

FACT SHEET

Impingement Syndrome

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Tests:

- Routine shoulder x-rays including special views of the acromial arch are used to evaluate the shape of arch.
- MRI examination may be ordered to examine the integrity of the rotator cuff.

How is it Treated?

In the early stages:

- Impingement syndrome will respond to ending the aggravating activity.
- Physical therapy modalities to increase shoulder stability and decrease inflammation may also be helpful.
- Medications to control pain and inflammation are usually prescribed.
- Injection of the subacromial space with corticosteroid and anesthetic agents is often part of conservative treatment.
- If the impingement syndrome becomes more chronic, surgical intervention (subacromial decompression) is often necessary.
- The goal of treatment is to increase the size of the subacromial space and remove inflamed tissue.
- Reshaping the acromion (acromioplasty) combined with removing the subacromial bursae and cutting the coracoacromial ligament are common procedures.
- Removing any bone spurs and inflamed rotator cuff tissue (debridement) may also be needed.

- This combination of procedures is often called subacromial decompression. These procedures can be performed either through incisions (open, arthrotomy) or arthroscopically. Typically, these are outpatient procedures.

What is the Predicted Outcome?

Individuals treated conservatively in the early stages of inflammation should expect recovery if all predisposing causes are removed. Recovery in more chronic situations is expected, but recovery may be prolonged due to surgical intervention.

What are the Work Restrictions and Accommodations?

- Restrictions include no use of arm above shoulder level.
- No lifting, no carrying, and no pushing are normal restrictions during early treatment. These restrictions may become permanent.
- Facilities to allow rest could allow early return to work.

What are the Common Prescriptions?

- Anti-inflammatories
- Analgesics
- Steroid injections
- Local injectable anesthetic