

SUBACROMIAL SHOULDER PAIN

What is Subacromial Shoulder Pain?

Subacromial shoulder pain is a common diagnosis given by health professionals.

It is a non-serious, non-sinister problem that can cause pain in the upper arm, shoulder joint and occasionally the neck and shoulder blade.

Pain may start acutely, especially if you aggravated the shoulder with activities you are not used to e.g. overhead activities. This can lead to inflammation or overload of the soft tissue structures in the shoulder leading to pain.

However, pain can also develop gradually if your muscles are not working in the shoulder as they should, leading to poor movement patterns and pain, or simply a gradual overload of these muscles and tendons.

What are the symptoms?

Pain in the upper arm and outside aspect of the arm are most common. Pain is usually linked to certain movements; especially lifting the arm in front and out to the side.

As sleep can also be affected by Subacromial Shoulder Pain, try to avoid sleeping on the painful side. If you find this difficult use pillows to support the shoulder or behind your back to avoid rolling onto it in the night.

How common is it?

Shoulder complaints are present in 14% of the population, with 70% of these complaints being diagnosed as Subacromial Shoulder Pain.

What can you do to reduce the pain?

- You must keep your arm moving. Although it may be uncomfortable keeping your arm still will prolong symptoms.
- Modify your activity. Avoid anything that causes significant pain or find an alternative way of completing the activity e.g. use a step to stand on rather than reaching overhead to complete a task.
- Complete a structured rehabilitation programme. The exercises provided in this leaflet are basic movements to help settle your symptoms and start to improve the health of your shoulder muscles and tendons.
- Seek advice from a Physiotherapist to progress from these exercises.
- General wellbeing is important for musculoskeletal health so maintain a healthy balanced diet and complete regular cardiovascular exercise.

What is the prognosis?

Most people make a full recovery with self-treatment, correct exercise prescription from a Physiotherapist and time. You must be patient; it can take 6-12 weeks for you to see a change in your pain.

Exercises

Shoulder rotation:

- Sit next to a table with your elbow supported just below shoulder height. You may need a few rolled up towels to achieve the right height.
- Make a gentle fist, keep your elbow bent and then rotate your forearm to bring your fist up towards the ceiling.
- Return to the start position slowly and relax.
- When it is easy for you to do this, you can add a light weight – start with half kilo or a small 500ml water bottle.
- As the exercise gets easier you can gradually increase the weight.

Wall push-ups:

- Stand arms-length away from a wall and place your hands on the wall.
- Make sure your hands are placed a little wider than the width of your shoulders, your hands are turned out slightly and your elbows are below your shoulders.
- Lower your body towards the wall and then push your body back into an upright position. Make sure you are not poking your chin forwards to achieve the movement.
- When this becomes easy you can try moving your feet further away from the wall to increase the load.

Wall slides:

- Find a smooth door or wall mirror and a cloth that will slide easily on the wall.
- Stand facing the wall. Place the edges of your hands against the wall with your thumbs facing you.
- Now step forward as you gently push into the wall and slide your hands up as far as you can. Relax and return to start position.
- When this becomes easy you can progress by doing it without the support of the wall and adding a light weight.

These exercises are recommended by the British Elbow and Shoulder Society.