Orthopaedic Connection

“Doc, What Is Shoulder Impingement?”

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Transforming patient information into patient understanding.

Welcome to the 100th Gratiot County Herald Orthopaedic Connection article! If you have missed any of the classes (you know who you are), I am taking attendance by the way. There is no Summer vacation. Sorry.

There is a way to catch up, however; go to the Website Archive of GCH Orthopaedic Connection articles and every article is there.

I have never missed a week and I will never run out of topics to write about!

The Mysterious Shoulder

Shoulder problems are among the most frequent problems I see in the office and hospital.

Impingement is one of the most common causes of pain in the shoulder.

Impingement is caused by pressure on the rotator cuff tendons by a portion of the shoulder blade called the acromion. The impingement or pinching of the tissue happens when you lift the arm. Pain is in the front of the shoulder. Always the front.

Rotator Cuff

The rotator cuff is a collection of tendons, which links 4 muscles. The rotator cuff tendons cover the ball of the shoulder. They work together to lift the arm and rotate the shoulder.

The Acromion

The acromion is the front edge of the shoulder blade. It sits over and in front of the ball (humeral head). As you lift the arm, the
acromion rubs or “impinges” on the surface of the rotator cuff tendons. This causes pain, inflammation and limited movement.

**Impingement Risk**

Impingement is common in both young athletes and middle aged people.

- Swimming
- Baseball
- Tennis
- Repetitive lifting over head
- Paper hanging
- Construction work
- Painting
- Minor trauma
- Some shoulders have no apparent cause.

**Symptoms**

- Beginning symptoms may be mild. Patients frequently do not seek treatment at an early stage.
- Minor pain present both with activity and rest.
- Pain radiates from front of the shoulder to the side of the arm.
- Sudden pain with lifting or reaching.
- Athletes in overhead sports may have pain when throwing or in serving a tennis ball.
- Local swelling or tenderness is in front of the shoulder
- Pain and stiffness when the arm is lifted or lowered.
- Pain at night.
- Decreased strength and motion.
- Hard to place arm behind you.
- Can advance to a “frozen shoulder”.

**Diagnosis**

I always take a good history and examine the shoulder, neck and arm thoroughly.

Then plain x-rays are taken.

I might ask that an MRI or arthrogram be done.
Non Surgical Treatment

Initial treatment is always conservative. Rest and avoid overhead activities. Advil or similar over the counter anti-inflammatory medication. Possibly a prescription anti-inflammatory medication. Stretching exercises to improve range of motion and strength will help.

I may suggest a shoulder injection of a local anesthetic and a cortisone preparation. Supervised physical therapy is needed in some patients. Treatment may take several weeks or months.

Surgery

The goal is to remove pressure and create more space for the rotator cuff. In some patients it can be done arthroscopically and in others a small incision in front of the shoulder is needed. The front edge of the acromion bone is removed along with some tissue.

A sling is placed initially and followed by a rehab program based on the patient’s need and the findings at surgery.

It has been a long time since we covered many shoulder subjects. So I think we will continue next week with more about the shoulder. Please come back.

Office Website and Archive

Check out the new, improved office website www.orthopodsurgeon.com for a ton of great information about the shoulder and all the things I treat in the office and hospital. You can reach the GCH Archive of Articles through the website.

Our goal is simple - To help people return to more pain free, functional lives. I specialize in you.

Good health. Good life. All the best to you.

Be well.

Dr. Haverbush