

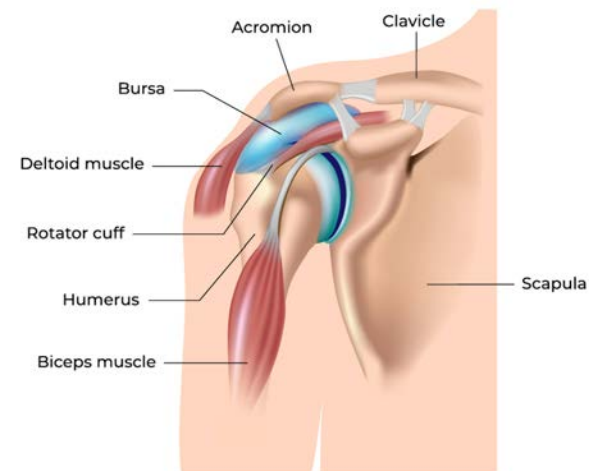
PATIENT
INFORMATION
LEAFLET

Subacromial Pain Syndrome

Airedale NHS Foundation Trust
Bradford Teaching Hospitals NHS Foundation Trust
Bradford District and Craven Clinical Commissioning Group

Introduction

Subacromial pain syndrome is a commonly occurring problem in the shoulder. It results in pain in the region of the shoulder and upper arm which is typically aggravated by lifting the arm to shoulder height and lying on the affected side. The label 'subacromial pain syndrome' is an umbrella term that encompasses different pathologies and symptoms that can occur in the subacromial space of the shoulder. These include conditions of the rotator cuff, subacromial bursa and subacromial impingement.



Causes of Subacromial Pain Syndrome

It can start quite suddenly after an injury such as a fall onto the shoulder or outstretched arm. Or it may begin gradually after unaccustomed activity such as painting or gardening. A repetitive overhead activity at work or during a hobby can also trigger this pain. It may, however, be difficult to attribute the onset of pain to a particular activity and it is likely that many factors contribute to the development of subacromial pain. Your posture is another possible factor, which is easily correctable.

Symptoms of Subacromial Pain Syndrome

Common symptoms are pain and weakness when lifting the arm to shoulder height and above, or pain when lying on the affected shoulder. It is often aggravated by repeated above head activity such as painting or trimming a hedge. Pain is not always apparent during the activity but may become noticeable over the following days. It is not uncommon to wake with pain and stiffness of the shoulder that eases somewhat with movement.

Diagnosis of Subacromial Pain Syndrome

Subacromial pain syndrome can be diagnosed by history and examination. Imaging is often unhelpful in its diagnosis. Your GP may recommend an X-ray to exclude other shoulder conditions.

Self management of Subacromial Pain Syndrome

Rest

Resting from aggravating activities is important, particularly in the early stages, and this can help prevent it from developing into a longstanding, chronic problem. This is not always an easy thing to do due to work and home life commitments or hobbies.

Pain killers

The short term use of simple pain killers, such as paracetamol or anti-inflammatories, can be useful in the management of subacromial pain. Always take as recommended on the box and seek advice from your doctor or pharmacist first if you are taking other medication.

Posture

If you find your pain is worse after certain activities, for example desk based work; your posture is likely to be a contributing factor. Correcting this will improve your symptoms.

Sporting Technique

If your pain only occurs during sporting activities, you may have poor technique. Speak to a coach or personal trainer about how you can correct this.

Exercises for Subacromial Pain Syndrome

Exercise 1: Shoulder Wall Slides



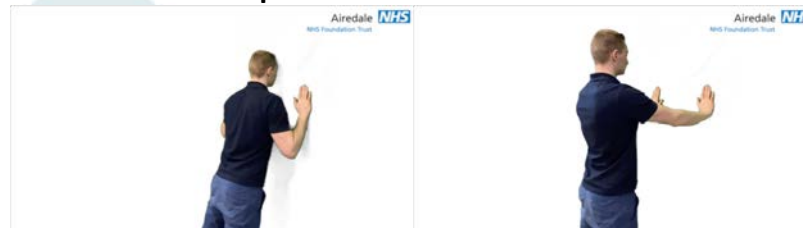
- In standing
- Hold onto a band or towel
- Keeping your elbows flat and forearms against the wall
- Slide your arms up the wall
- Slide your arms back down the wall . Repeat.

Exercise 2: 90-90 Seated Shoulder Lateral Rotation With Weight



- In sitting with your shoulder at 90 degrees and your elbow supported on pillows
- Hold a weight and rotate your arm back
- Lower the weight and return to the starting position

Exercise 3: Wall Push Up



- Standing at a wall, place your arms out in front of you, with your elbows straight, so that your hands just reach the wall.
- Next, bend your elbows slowly to bring your chest closer to the wall.
- Keep your feet flat on the ground the entire time.

Exercise 4: Shoulder External Rotation With Weight



- Lie on your unaffected side. Hold a weight, with your elbow bent and rested on your side. Place a small rolled up towel between your upper arm and body.
- Next, move your forearm and hand away from you towards the ceiling.
- Lower back down and repeat.

Exercise 5: Shoulder Internal Rotation With Weight



- Lie on your affected side, holding a weight with your elbow bent and rested near your side. Next, raise the arm from the ground towards the opposite shoulder.

What next?

If you are still experiencing symptoms despite following the above advice, it is important you seek advice from your GP. Your GP may decide to refer you to the musculoskeletal clinic or to a physiotherapist.

Injections

Injections can be useful in the management of this type of shoulder pain but in most cases, it is a last resort. This is because the benefits are often only short lived and in most cases rest, simple pain killers and physiotherapy can resolve the problem without the need for an injection. For some people, despite rest and pain killers, the shoulder is too painful to participate in physiotherapy. In these circumstances, short term pain relief from an injection can provide a window of opportunity to strengthen the rotator cuff and improve movement and function in the shoulder. An injection in isolation is not the answer to subacromial pain.

Surgery

A very small proportion of people with subacromial pain may require a keyhole procedure called a subacromial decompression. In most cases, surgeons will not consider operating on this condition until at least three months of physiotherapy has been completed.