

Shoulder Impingement (Bursitis, Tendonitis)

Athletes, industrial workers and home maintenance buffs often suffer shoulder pain caused by excessive rubbing or squeezing (impingement) of the rotator cuff and shoulder blade.

Shoulder impingement syndrome involves one or a combination of problems, including inflammation of the lubricating sac (bursa) located just over the rotator cuff, a condition called bursitis; inflammation of the rotator cuff tendons, called tendonitis; and calcium deposits in tendons caused by wear and tear or injury. A torn rotator cuff is a potential outcome of shoulder impingement.

What is it?

- Bursitis: Frequent extension of the arm at high speed under high load (i.e., pitching a baseball) can cause bursitis. Non-sports activities such as painting, hanging wallpaper or drapes or washing windows also can cause it. Medical research shows that the older you get, the more likely you are to develop bursitis.
- Tendonitis: Tendonitis develops over time and is likely to occur when a person whose muscles are not in good condition starts an overly aggressive training program. In younger athletes, the causes of tendonitis are similar to those of bursitis.

What are the signs and symptoms?

Patients frequently try to ignore the first signs of shoulder problems. There is usually no single episode of the shoulder giving way and, at first, a person may notice only minor pain and a slight loss of strength. Loss of range of motion, especially the ability to lift the arm overhead, may be ignored for awhile.

- Bursitis: Symptoms of shoulder bursitis include mild to severe pain and limited movement.
- Tendonitis: Inability to hold the arm in certain positions indicates tendonitis is present. Recurrent episodes of tendonitis may indicate a rotator cuff tear.

What is initial treatment?

- Bursitis: Once bursitis is diagnosed, rest is the recommended treatment. If necessary, icepacks can also be prescribed, as well as anti-inflammatory drugs, steroid injections and ultrasound therapy. Some patients require temporary use of a sling. After inflammation subsides, the patient should do shoulder strengthening exercises.
- Tendonitis: Acute tendonitis usually passes if the activity which caused it is avoided long enough to give the shoulder sufficient rest. Later, a patient can gradually resume the activity incorporating gentle heat and prescribed stretching beforehand and icepacks afterward. More severe cases may require anti-inflammatory drugs or a cortisone injection.

If initial treatment doesn't work, what's next?

- Bursitis: Severe bursitis may require surgery as a last resort.
- Tendonitis: A physician may perform additional diagnostic tests to rule out other conditions before surgery is advised as a last resort.

How can further injury be prevented?

Overuse injuries require attention. However in many cases, people do not seek medical care for their shoulder inflammation and think they can "work through the pain."

Don't play tennis or golf in an attempt to "loosen up" tightness. When a shoulder injury is ignored, it can become the source of chronic problems.

If your shoulder is sore after you use it actively, especially at the limits of your reach, give it some rest. If pain persists or worsens, consult your therapist.

