

Subacromial Shoulder Pain

Information for Patients and Carers

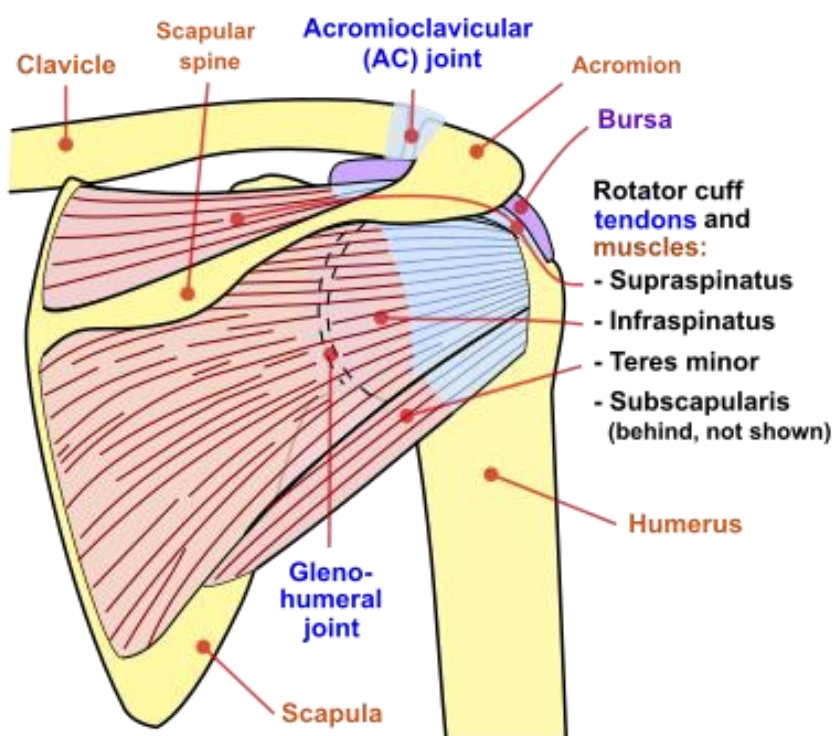
The information in this leaflet is intended solely as a guide. If you have questions about any aspect of your care or this booklet, please ask a health professional.

This leaflet will give you some information about:

- Subacromial shoulder pain
- How you can help yourself with simple treatments
- Other treatment options.

What is Subacromial shoulder pain?

Subacromial shoulder pain (or rotator cuff related pain) is a very common cause of pain in the shoulder and upper arm. It is usually due to an imbalance between the strength of the rotator cuff tendons in the shoulder and the functional demands placed on them. This can lead to irritation of the tendons and/or the surrounding tissues in the shoulder. It rarely means that the tendons have been damaged- especially if there has not been an injury to your shoulder.



This is sometimes called tendinopathy, and might be due to:

- Doing a new activity or a change in activity
- Doing more than usual especially after a period of inactivity
- Weakness of the tendon(s)
- Normal age related changes in the tendons.

You may have heard other names for this kind of shoulder pain (including: impingement, supraspinatus tendonitis and bursitis). These terms are not accurate and it is often not possible to identify the source of subacromial shoulder pain.

In most cases of shoulder pain, simple exercises and optimising your general health and lifestyle are enough for recovery.

What are the symptoms?

Common symptoms include:

- Pain felt around the front and side of the shoulder that can spread into the arm
- It can feel worse when the arm is moved away from the body (such as reaching up, putting your hand behind your back and when doing activities that involve overhead movements or weight bearing through the arm)
- The pain might wake you when you move at night or it can be uncomfortable to lie on
- You might also feel that your shoulder is weak due to the pain.

How is it diagnosed?

Subacromial shoulder pain is a clinical diagnosis based on your history and a physical examination. Therefore it is always important to have your shoulder clinically assessed by an appropriate health professional. Further imaging (including x-rays, ultrasound and MRI) are rarely required- particularly if there has not been a fall or an injury.

Causes of Subacromial Shoulder Pain

Changes in activity, weakness or age related changes in the tendon may contribute to the development of subacromial shoulder pain.

Sometimes, movements can become more painful without any structural problem. This can be made worse by other factors that can contribute to shoulder pain including:

- **Genetics**

There is evidence that some people may have a genetic predisposition to subacromial shoulder pain. There are also certain genes that can alter a person's pain threshold, leaving them more sensitive to pain.

- **Smoking**

Smoking is a risk factor for developing shoulder pain. Studies have shown that smoking increases the risk of rotator cuff problems and tears in the tendons which can lead to weakness, reduced function and subacromial shoulder pain. Smoking can also cause pain in the shoulder. Even if your shoulder gets stronger, you may still feel pain.

If you're thinking of quitting, visit <https://www.nhsinform.scot/healthy-living/stopping-smoking>. You can also get support from your local health centre or pharmacy.

- **Alcohol**

Long-term and excessive alcohol intake is a significant risk factor for the occurrence and severity of rotator cuff tears which may lead to subacromial shoulder pain.

For more information on the effects of alcohol, visit <https://www.nhsinform.scot/healthy-living/alcohol>.

- **Stress**

Stress can be psychological and biological and it is a normal part of life. However, when our bodies and minds are stressed over long periods, it can affect our mood, immune system, general health and sensitivity to pain. Therefore finding ways to cope with stress and taking care of your general health is important for managing your pain.

Visit <https://www.nhsinform.scot/healthy-living/mental-wellbeing> for more information.

- **Sleep**

A lack of quality sleep can have an impact on our immune and pain systems. Aim to get 7-9 hours of good quality sleep per night.

Visit <https://www.nhs.uk/live-well/sleep-and-tiredness/> for more information.

- **Medical conditions**

Studies show that high cholesterol and diabetes are risk factors for developing subacromial shoulder pain. Other studies show that the pain felt by people with rotator cuff tears is linked to the number of other medical conditions they have.

Age-related changes in the tendons

As we grow older, tendons are susceptible to natural change and can develop tears. Rotator cuff tears are very common. In fact, many people have rotator cuff tears but have no symptoms. As the rotator cuff is a group of muscles within your shoulder, they can often work together to overcome these changes.

Studies show that regular exercise and/or physiotherapy can be just as effective for rotator cuff tears in the long term as surgery.

What can I do to help it?

Subacromial shoulder pain is not a harmful or serious condition and the majority of cases will get better naturally with time. Some people may not want or need specific treatment and may decide to let their shoulder heal naturally. However, there are some things that you can do yourself (self-treatment) which may help to improve your shoulder pain.

Treatment is aimed at restoring strength and capacity to the rotator cuff and shoulder muscles as well as dealing with any other contributing factors (as described above). In the early stages of pain, treatment is often aimed at allowing the soft tissues in your shoulder to settle down. This may include:

- **Painkillers/ anti-inflammatory medication/ ice or heat packs**

You should consult your GP or pharmacist before taking medication, especially if you have other health problems.

- **Relative rest**

You may have to take things easier for a couple of weeks and change activities that cause you pain. However it is important to get back to moving and using your arm as normally as you can, as soon as you can.

- **Maintaining movement**

Try to keep your arm moving as your pain allows. This can help prevent it getting weak and stiff.

- **Maintaining healthy lifestyle habits**

Our general health can have an impact on the pain levels we experience, as well as on the health of tendons themselves. Therefore dealing with other contributing factors as described previously is important. More Information can be found at www.nhsinform.scot/healthy-living.

Exercise

Exercise is the recommended treatment for subacromial shoulder pain. This can be done with self-directed graded strengthening exercises for the rotator cuff and shoulder muscles. Visit www.nhsinform.scot/healthy-living/keeping-active/keeping-active-guidelines/#adults-19-64 to find out more about recommended physical activity guidelines that are important for keeping our bodies and minds healthy.

Visit the British Elbow and Shoulder Society website at www.bess.ac.uk/subacromial-pain for further information and exercises that have shown to be very successful in treating this shoulder problem.

If you feel you need more support, you may be referred to physiotherapy.



Physiotherapy

Through an examination, a physiotherapist can:

- Help you establish what might be causing your pain
- Provide you with a personal treatment plan to keep your shoulder strong and flexible
- Advise and arrange further investigation if required.



Other treatment options

In some cases, people may wish to consider other options if they have been unable to control pain or regain function with the methods described above. As these treatments are more invasive, they carry more risk. They may not be safe or appropriate for everyone.

You should speak to your GP or health care professional about the options available to you.

These options may include:

- **Steroid injection**

These can help with short term pain relief, but are unlikely to help in the long term. Studies have shown that steroids can weaken tendons and they are not safe or appropriate for everyone.

- **Surgery.**

In very rare situations, surgery may be recommended if symptoms cannot be controlled with the methods above. However, evidence shows that exercises and/or physiotherapy can be just as good as surgery in the long term for most people.

More information can be found at www.nhsinform.scot/illnesses-and-conditions/muscle-bone-and-joints/conditions/subacromial-pain-syndrome/