

# Subacromial Pain

## What is Subacromial pain (SAP)?

SAP is one of the most common problems affecting the shoulder and is often also called “subacromial impingement”. There are several causes for SAP, with the most common being how the muscles work and the natural shape of the bones around the shoulder girdle.

When SAP occurs, the muscles that guide the ball in the socket (called the rotator cuff) and the muscles that support the shoulder blade often aren’t working at their best. This contributes towards the development of pain, inflammation and altered mechanics of the shoulder as a unit. All of this contributes towards the development of this diagnosis.

## Who gets it?

Having a painful shoulder is a common problem affecting around 1 in 3 adults. SAP is thought to make up around 50% of painful shoulders and most common between the ages of 30 and 55.

There are lots of factors which may lead to SAP, but it is commonly seen after repeatedly using the arm above shoulder height.

## What are the symptoms?

Pain along front or outer aspect of shoulder and into upper arm. This can make certain daily activities, such as lifting objects, putting on clothes and work tasks painful when you lift and move your arm.

## How is it diagnosed?

SAP is diagnosed by a Physiotherapist or Doctor. They will take a history from you about your symptoms and carry out necessary examination.

Sometimes tests such as x-rays and ultrasound are necessary if the usual treatments are not effective, but these are not always required.

# Subacromial Pain (continued)

## What can I do to help?

- Evidence suggests that anti-inflammatory medication can offer pain relief. However, before using these you should ask the advice of a GP or Pharmacist
- Modify the activities that aggravate your pain. In the early stages of the condition it is recommended that you avoid overhead activities

## How can therapy help?

**Exercises** - a well-paced exercise plan, to gradually strengthen the weakened/overused shoulder muscles will make a big difference.

The exercise below can help:



Stand straight with the elbow on your affected arm bent to 90 degrees. Place your other hand on the outside of your affected wrist. Keeping your body still, push your wrist outwards into your good hand, resisting the movement. Make sure you are trying to rotate the arm outwards, and not trying to push outwards with your elbow. Hold this position.

Images and wording courtesy of Physitrack

**Posture** - for some people, improving posture can help improve the amount of pain-free movement they have in the shoulder.

## What other treatments might help?

**Injections** - steroid injections can often be useful with persistent SAP but are not usually a cure. Their short-term effect can be very useful in helping the graded exercise plan where pain is limiting this. The exercises must be re-introduced after the injection, once the pain has settled. This prevents return of pain by improving the muscle control and mechanics of how the shoulder moves, once the effect of the steroid has worn off.

**Surgery** - sub-acromial decompression surgery is an option where pain persists after trying other treatments. Success rates are reported at between 70-90% but many studies also show that the non-surgical treatments are just as effective as surgery for most patients.

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