



# Australian Association of Musculoskeletal Medicine

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## A MUSCULOSKELETAL MEDICINE APPROACH TO SUBACROMIAL IMPINGEMENT SYNDROME

The aim of the Musculoskeletal Medicine approach is to relieve you of your symptoms as quickly as possible with the least risk of side effect and at the cheapest cost. The approach is based on the latest scientific evidence as it comes to hand. New techniques are adopted only when they have been proven to be effective and safe.

### What is subacromial impingement syndrome?

Subacromial impingement syndrome is a condition in which the structures between the humerus (upper arm bone) and the acromion (point of shoulder) get impinged (squashed) between these two bones when the arm is elevated (See fig. 1).

### What are the symptoms of subacromial impingement syndrome?

Subacromial impingement syndrome causes deep, sharp pain around the shoulder. This pain can spread up to the neck and/or down to the elbow or hand. In most cases, it is brought on by raising the arm to shoulder level or above and by twisting the shoulder inwards or outwards. Pain is also common at night and can interfere with sleep.

### What tests are useful in diagnosing subacromial impingement syndrome?

Subacromial impingement syndrome is diagnosed on the basis of the medical history and examination. It cannot be diagnosed on X ray. However under some circumstances, X rays or ultrasound can be helpful.

### What is the treatment for subacromial impingement syndrome?

The aim of treatment for subacromial impingement syndrome is to facilitate the healing of the painful tissues, and allow you to resume your normal activities with as little pain as possible.

Very many treatments are advocated for subacromial impingement syndrome. Many of these are of doubtful benefit or even potentially harmful. The following treatment methods are supported by the current scientific evidence.

1. *Avoidance of aggravating activities* is the most important aspect of treatment. This includes work, domestic and sport activities. In particular, raising the arm above shoulder level either repetitively or for long periods should be avoided. The avoidance may not have to be complete, a decrease in the frequency or rate of the activity may be sufficient. Learning to modify the way some activities are performed may also be helpful.
2. *Gentle stretching exercises* for the back and shoulder muscles can be helpful. If appropriate to your situation your doctor will teach you these.
3. *Strengthening exercises* for the shoulder and back muscles can be helpful. If appropriate to your situation, your doctor will teach you these.
4. *Total rest* with the arm in a sling is only required in the most painful cases. This should be avoided completely if possible, and only used for a short period if required.
5. *Pain killers* are useful. Your doctor will advise you which one is appropriate to your situation and how to best use it.
6. *Injections* of cortisone or local anaesthetics have been shown to be helpful in the treatment of subacromial impingement syndrome. They give good pain relief and aid return to normal activities. They are usually not very painful and are well tolerated. They do have some side effects, but these are rare.



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7. *Heat and ice* are good at controlling pain. Ice is best used after aggravating activities whereas heat can be applied on a regular basis or before activities or exercise. Your doctor will further advise you if these treatments are appropriate for you.

Reading the information given above has probably raised a lot of questions. Please write these down below and your doctor will endeavour to answer them at your next appointment.

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