



## Shoulder Impingement/Bursitis

Shoulder impingement causing bursitis and rotator cuff pain is common in both young athletes and middle-aged people. Young athletes who use their arms overhead for swimming, baseball, and tennis are particularly vulnerable. Those who do repetitive lifting or overhead activities using the arm, such as paper hanging, construction, or painting are also susceptible. Pain may develop as the result of a minor injury. Sometimes, it occurs with no apparent cause. You may have pain and stiffness when you lift your arm. There may also be pain when the arm is lowered from an elevated position. When you raise your arm to shoulder height, the space between the acromion and rotator cuff narrows. The acromion can rub against (or "impinge" on) the tendon and the bursa, causing irritation and pain.

**Diagnosis:** Diagnosis is accomplished by history and physical examination. In most cases, imaging is not required to make the diagnosis.

**Imaging:** Because x-rays do not show the soft tissues of your shoulder like the rotator cuff, plain x-rays of a shoulder with rotator cuff pain are usually normal or may show a small bone spur. Magnetic resonance imaging (MRI) and ultrasound studies can create better images of soft tissues like the rotator cuff tendons. They can show fluid or inflammation in the bursa and rotator cuff. In some cases, partial tearing of the rotator cuff will be seen.

In most cases, initial treatment is nonsurgical. Although nonsurgical treatment may take several weeks to months, many patients experience a gradual improvement and return to complete function. Your doctor may suggest rest and activity modification, such as avoiding overhead activities. Non-steroidal anti-inflammatory like ibuprofen and naproxen may be used to reduce pain and swelling.

Physical therapy is important in relieving pain and restoring shoulder function. A physical therapist will initially focus on restoring normal motion. Specific stretching of the posterior capsule can be very effective in relieving pain in the shoulder.

Once your pain is improving, your therapist can start you on a strengthening program for the rotator cuff muscles.



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If rest, medications, and physical therapy do not relieve your pain, an injection of a local anesthetic and a cortisone preparation may be helpful. Cortisone is a very effective anti-inflammatory medicine. Injecting it into the bursa beneath the acromion can relieve pain.

When nonsurgical treatment does not relieve pain, your doctor may recommend surgery.

The goal of surgery is to create more space for the rotator cuff. In this arthroscopic surgery, thin surgical instruments are inserted into two or three small puncture wounds around your shoulder. Your doctor examines your shoulder and performs the procedure using a fiberoptic scope connected to a television camera. The front edge of the acromion (bone at the top of the shoulder) is removed along with some of the bursal tissue. Your surgeon may also treat other conditions present in the shoulder at the time of surgery.

After surgery, your arm may be placed in a sling for a short period of time. This allows for early healing. As soon as your comfort allows, your doctor will remove the sling to begin exercise and use of the arm.

Your doctor will provide a rehabilitation program based on your needs and the findings at surgery. This will include exercises to regain range of motion of the shoulder and strength of the arm. It typically takes 2 to 4 months to achieve complete relief of pain, but it may take up to a year.