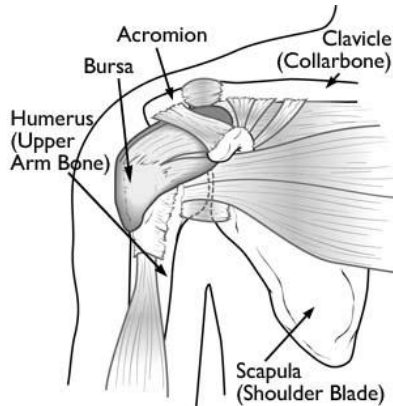


Shoulder Impingement / Rotator Cuff Tendinitis

One of the most common physical complaints is shoulder pain. Your shoulder is made up of several joints combined with tendons and muscles that allow a great range of motion in your arm. Because so many different structures make up the shoulder, it is vulnerable to many different problems.

Anatomy



Your shoulder is made up of three bones: your upper arm bone (humerus), your shoulder blade (scapula), and your collarbone (clavicle).

Your arm is kept in your shoulder socket by muscles and tendons which form a covering around the head of your upper arm bone and attach it to your shoulder blade. This is called the Rotator cuff

There is a lubricating sac called a bursa between the rotator cuff and the bone on top of your shoulder (acromion). The bursa allows the rotator cuff tendons to glide freely when you move your arm.

The rotator cuff is a common source of pain in the shoulder. Pain can be the result of:

- **Tendinitis.** The rotator cuff tendons can be irritated or damaged.
- **Bursitis.** The bursa can become inflamed and swell with more fluid causing pain.
- **Impingement.** When you raise your arm to shoulder height, the space between the acromion and rotator cuff narrows. The acromion can rub against (or "impinge" on) the tendon and the bursa, causing irritation and pain.

What causes the pain and symptoms?

Rotator cuff pain is common in both young athletes and middle-aged people. Young athletes who use their arms overhead for swimming, baseball, and tennis are particularly vulnerable. Those who do repetitive lifting or overhead activities using the arm, such as paper hanging, construction, or painting are also susceptible.

Pain may also develop as the result of a minor injury. Sometimes, it occurs with no apparent cause.

What are the symptoms of tendinitis and impingement?

Rotator cuff pain commonly causes local swelling and tenderness in the front of the shoulder. You may have pain and stiffness when you lift your arm. There may also be pain when the arm is lowered from an elevated position.

Beginning symptoms may be mild. Patients frequently do not seek treatment at an early stage. These symptoms may include:

- Minor pain that is present both with activity and at rest
- Pain radiating from the front of the shoulder to the side of the arm
- Sudden pain with lifting and reaching movements
- Athletes in overhead sports may have pain when throwing or serving a tennis ball

As the problem progresses, the symptoms increase:

- Pain at night
- Loss of strength and motion
- Difficulty doing activities that place the arm behind the back, such as buttoning or zippering.

What does the assessment by the doctor entail?

Your doctor will test your range of motion and strength by having you move your arm in different directions. Further information can be obtained by X rays, Ultrasound or MRI scans.

What are the treatment options?

The goal of treatment is to reduce pain and restore function. In planning your treatment, your doctor will consider your age, activity level, and general health.

Nonsurgical Treatment

In most cases, initial treatment is nonsurgical. Although nonsurgical treatment may take several weeks to months, many patients experience a gradual improvement and return to function.

Rest, Non-steroidal anti-inflammatory medicines, physical therapy and Steroid injection.

Surgical Treatment

When nonsurgical treatment does not relieve pain, your doctor may recommend surgery.

The goal of surgery is to create more space for the rotator cuff. To do this, your doctor will remove the inflamed portion of the bursa. He or she may also perform an anterior acromioplasty, in which part of the acromion is removed. This is also known as a subacromial decompression. These procedures can be performed using either an arthroscopic or open technique. The arthroscopic technique is now routinely used for this procedure. This allows a complete visualization of the joint and the surgeon can also treat other conditions present in the shoulder at the time of surgery. These can include arthritis between the clavicle (collarbone) and the acromion (acromioclavicular arthritis), inflammation of the biceps tendon (biceps tendonitis), or a partial rotator cuff tear.

Arthroscopic Technique provides a quicker recovery with lesser damage to the muscles and tendons.

What is the recovery and rehabilitation like after surgery?

After surgery, your arm may be placed in a sling for a short period of time. This allows for early healing. As soon as your comfort allows, the sling can be removed to begin exercise and use of the arm.

Your doctor will provide a rehabilitation program based on your needs and the findings at surgery. The symptoms will slowly begin to improve from soon after surgery. It typically takes 2 to 3 months to achieve complete relief of pain, but you will be able to start using your arm sooner than this.