

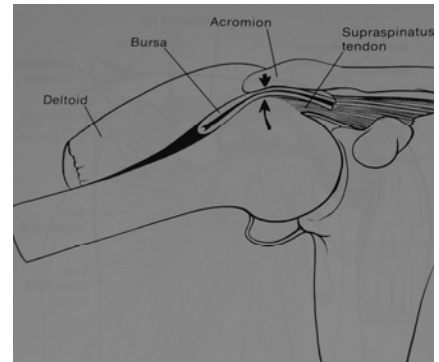
IMPINGEMENT

What is wrong with my shoulder?

People can get pinching pain (impingement) when their rotator cuff gets rubbed by the normal bony and ligamentous roof, called the coracoacromial arch. It is composed of the acromion, which is a part of the scapula, and the CA ligament. As we get older, the normal bony roof sometimes becomes larger or calcified, and creates a bone spur that rubs on the rotator cuff. To prevent this pinching, there is a bursa between the rotator cuff and the bony roof. A bursa is a fluid filled sac that usually contains just a drop or two of fluid to lubricate it. In the same way that a plastic sandwich baggie can feel slippery when you rub it between your fingers, a bursa helps the cuff to slide against the acromion. If this sac gets inflamed and fills with fluid, that problem is called bursitis.

What causes rotator cuff impingement?

Typically, rotator cuff impingement (tendonitis) is caused by repetitive overhead activity. Impingement occurs when the rotator cuff gets “pinched” under the acromion. Some people will have a spur or hooked acromion that can put pressure on the rotator cuff. Sometimes the impingement or bursitis is caused by slight abnormal looseness in the shoulder, which allows the humeral head (ball) to slip forward and upward to place extra pressure on the normal bony roof. This often occurs in younger patients with impingement symptoms. This is called secondary impingement, unstable painful shoulder, or microinstability.



How is rotator cuff impingement diagnosed?

Rotator cuff impingement (tendonitis) is diagnosed by physical examination. You usually have pain lifting your arm over your head. The doctor may ask you to hold your arm as if you are pouring out a soda can and ask you to push up against your doctor's hand. If this causes pain, it is called a positive “empty can

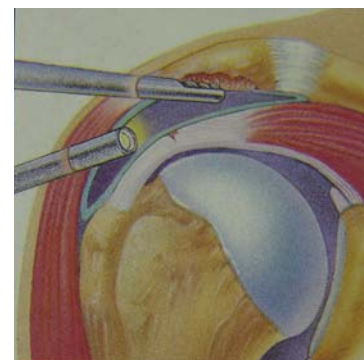
test”. You can also have pain as the doctor rotates your arm towards your body. X-rays will show if you have any spurs or “hooking” of the acromion.

How is rotator cuff impingement treated?

Rotator cuff impingement is usually treated with rest, anti-inflammatory medicine like ibuprofen, and physical therapy to strengthen the cuff. Often for severe pain, a cortisone injection can significantly help to reduce pain and discomfort. The cortisone is a strong anti-inflammatory which will calm down the inflammation and reduce the pain. When your pain is under control, you are often better able to participate in formal physical therapy to strengthen your shoulder. Usually a maximum of three cortisone shots is allowed, but sometimes people need only one to start feeling better.

What happens if I need surgery?

If you do not respond to rest, medicine, therapy, and injections, you may be a candidate for surgery. The surgery for impingement usually involves inspecting and trimming up any cuff damage or fraying, followed by removing some of the bone spur and bony roof, or acromion. This is called a “decompression” because it takes the pressure off the cuff by creating more space for it. This procedure can almost always be done arthroscopically. At the time of surgery, your doctor will also inspect the structures of your shoulder to look for any other damage or problems. After an arthroscopic decompression, you are usually allowed to move and use your shoulder right away. There are no restrictions placed on your shoulder, but most people feel more comfortable “taking it easy” for the first one to two weeks. Most people choose to take 1 or 2 weeks off work after this type of surgery. Some people with heavier, lifting types of jobs need 4-6 weeks off work. After 4-6 weeks, most people can start heavier activities such as strengthening and lifting. The pain will continue to improve and the shoulder will get stronger over the next 3-6 months.



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