



Northumbria Healthcare
NHS Foundation Trust

Shoulder Subacromial Pain

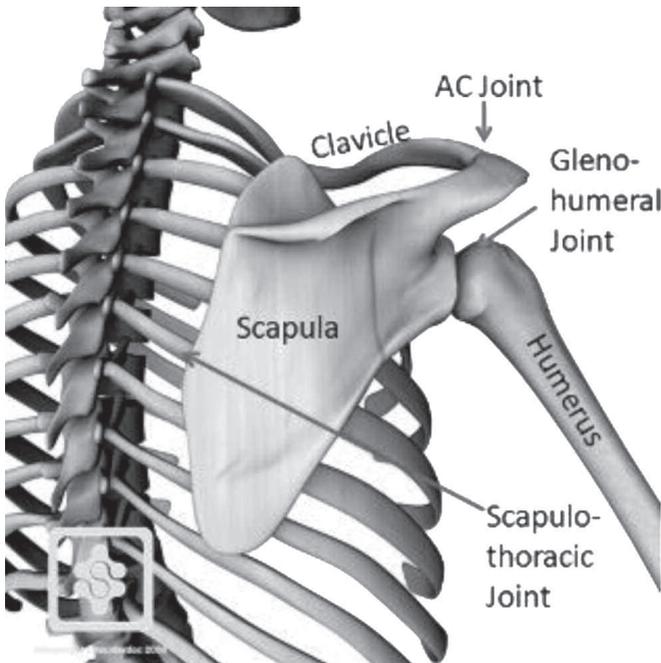
Issued by the Physiotherapy Department

This leaflet provides information about shoulder subacromial pain.

About your shoulder

The shoulder is a ball and socket joint, called the glenohumeral joint. It is formed from a ball on the top of the arm bone (humerus) and a shallow socket which is part of the shoulder blade (scapula).

Above the glenohumeral joint is a bony arch that is part of your scapula. The area between the glenohumeral joint and the arch is known as the sub-acromial space.



What can cause shoulder subacromial pain?

A group of muscles from the shoulder blade merge into one united tendon called the 'rotator cuff'. The rotator cuff helps to control the ball on the socket and can sometimes be vulnerable to overloading, resulting in pain at the top of the arm. This pain is often more noticeable on moving your arm away from your body, particularly at shoulder height.

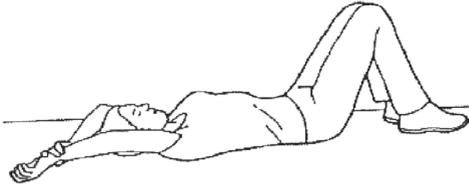
How common is it?

Extremely! It is the most common shoulder problem. 20% of people will have symptoms at some time in their lives. It most frequently begins in middle age (between the ages of 45-65).

Self-help advice and exercises

- When using your arm try keeping your palm facing upwards. This is generally less painful.
- Think carefully about your posture, as poor posture could increase your chances of shoulder pain.
- Painless exercises can be started immediately.
- If your shoulder pain gets worse then stop and consult your physiotherapist.
- Try to do the following exercises 1-2 times a day.

1.



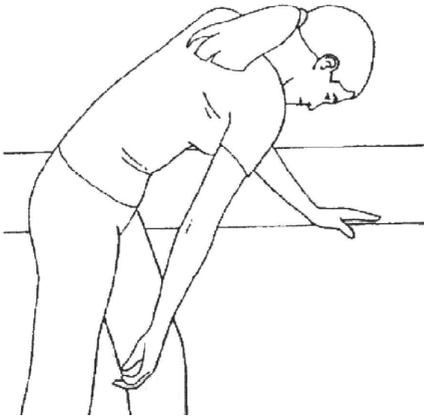
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Gently stretch your arm up over your head (you can use the other arm to help)

You can also do this exercise in sitting.

Repeat 5 times.

2.

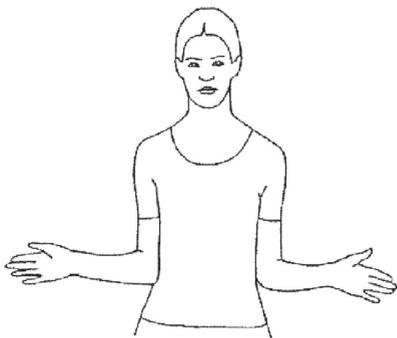


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Stand leaning on a table with one hand. Let your other arm hang relaxed straight down. Swing your arm gently forwards and backwards.

Repeat 10 times

3.



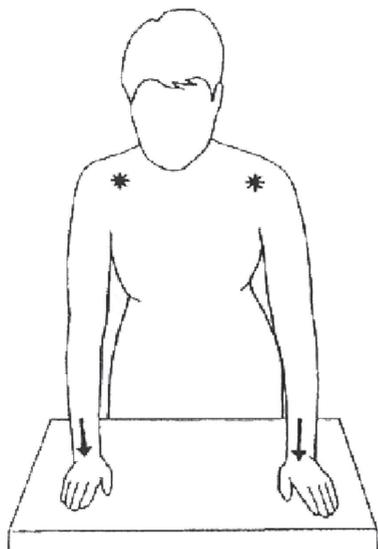
In sitting or standing, position yourself as shown in this picture.

Hold your shoulder blades in this position, then rest your arms down by your side, by relaxing your elbows.

Hold this position for 10 seconds. Repeat 5 times.

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4.



Stand tall and keep the spine straight. Lean forwards at the pelvis and place both hands on the table with the fingers facing forward.

Take the body weight through the hands and gently push the chest away from the hands. Do not strain.

Hold for 10 seconds.

Repeat 5 times.

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5.



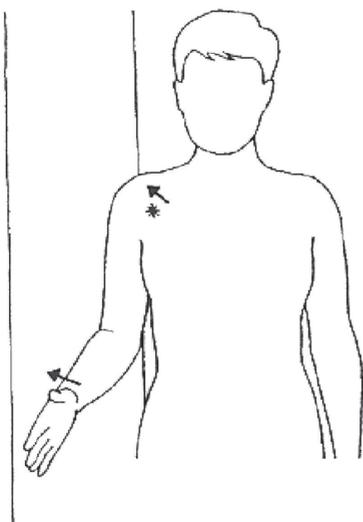
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Stretch one arm over to the opposite shoulder by pushing it at the elbow with the other arm.

Hold for 10 seconds.
STOP if you experience pain in the front of your shoulder.

Repeat 3 times

6.



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Stand tall. Then push the forearm into the wall as if to rotate the arm outwards. Make sure the front of the shoulder does not move forwards. The elbow should not move.

Push for 10 seconds.

Repeat 5 times.

Are there any risks?

- Some of the exercises may increase your pain initially. If you find your pain continues following the exercises, reduce the number of repetitions you perform. If your pain gets worse, then stop and consult your physiotherapist.

Benefits of exercises

- Help to reduce pain
- Maintain your shoulder range of movement
- Improve function

Alternative treatments

Injections

To help reduce the localised swelling and pain an injection can be administered containing a mixture of local anaesthetic and corticosteroid.

The local anaesthetic starts to work immediately. The steroid will probably take longer to start working.

Although you may feel increased pain for the first 24 hours. Injections can have a good effect because they will help reduce pain and inflammation. As a result you can start rehabilitation sooner and return to normal activities more quickly.

Until you have an appointment with your physiotherapist and to gain the most benefit from your injection it is advisable that you rest from any strenuous activity or aggravating positions.

Pain medication

You could discuss with a medical practitioner the possible use of non steroidal anti inflammatory tablets (NSAIDS). You could also consider using topical creams or gels.

What other tests can be done?

An x-ray may be taken, this only shows bones and does not show muscle or tendon changes. If there is some suspicion that the tendon is torn you will be sent for an ultrasound scan or a MRI (magnetic resonance image). Both of these scans show the tendons and can help to diagnose a tear.

Surgery

Treatment for shoulder impingement is usually non-surgical with only a very small proportion of people requiring an operation.

If your symptoms do not settle with the above measures an operation may be suggested.

The most frequent operation done is a 'sub-acromial' decompression. This involves cutting the ligament and shaving away a small part of the bone. This can be done by keyhole or open surgery. You are usually in hospital for a day.

The majority of people find their shoulder symptoms settle without the need for an operation.

Contact details

If you need further advice or information please contact:

North Tyneside Hospital
0191 2934064

Wansbeck General Hospital
01670 564010

Hexham General Hospital
01434 655031

Alternative Formats

If you would like a copy of this information in large print, another language, audio tape or other format please call the Contact Centre on **03 44 811 8118**

Other sources of information

NHS 111

NHS Choices

www.nhs.uk/pages/homepage.aspx

NICE (National Institute for Health and Clinical Excellence)

www.nice.org.uk

Patient Advice and Liaison Service (PALS)

Freephone: **0800 032 0202**

Text: 01670 511098

Email: northoftynepals@nhct.nhs.uk

Northumbria Healthcare NHS Foundation Trust

General Enquiries **03 44 811 8111**

www.northumbria.nhs.uk

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