

Almost everyone will experience some degree of impingement due to the day to day activities that we perform with the arm above shoulder level. Impingement may become a problem for some people and pain may disturb their normal activities. This is when treatment is needed.

What are the Symptoms of Shoulder Impingement?

- Pain on movement, may feel like it is 'catching'.
- Painful when lying on the affected side
- Pain when elevating the arm, particularly if lifting a weight
- Reduced strength and range of movement due to pain

Will it get better?

Between 50 and 60% of patients with impingement get better with Physiotherapy. However it can take up to 6 months to get the full benefits of treatment. Most patients will start to see an improvement in their symptoms within 6-12 weeks.

**Remember: Understanding your problem is the key to your recovery
so if anything isn't clear
please do ask your health care professional**

Treatment of Shoulder Impingement Syndrome (SIS) involves:

1. **Rest** – This does not mean total rest but a period of time avoiding those activities that specifically aggravate your pain. Your Physiotherapist will show you how to keep your shoulder working but to avoid pain.
2. **Painkillers and Non-Steroidal Anti-Inflammatory medications** which will have been prescribed by your GP/Doctor.
3. **Physiotherapy** – Involves exercises to restore normal movement in the shoulder. You will be shown a series of exercises to do either in a group setting or one to one setting. The most important part of treatment is your home exercise programme.
4. **Injections** –Occasionally, if people are having lots of problems sleeping or are struggling to comply with their advised exercises and management, injections may be used to reduce pain and help them do the necessary physiotherapy.
5. **Surgery** – Some patients do not respond to the physiotherapy programme so surgery may be required. The surgical options can be discussed with the surgical team.

What can I do to help myself?

- Comply with the physiotherapy programme as advised
- Exercise regularly
- Maintain a good posture
- Avoid aggravating activities such as overhead work and repetitive lifting above shoulder height
- Take regular breaks or changes of activity if your hobbies / work demand overhead work or work above shoulder height.

**The aim of these exercises is to help you regain normal movement.
Start with five of each – gradually increase by one or two each day.
Try to exercise three times a day.**

Stop these exercises if you feel they are:

- Making your symptoms worse
- Bringing on new pain.

Shoulder Impingement Exercises

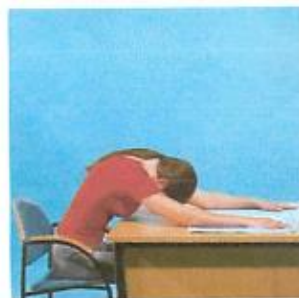


Stand or sit.

Keep tall – lifting your chest up and shoulders back.

Move your shoulder blades back gently – only a small movement.

Hold ___ seconds. Repeat ___ times.



Sit or stand. Place your hands on a table with a towel underneath.

Slide your hands along the table as far as you can, without lifting your shoulders.

Repeat ___ times, as pain allows.



Stand or sit.

Hold your upper arm close to your body, with your elbow at a right angle.

Try to move your hand outwards, resisting the movement with the other hand. There should be no movement.

Hold ___ seconds. Repeat ___ times.

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