

SHOULDER IMPINGEMENT/ BURSITIS/TENDONITIS

BURSITIS

Bursa sacs are small, fluid filled sacs that act as cushions between bones and soft tissue. Excessive use of the shoulder can lead to inflammation of the bursae. Daily activities such as getting dressed may be painful

TENDONITIS

The rotator cuff tendons can be irritated or damaged. Tendonitis can be acute from excessive ball throwing or overhead activity during work/sport, or chronic from repetitive wear and tear. The biceps tendon can also become inflamed causing pain in the front of the shoulder .

IMPINGEMENT

When you raise your arm to shoulder height, the space between the acromion and rotator cuff narrows. The acromion can rub against the tendon and the bursa, causing irritation and pain

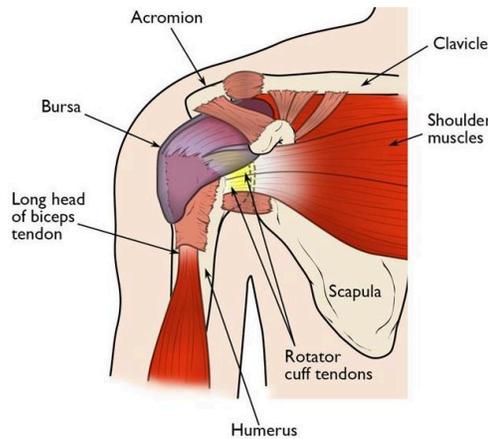
ARTHRITIS

Most common form is osteoarthritis or wear-and-tear arthritis. This may be work/activity related or chronic wear and tear. Arthritis can also just develop over time. Limited movement of the shoulder may relieve pain but can cause stiffening of the joint, resulting in painful restriction of motion.

DO YOU NEED IMAGING?

X-rays will be ordered to rule out bone damage or evidence of arthritis in the joint such as bone spurs.

MRI scans can visualize soft tissues, including inflammation of the bursae and rotator cuff, but typically do not change the management course unless there is structural damage such as tears to the tendon.



The shoulder is made up of three bones: your upper arm (humerus), shoulder blade (scapula), and your collarbone (clavicle). A combination of muscles and tendons (rotator cuff) keep your arm centered on the shoulder socket.

Shoulder pain is common in young athletes and all age groups. Can occur with overhead activity, repetitive lifting, minor injuries, and sometimes with no apparent cause.

Symptoms may begin as mild but as overtime you may experience more pain at night, loss of strength and motion and difficulty doing normal daily activities.

STEROID INJECTIONS

An injection of a local anesthetic and cortisone preparation may be effective. Cortisone is an anti inflammatory medication and is injected into the bursae sac or joint.

SURGICAL TREATMENT

If you have failed conservative management, arthroscopic surgery is an option. Post surgery you will be placed in a sling for at least 2-3 weeks.

**PLEASE VISIT
ORTHOINFO.AAOS.ORG TO
FIND “ROTATOR CUFF AND
SHOULDER REHABILITATION
EXERCISES” FOR YOU**

NON-SURGICAL MANAGEMENT

Rest

Ice

Heat application

ACTIVITY MODIFICATION

Modify activities as needed

Incorporate low impact activity such as biking, walking, elliptical

OVER THE COUNTER MEDICATIONS

Tylenol 1000mg three times daily

Advil 600mg three times daily* OR

Aleve 440mg twice daily *

PRESCRIPTION MEDICATIONS

Meloxicam 15mg once daily*

Diclofenac Sodium 75mg twice daily*

Medrol Dose Pak taken as directed

*NSAIDS should be taken for 10-14 days with food. May cause gastric upset and **cannot** be taken with blood thinner (anticoagulation) medications

HOME EXERCISE PROGRAM VS. PHYSICAL THERAPY

A strength and flexibility program should provide gradual improvement and return to function.

A therapist will initially focus on restoring normal range of motion. Specific stretching of the shoulder can be effective in relieving pain, once your motion and pain improve, you should start a rotator cuff strengthening program. Working with a licensed professional can improve strength and flexibility under direct supervision.

A strength and conditioning program should be continued 2-3x a week for 4-6 weeks unless otherwise specified.

Shoulder impingement/Rotator cuff tendonitis - OrthoInfo - AAOS
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