Shoulder Impingement Syndrome

Why this letter?

Some people find going to see the doctor a confusing experience that I think can be made a lot easier with good communication. While many of the things we discussed are simple, you may quickly forget the details. Hopefully, this letter will serve to remind you of our meeting and answer any questions that arise.

What is wrong with your shoulder?

Your shoulder pain arises from a problem in the rotator cuff tendons. A tendon is the thick, cord-like structure that connects muscles to bones. In the shoulder these tendons are called the rotator cuff. The rotator cuff tendons pass between two bones, the acromion and the humerus. The space is small and normally the tendons barely pass through as the arm is raised and rotated. If the tendon increases in size that there is not enough space and movement can be painful. With repeated overuse, a single injury or even just the wear and tear of age the tendon increases in size and gets pinched or impinges between the two bones.

How did this problem start?

Often the answer is obvious as the patient injured the tendon in an accident or remembers a specific injury. Lifting a heavy object or even a small weight in an awkward or unusual position can also cause tendonitis. Repeated use of the arm in the overhead position, weight-lifting, tennis or aerobic dancing can cause damage. Commonly no specific reason is found. As we age our ability to repair the damage that occurs during the normal activities of daily living decreases. What we could do in our 20's is not possible now.

Tendonitis and Bursitis

The bursa is a small sac of fluid that serves to cushion the impact of tendons as they pass over bones. These bursa occur in many sites around the body. In the shoulder there are a number of bursa sacs designed to let the shoulder function normally. Like the tendon, the bursa may become inflamed and increase in size. It too, can be pinched between the shoulder bones as you move your arm into different positions. The bursa lies directly on the tendon and most commonly both the tendon and bursa are inflamed together.

What I recommend.

Based on the description of your problem, my physical examination and review of the xrays, I believe that surgery is not medically indicated on your shoulder at this time. Most people with your condition can be cured with non-operative treatment.

What is the non-operative treatment?

A. Rest the shoulder

By this I mean rest the shoulder from painful motions and activities. When you move the shoulder and the tendon and bursa get pinched, it is painful. These motions continue to irritate the inflamed tendons and cause scar tissue to form. On the other hand, those motions and activities that are not painful are not doing any damage. It if hurts, don't do it. Don't try to work through the pain. If something you do is not painful, even if it seems strenuous, go right ahead. I want you to rest your shoulder, not your entire body.

B. Exercise

General physical activity is helpful. This particularly applies to aerobic sports like walking, jogging, bicycle riding or any other sport that raises the heartbeat but doesn't irritate your shoulder.

C. Physical Therapy

Physical therapy exercises are sometimes beneficial. I have a physical therapist instruct you in these exercises if they are necessary. Exercises are designed to improve or maintain the amount of movement and strength in shoulder muscles and can be performed at home.

D. Medication

It is unclear whether medication will improve your condition. Antiinflammatory medication can reduce pain and inflammation in some patients.

E. Injections

The purpose of injections is to insert a strong anti-inflammatory medication (cortisone) into the space around the tendons. Injections may be necessary if shoulder pain continues in spite of the steps taken above.

F. Time

This is actually the hardest part of your treatment. Most people are accustomed to the various sprains and strains around the body and the length of time required for recovery. Shoulder strains generally take months to heal, not weeks. Six to nine months is not unusual. This can be very frustrating as you wish to pursue various activities and sports but pain limits you. We can try to minimize the recovery time but much is determined by the severity of the tendonitis, the shape of your bones, and the ability of your body to heal.

How do you know the tendon is not torn?

The only way to know for certain is to inspect the tendon during surgery but based on my examination of your shoulder I do not think this is the case. Plain xrays such as those that may be taken in the doctor's office will show the bones but not the tendons. Special xray test such as an MRI or arthrogram are needed to demonstrate the tendon. We usually obtain these more expensive or invasive xray tests if you do not respond to routine care over the next several months.

Is surgery ever needed?

Not everyone recovers from shoulder impingement. The indications for surgery are persistent pain interfering with your activities of daily living, work and/or sports that has not responded to the conservative care program described above.

What about pain medicine?

Night pain is very common with any shoulder problem and nonnarcotic pain medication can be of benefit, particularly if your shoulder does not respond quickly to treatment. If you feel this is necessary contact the office. Please take this medicine as directed. You do not have to take pills if simple rest or arm repositioning controls the pain. If you need more medication, contact your pharmacy and they will call the office so that we may refill the prescription. We cannot do this after 5:00 PM as no one will be in this office. One of my colleagues at the Fondren Orthopedic Group is available 24 hours a day, 7 days a week but we ask that you restrict after hours and weekend calls to emergencies only and let us handle less urgent problems during the week.

What if you have more questions?

We encourage you to return to the office for a further discussion at any time.

Gary M. Gartsman, M.D.