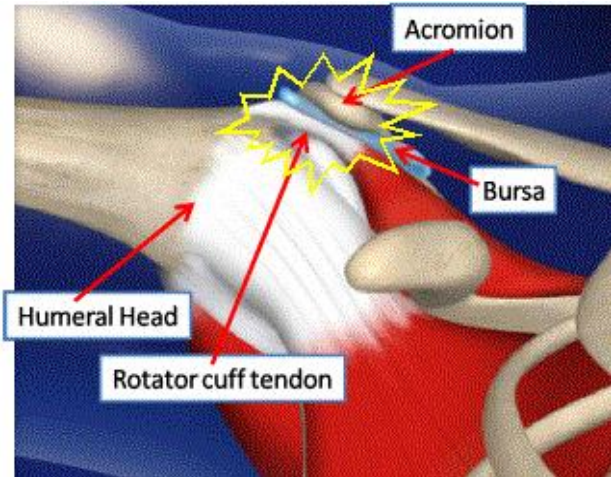


Shoulder impingement

What is it?

“Shoulder impingement” is a mechanism within the shoulder where poor tracking of the glenohumeral joint throughout movement leads to irritation of structures in the shoulder and sensations such as pain, catching, clicking, clunking or pinching. This often occurs with movements such as reaching overhead, reaching out to the side above shoulder height, and sometimes even reaching for seatbelts or putting a jacket on. With ongoing “impingement” the tissues that are receiving friction can begin to get irritated including the bursa and muscle tendons in the shoulder. If this continues, many people begin to get an ache in their shoulder or down into the arm, and may even begin to get small tears in the tendons where the shoulder muscles attach to the humerus. This is often the condition that has led to pathologies such as “shoulder bursitis”. Both of these conditions can be diagnosed by your Physiotherapist or Doctor.



Common predisposing factors;

The shoulder uses a mechanism similar to pulleys (shoulder muscles in this case) to achieve movement. Therefore, if you alter the amount one “pulley” is contributing, or change the start position of the pulley, the movement will not be as smooth and guided, altering tracking of the joint and risking irritation/impingement.

- Posture: slumped posture and or forward positioned shoulder blades, which alters where the arm movements commences from and alters muscle balance
- Weakness: weakness in one or more of the “rotator cuff” muscles which give the majority of support and movement in your shoulder joint can create imbalance, altering joint tracking
- Muscle tension: similar to the previous two, this can create altered tracking of movement as one group of muscles is restricting movement or is weak due to tension build up
- Scapula control/posture: all of our arm movement starts from the shoulder blade where the upper limb attaches to the trunk of our body. If we can’t support the arm well from it’s attachment and where movement is started, tracking is going to be impacted

Ways to manage – address the predisposing factors

- Improve posture including shoulder blade, neck and trunk positioning
- Improve muscle balance in relation to tension (soft tissue release such as massage, radial pressure wave therapy, needling, ultrasound, supportive taping) and weakness (strengthening exercises focusing on posture and the rotator cuff)
- Improve scapula control (exercises to build postural endurance and scapular stability)

Rehabilitation programs take time to build strength, but many people achieve immediate improvement in symptoms by managing the factors contributing for that individual. Commitment to a comprehensive rehabilitation program working with a Physiotherapist returns a most to full function.