

Subacromial Pain Syndrome

Patient information

Rehabilitation exercise booklet

**If you need this leaflet in a different language or accessible format
please speak to a member of staff who can arrange it for you.**

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لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie,
proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotowuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil,
vă rog să discutați cu un membru al personalului să se ocupe
de acest lucru pentru dumneavoastră

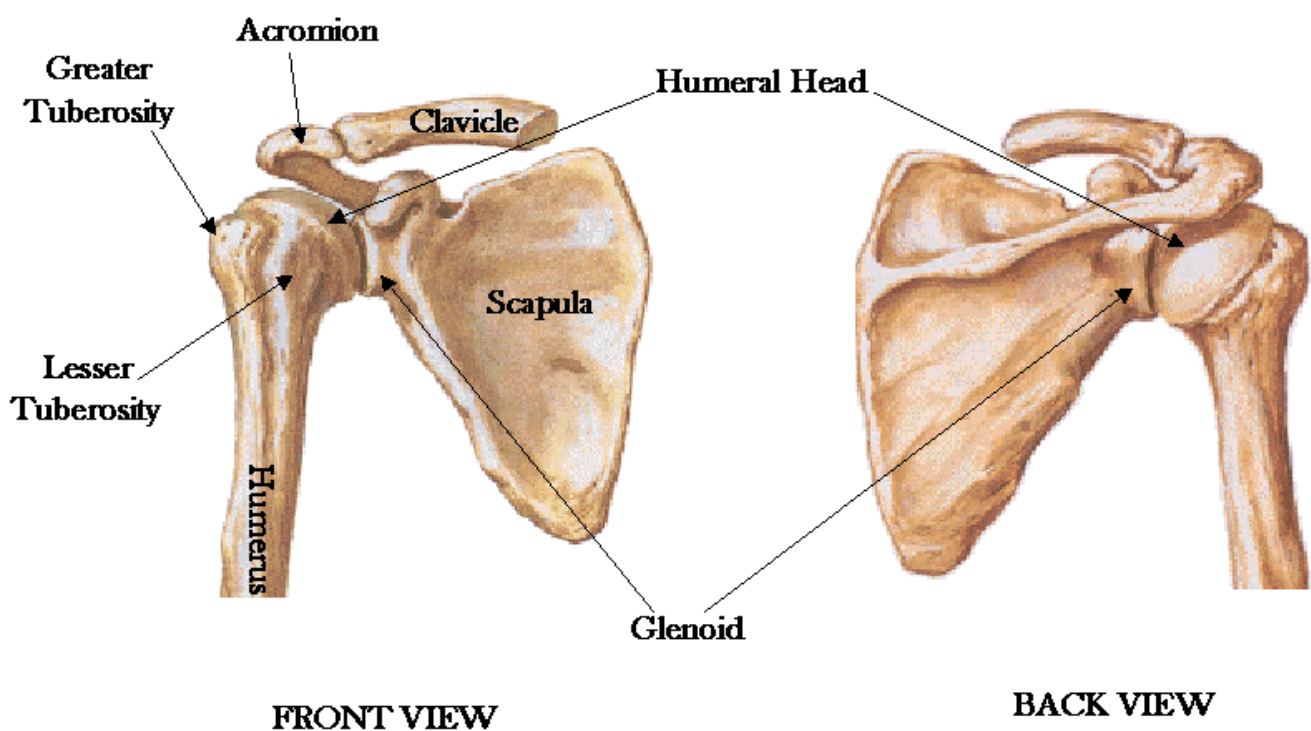
如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

The aim of this booklet is to provide you with information about shoulder pain, to help you with self-management.

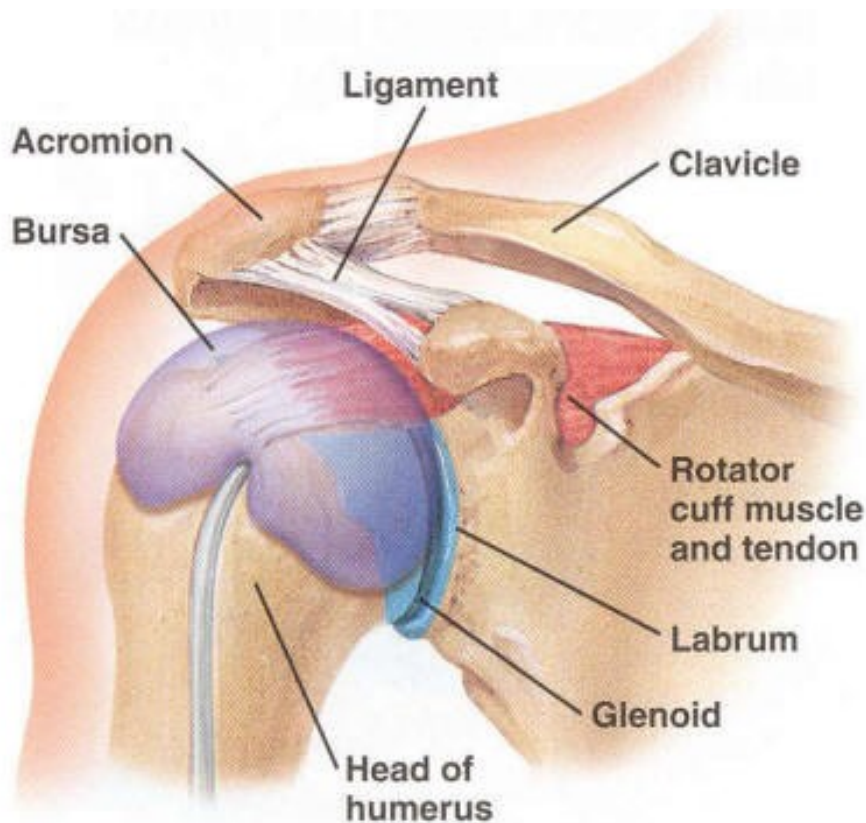
The shoulder

The shoulder is made up of the clavicle (collar bone), humerus (arm bone) and scapula (shoulder blade). Its main function is to allow the arm to move, so that you can reach for things and pick them up. The shoulder joint is very mobile, which means that it relies heavily on muscles for stability and support.



The rotator cuff

The rotator cuff is a group of muscles that attach the top of the arm bone to the shoulder blade and stabilise the shoulder joint whilst you move your arm. If the rotator cuff is not working properly, this can affect the way the shoulder moves and can result in subacromial pain syndrome



Subacromial pain

Subacromial pain is very common and causes pain in the shoulder and upper arm. It can spread further down the arm and up towards the neck and shoulder blade. It can be influenced by physical and psychological factors which can feel worse when the arm is moved away from the body, such as reaching up or when placing the hand behind the back or lying on the side.

It commonly presents in men and women aged between 40-60 years. We now know that most subacromial pain is caused by either acute or chronic overload or weakness in the rotator cuff muscles. Workers in manual occupations involving repetitive over shoulder height activity are at risk of development of subacromial pain. Metabolic health such as diabetes, raised cholesterol, genetics, hormonal changes, smoking and alcohol consumption all have an impact on tendon health.

How long will symptoms last?

Recovery timeframes vary from person to person but you should expect to see some improvement within the first 6 weeks of starting physiotherapy and self-management. It can take up to 3 months to return to normal activities or a bit longer to return to some sports.

Do I need a scan?

Scans are not always useful for diagnosing shoulder pain. Most scans are very sensitive, which means that they will pick up lots of information that might not necessarily be causing your symptoms. We know from current evidence that there is a poor correlation between scan findings and a patient's symptoms. Often people with no shoulder pain have changes on their scans, so it is difficult to tell what is causing their symptoms and it often does not change the treatment plan.

Management

Your physiotherapist will carry out an assessment and help you decide on a treatment plan based on your individual needs. The things that you do for yourself are more important than those we do to you, so it is vital that you take a lead role in managing your symptoms and progressing your exercises when required.

Psychological support

Feeling stressed and worried with your pain is normal, but stress and tension can sometimes make your symptoms worse. The natural chemicals connected with tiredness, stress, anxiety or depression are very similar to the chemicals used to communicate danger or damage. These chemicals can increase your pain sensitivity. It is important to seek support with your mental and physical wellbeing, so speak to a health professional if you need advice.

Exercise

Exercise can help to recondition your shoulder tissues and reduce pain sensitivity.

1. Sit next to a table, with your elbow supported just below shoulder height on a rolled up towel. Now make a gentle fist, keep your elbow bent and then rotate your forearm to point upwards. Return to the start position and relax. Repeat 10 times. Ensure you sit up tall whilst you do this.

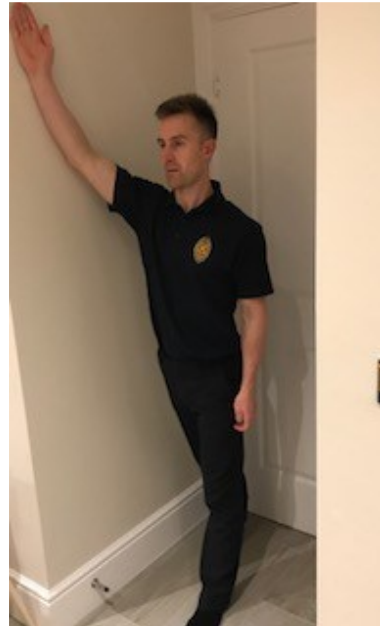
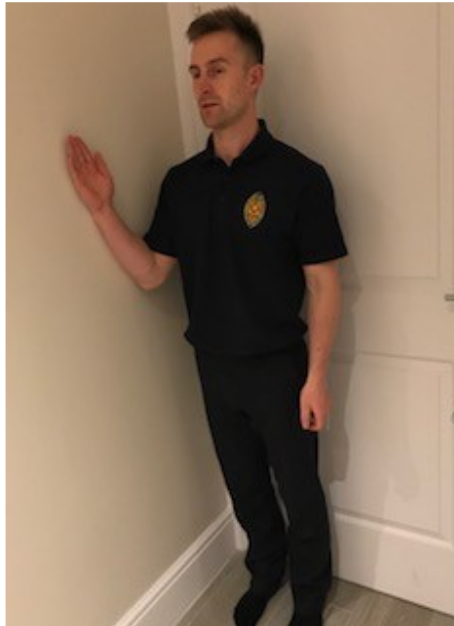
When it is easy for you to do this you can add a light weight – start with half kilo (1lb) or a small water bottle.



2. Put your hands on the wall as if you are going to do a push up. Make sure your hands are placed a little wider than the width of your shoulders. Your hands should be turned out slightly and your elbows are below your shoulders. Now lower your body towards the wall keeping your body nice and tall. Hold for 6 seconds and then return to start position. Repeat 10 times.



3. Bend your elbow so it is at a right angle with the back of your hand against the wall. Place some pressure into the wall and step forward with the opposite leg to your shoulder and slide your hand up the wall and repeat. Repeat 10 times.



Load modification

This involves reducing activities which are particularly painful to allow your symptoms to settle down and reduce irritation on your shoulder tissues. Some activities can cause pain, so monitor your symptoms over a 24 hour period. If an activity is sore a few hours later, you may need to modify the activity until things settle down.

Other options

An injection could be offered if patients are in significant pain, their sleep is affected and they are not responding to oral pain relief. However, this would be in combination with physiotherapy.

Surgery is sometimes offered for patients who do not respond to conservative treatment, but the results are mixed and long-term outcomes appear to yield similar results to physiotherapy.

Contact information if you are worried about your condition

- Your own GP
- Joint health department
- Ormskirk Hospital
- 01695 656 268

Please ask a member of staff if you would like a chaperone present during your appointment.

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