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Shoulder Impingement Syndrome

- **Definition:** The rotator cuff is made up of four separate muscles that assist in rotation and elevation of the arm at the shoulder. Inflammation of these tendons or the underlying subacromial bursa leads to impingement syndrome, and/or its subcategories of rotator cuff tendonitis or shoulder bursitis.
- **Cause:** Most cases are due to long term repeated mechanical wear and tear of the tendons and other structures in the shoulder joint. It is more common with age and with people who rely heavily on their arms and shoulders for work or other activities. Previous injury to the shoulder may also predispose one to impingement syndrome or other shoulder problems.
- **Symptoms:** A slow onset of symptoms in the front or outside of the shoulder is common. This is often worsened by overhead activity, such as reaching in cupboards. It may also be worsened by sleeping on the affected shoulder.
- **Diagnostics:** The patient's medical history and a physical examination are helpful in differentiating other possible causes of shoulder pain. In some cases x-rays or MRIs may also be helpful in the evaluation. Sometimes injections can be both diagnostic and therapeutic.
- **Treatment:** Initially NSAIDs, ice and rest, and abstaining from the aggravating activity may be beneficial for acute flare-ups. Physical therapy, stretching, and strengthening can be extremely beneficial for short term treatment and long term prevention. Patients who fail to improve with conservative measures may benefit from corticosteroid injections. For the rare case that does not respond to other treatments, surgery may be a consideration.
- **Red Flags:** Warmth, redness, swelling, or fever indicates the need for urgent evaluation. Failure to improve with physical therapy or other conservative measures indicates the need for re-evaluation.

