

# Subacromial shoulder pain

## Information for patients

If you have been diagnosed with **subacromial shoulder pain** this leaflet will explain what subacromial shoulder pain is, describe the symptoms, the causes, and the risk factors. This leaflet will also tell you how your diagnosis is made, the outlook or prognosis, what you can do to help yourself, and what treatments are available to help ease your symptoms and resolve the problem.

Subacromial shoulder pain is sometimes described as supraspinatus tendonitis, rotator cuff related shoulder pain, subacromial impingement, or painful arc syndrome.

### What is subacromial shoulder pain?

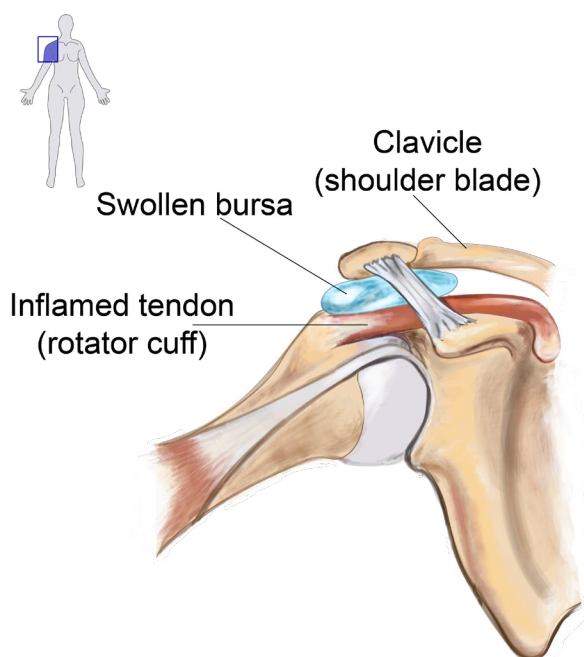
The shoulder is a ball and socket held in place by ligaments and muscles. The muscles around the shoulder contract to move the upper arm.

Subacromial pain arises when the structures in the shoulder (tendon, bursa) are overused or suffer trauma. They can become inflamed, leading to pain.

### How common is it?

Subacromial pain is the most common shoulder problem; approximately one in five people will have symptoms at some time during their life.

It is most common between the ages of 45 and 65.



## What are the symptoms?

Pain is usually felt over the shoulder and upper arm, but it can radiate down the arm or up the side of the neck. The pain is usually felt during certain movements, and is sometimes described as a 'catching' pain or a painful arc.

## What causes subacromial pain?

The exact cause of subacromial pain is not known.

- Pain can arise from a **traumatic event**, such as a fall onto the arm or where the arm is wrenched.
- **Overuse** seems to be the most common cause of pain. This happens when a person does more with their shoulder than they typically do, such as gardening or DIY.
- People who **use their arms above their head for jobs** like painting and decorating, and sports people (such as swimmers and throwers) are more likely to experience subacromial pain.
- Often pain occurs due to a **combination of overuse or increased use of the shoulder and poor shoulder mechanics**.

## How is subacromial shoulder pain diagnosed?

To make the diagnosis of shoulder impingement your doctor, consultant, or physiotherapist will have a detailed talk with you about your symptoms and will then examine your shoulder.

A diagnosis of subacromial pain can be made accurately without any investigations. If exercise does not help, an x-ray, MRI (magnetic resonance imaging) scan, or ultrasound scan may be requested to help confirm or find the cause of your pain.

## What treatments are available?

- **Medication**  
Your doctor may prescribe painkillers or anti-inflammatory drugs to help ease your pain. It is important that you check with your doctor as to whether it is appropriate for you to take this type of medication.
- **Make changes to activities**  
If possible, stop the activity that causes your pain or find a different way of doing it. You may be able to break up the time doing that task into smaller chunks, which may help.

If you are involved in sports, asking for appropriate advice on training patterns or technique may help. A thorough warm up and cool down with appropriate stretching and strengthening exercises for your chosen activity are encouraged.

- **Physiotherapy**  
The right type of exercise gives you an excellent chance of successfully treating subacromial pain. Exercises will be given to improve your strength, posture, and general fitness. Typically exercise takes around 12 weeks to get a good result; it can take six to 12 weeks to start to feel an improvement. The key to getting a good result is consistently doing your exercises at times of the day where you can give them your full attention.

- **Injections**

Some individuals find a corticosteroid injection helps with their pain. The needle is put into the space under the acromion, not the tendon, and a mixture of local anaesthetic (to numb the area) and corticosteroid (a drug which reduces swelling or inflammation) is injected into the space. To start with, you may notice less pain, due to the local anaesthetic, but then your shoulder may become more painful until the corticosteroid starts to work.

Most doctors will not give more than three injections a year. If the symptoms do not settle with injections then other treatments may be recommended.

- **Surgery**

If there is no improvement with the previous treatments and your pain continues, you may wish to consider surgery. A procedure known as a subacromial decompression involves shaving the under surface of the acromion, to allow more room for the tendons. This may be done via keyhole incisions (cuts).

If there is a tear in one of your rotator cuff muscles (a group of four muscles and their tendons which help to stabilise and move the shoulder joint) then this can also be repaired through a small incision.

### How successful are the treatments?

Most people make a full recovery with self-treatment, medication, physiotherapy, and / or corticosteroid injection.

### Further information

If you have any questions or concerns about your condition or your treatment options, please discuss these with your doctor or physiotherapist at your next appointment

**This leaflet has been produced with and for patients**

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