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Keeping Shoulder Pain at Bay



Shoulder impingement syndrome can involve **bursitis** (inflammation of the shoulder's bursa), **tendinitis** (inflammation of the rotator cuff tendons), **calcium deposits in the tendons** or any combination of the three. People at risk include those who employ repeated overhead movements—tennis players, golfers, swimmers, construction workers and, quite commonly, those who perform do-it-yourself repairs around the home.

People with **hooked acromions** (the bony knob at the top of the shoulder blades) are more susceptible to shoulder impingement than others with flat or curved acromions. Because these people have smaller spaces beneath their acromions (called the subacromial space), nearby tendons have more opportunity to become compressed and painful.

Shoulder impingement can be treated successfully with rest, medication, physical therapy or surgery, depending on the severity of the condition. Anyone who has been treated successfully for shoulder impingement should continue a **maintenance routine** to maximize the chance that the problem will not return. Such a program should include

- **range-of-motion exercises**
- **exercises to keep the muscles of the shoulder strong**
- **the development and maintenance of shoulder-friendly posture**

We can create a program to give you the best chance of maintaining your shoulder pain free. Such a program might include **simple flexion and self-capsular stretches** with a rod to increase your flexibility. Isotonic or **muscle-tightening exercises** can be helpful as well; these allow you to build strength in your muscles without moving or stressing the involved shoulder joint. **Strengthening exercises** using elastic tubing to provide resistance help build the rotator cuff.

Chronic pain from shoulder impingement syndrome can be debilitating. However, by following a **carefully planned exercise regimen**, you often can regain your mobility, resume your usual activities and keep pain at bay.