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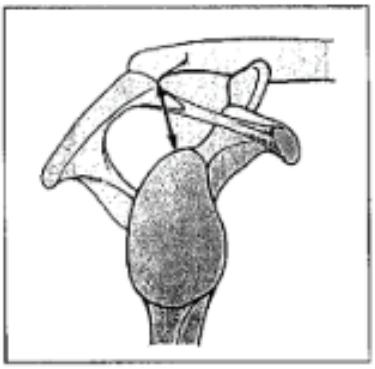
SHOULDER PAIN – IMPINGEMENT

One of the most frequent complaints from patients who come to see me in my office is pain in their shoulder. As common things occur commonly, the most prevalent of these is a problem called Impingement. We used to call this process bursitis or tendonitis. This truly is the case, but the description and explanation of this type of pain is better defined as Impingement. This process occurs as the bone that forms the roof of the shoulder, called the acromion, pushes abnormally against the lubricating sac (bursa) over the top of the rotator cuff tendon, and tendon itself.

This problem is usually seen in middle age and early middle age. As we get older, the tendons of our rotator cuff become stiffer. As a result, they will start to rub on the overlying bone instead of gliding underneath this prominence as they had one previously.



Classic Impingement Symptoms:

- Slow onset of pain without a defined inciting event or injury, although sometimes there is an identifiable injury that starts this process.
- Pain located on the top, front and outer side of the shoulder. This pain is often referred to the mid arm (a common location of referred pain). The pain almost always stops at or above the elbow. Discomfort or symptoms in the forearm, wrist or hand are rarely impingement pain.
- Pain that occurs with use of the arm and shoulder such as lifting, pushing or pulling, dressing, or reaching above ones shoulder during dressing or reaching up in a cupboard.
- Night pain, waking one from sleep, when trying to sleep on one's side, or when rolling over in bed.
- Often the more one uses their shoulder, the sorer the shoulder becomes.
- Popping, clicking, catching or grinding are common symptoms as well.

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Symptoms that are not typically impingement pain:

- Numbness or tingling of the arm, forearm, hand or wrist. This is usually nerve related pain that often originates from the neck, such as from a herniated disc.
- Pain that occurs immediately upon lying down in bed or that wakes one spontaneously from sleep without rolling over. This type of pain usually indicates a rotator cuff tear.
- Inability to raise the arm from the side. This is more consistent with rotator cuff tear.
- Progressive loss of motion. This problem is typically what is called Frozen Shoulder and is unusual to be caused by impingement alone.

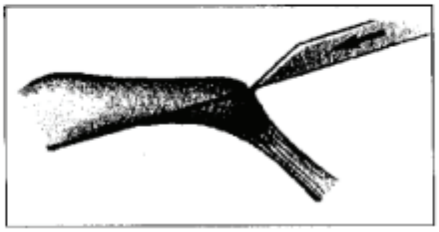
Patients frequently try to ignore the first signs of shoulder problems. There is usually no single episode of the shoulder giving way and, at first, a person may notice only minor pain and a slight loss of strength. Some loss of range of motion, especially the ability to lift the arm overhead, may be ignored for a while. Tylenol or Ibuprofen is often helpful to relieve the pain early on, but becomes less effective over time as the impingement process worsens.

Treatment:

Rest, or avoidance of aggravating activities, anti-inflammatory medicines, and physical therapy are typically the first line options. If these fail to improve symptoms, often a cortisone shot will provide a cure. All these interventions will usually decrease the inflammation in the bursa and rotator cuff, and stretching exercises will often result in the cuff tendons becoming more supple. Too many cortisone injections however can often result in softening of the rotator cuff, resulting in a rotator cuff tear.

Surgery:

If these treatment options don't cure ones symptoms, surgery is often the next reasonable step. This is almost always done through the arthroscope using three small punctures around the shoulder. The ball and socket joint is inspected, along with the cartilage rim that surrounds the cup, biceps tendon, and the undersurface of the rotator cuff. The scope is then placed over the top of the rotator cuff and the scar tissue and bursa is removed. The prominence or hook of the overlying bone is removed with a power burr, creating a flat surface, which results in less pressure on the irritated tendons.



Recovery from Surgery:

This surgery is performed as an outpatient or same day surgery. An arm sling is used for several days for comfort and one may use their arm carefully as pain allows. Showers are usually permitted within three days following surgery, getting the wounds wet, then covering them with just a band-aid thereafter. Physical Therapy is a criticial part of recovery and starts usually three to four days after surgery. Doing too much too soon can often result in scar formation over the top of the rotator cuff tendon that is thick and rough, instead of thin and smooth, even resulting in recurrent impingement.

Return to Work and Sports:

Most people can return to light duty or desk work within about a week. Heavy lifting or manual labor usually should be delayed six to eight weeks. Golf is usually permitted within the same time frame, but overhead or throwing sports are typically not recommended for three to four months.

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Conclusion:
Impingement is a very common cause of shoulder pain in middle aged and early middle aged adults. It is rare before this time of life, and older patients more commonly suffer rotator cuff tears, which can result from chronic impingement. Non-surgical treatment is often successful, but should symptoms persist, surgery is quite reliable in curing this common problem.

For additional patient education information go to www.orthodoc.aaos.org/drpepper/