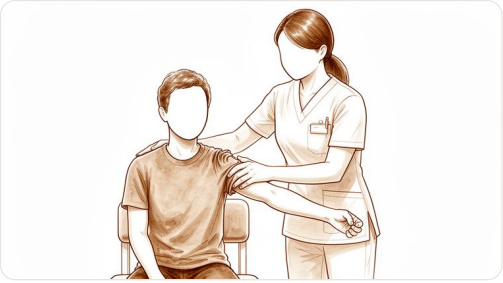
CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Subacromial Impingement and Bursitis



Subacromial impingement: the rotator cuff is pinched beneath the acromion.

Kieran Hirpara 4.0

What you're feeling

Shoulder pain is the most common reason people seek care for this issue. You are likely experiencing subacromial impingement syndrome, a condition where structures in your shoulder get pinched. This often involves the rotator cuff tendons or the subacromial bursa, a small fluid-filled sac that cushions your joint. You may feel pain when moving your arm, especially when reaching overhead or behind your back. Simple tasks like tucking in your shirt or fastening a bra can become difficult and painful.

The pain often flares up at night, making it hard to sleep on the affected side. You might notice stiffness when you first wake up, which eases slightly as you move around. Activity tends to make the discomfort worse, particularly lifting objects or reaching for high shelves. In many cases, the inflammation is not just in the bursa but also extends into the main shoulder joint. This widespread inflammation can cause severe pain with even small movements.

While this condition is common, your surgeon will ensure other issues are not causing your symptoms. For example, they will check for instability or rare causes like small benign tumors or calcific deposits. Women between 30 and 60 years old with calcific deposits larger than 1.5 cm are at higher risk for significant symptoms. However, imaging may show signs of impingement even if the tendon thickness looks normal compared to your other shoulder.

The good news is that specific exercises are effective and can reduce the need for surgery. These results often last for many years. If conservative treatments like physical therapy do not help after at least 6 weeks, your surgeon may discuss other options. Injections can provide short-term relief by reducing inflammation. Your care plan will be tailored to your specific needs, focusing on getting you back to your daily activities with less pain.

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What's actually happening

Your shoulder is a ball-and-socket joint wrapped in a tight sleeve called the joint capsule. Inside this space, tendons and a small fluid-filled sac called the bursa glide smoothly as you lift your arm. In subacromial impingement, these structures get squeezed against the bone above them. This pinching causes inflammation and pain when you move your arm overhead.

You might feel this squeeze because of how your shoulder muscles work together. Normally, your rotator cuff muscles keep the ball centered in the socket. If these muscles are weak or uncoordinated, the ball shifts upward. This reduces the space for your tendons to move. The result is friction that irritates the tissues. This irritation is what causes your sharp pain and stiffness.

Imaging helps your surgeon see exactly where the pinch is happening. It shows if there is swelling in the bursa or thickening of the tendons. However, not everyone with pain shows clear changes on scans. Some people have normal-looking tendons but still feel pain because of how their shoulder moves. This is why your surgeon looks at both your symptoms and your movement patterns.

Treatment focuses on fixing that movement. Physical therapy helps strengthen the muscles that stabilize the joint. This creates more space for your tendons to glide without getting pinched. Injections can also help by reducing inflammation quickly. This gives you a window of relief to start exercising. Most people improve with these non-surgical steps. Surgery is rarely needed and is only considered if other treatments fail after six weeks.

What we can do about it

Start with self-management and physical therapy. Your surgeon will likely recommend specific exercises to strengthen the muscles around your shoulder. This approach is effective and can reduce the need for surgery. The benefits of this exercise treatment are maintained for a long time, with results lasting after 10 years. You should give this conservative care a fair chance to work. If you have not improved after at least 6 weeks of nonoperative treatment, your surgeon may discuss other options. Younger age, lower body mass index, and having a shorter period of symptoms before starting treatment are good signs for recovery.

If exercises alone do not provide enough relief, your surgeon may suggest medical management. This often includes pain medication and anti-inflammatory drugs. Injections into the space under your shoulder blade (subacromial space) can also help. Corticosteroid injections are an effective short-term therapy for pain and function. Some patients may also benefit from hyaluronic acid injections, which provide similar pain relief to steroids in the short term. Another option is autologous conditioned plasma (ACP), which uses your own blood components and is a good alternative if you cannot take steroids. A single injection of ketorolac may offer greater improvement at four weeks than a standard steroid injection. While ultrasound guidance is not superior to blind injections for this area, accurate diagnosis and proper technique are important for good results.

Surgery is considered only when conservative care has reached its limit. It is indicated if you still have persistent pain and loss of function despite trying nonoperative treatments. Your surgeon will evaluate whether an arthroscopic subacromial decompression is a viable option for you, particularly if your rotator cuff is intact. Note that recent evidence suggests surgery may not offer discernible benefits for everyone with impingement

and could potentially cause harm. Therefore, your surgeon will carefully weigh the risks and benefits before recommending an operation. Imaging tools like MRI help identify the extent of injury, but caution is needed when interpreting scans soon after steroid injections, as they can sometimes mimic a tear.

What to expect

Your shoulder pain often comes from swelling in the bursa, a small fluid-filled sac that cushions your joint. This condition is called subacromial impingement. The good news is that your body often heals this on its own. In fact, 94% of patients with spontaneous frozen shoulder recover to normal levels of function and motion without any treatment. Even if you do not have frozen shoulder, the natural history of this pain tends to improve over time. Many people find that specific exercise treatments are effective and reduce the need for surgery. These benefits are maintained for at least 10 years.

If your pain persists, your surgeon may suggest non-surgical options. Injections can provide short-term relief. Steroid injections into the shoulder are effective for reducing pain and improving function in the short term. You do not need ultrasound guidance for these injections; they work just as well without it. Other injections, such as those using human placenta hydrolysate or hyaluronate, also show significant improvements in pain and quality of life. Physical therapy is a key part of this process. It helps you regain strength and motion.

Surgery is generally not the first choice. The weight of evidence supports nonoperative management or no treatment for subacromial impingement. Arthroscopic treatment offers no discernible benefits and may result in harm. Even if you have calcific deposits, removing them does not require additional bone removal to achieve good short-term results. If you do require surgery, it is usually considered only after nonoperative treatment for at least 6 weeks. Your surgeon will review your progress carefully.

Some factors influence how quickly you recover. Younger age, a lower body mass index, and a shorter period of symptoms before starting treatment are good signs. Reversible changes on MRI also predict a better outcome. However, be aware that preoperative shoulder injections are associated with increased revision rates. This risk depends on how many injections you receive and when they were given. Overall, most patients improve with conservative care. Your surgeon will help you find the right balance of rest, exercise, and medication to get you back to your daily activities.

When to see someone

Shoulder pain is common, often caused by impingement or bursitis. See your GP if pain persists despite rest. Seek a specialist review if you experience weakness, instability, or if your shoulder locks or gives way. Contact your surgeon if symptoms interfere with sleep or work. Sudden worsening of pain also warrants prompt attention. While many cases improve with conservative care, some involve rare tumors or large bone deposits that require surgical removal. Your doctor will check for these specific issues if standard treatments fail. Early evaluation helps distinguish impingement from other conditions like joint instability. Proper diagnosis ensures you receive the right care to restore movement and reduce inflammation.

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