
Shoulder Impingement

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The Shoulder Joint

The shoulder joint is comprised of many moving parts. The humerus, scapula, collarbone (clavicle) all join together to create the shoulder complex. This complex is primarily stabilized by musculature and ligamentous stability versus other joints which depend on bony congruency. The shoulder joint is very mobile due to its shallow ball-and-socket type joint. There is a very small joint space between the head (ball) of the humerus and the acromion (portion of the scapula that creates the top portion of the joint). The rotator cuff and scapular stabilizing muscles work together to maintain this joint space throughout the range of motion.

What is it?

Shoulder impingement is often the culprit of many shoulder pain complaints. Impingement occurs in the mid-range of shoulder motion, primarily when you move your arm in front of you or out to your side. It can be described as a pinch, sharp pain, and often is followed by a dull-ache in the shoulder and arm. This pain can occur due to a bone spur (normally projecting from the acromion), swelling of the bursa (a fluid-filled sac in the joint designed for lubrication and cushion), or muscular imbalances causing decreased joint space of the shoulder joint.

Muscular imbalances may include weakness of the rotator cuff muscles (supraspinatus, infraspinatus, subscapularis and teres minor), scapular muscles (lower trapezius, middle trapezius), overactive upper trapezius muscles, or weakness of accessory muscles (biceps, deltoid, teres major) which help support the shoulder joint. There may even be a spinal component to the shoulder impingement; for example, if the thoracic spine is stiff and is unable to obtain proper extension (straightening of the spine), the shoulder joint will be in a poor position for movement, thus leading to impingement symptoms.

How can physical therapy help?

Your physical therapist will do a thorough examination of your shoulder to rule out any other possible causes (e.g. rotator cuff tear, cervical radiculopathy/nerve compression, ligamentous instability). If there is a muscular imbalance, the therapist will give you a specific exercise program to strengthen muscles that are required to move the shoulder joint through normal range. Other impairments may be addressed as well, such as spinal mobility, muscular tightness, and posture. Other modalities may be utilized if necessary (e.g. ultrasound, iontophoresis (transdermal steroid), trigger point dry needling, taping and cold or heat therapy).

Other options for care...

- **Injections:** An anti-inflammatory substance (such as cortisone) is injected into the shoulder. This can provide a window of relief for the patient, however, it should be noted, this is often a temporary fix and does not address underlying problems. It should also be noted, multiple exposures to cortisone should be limited due to its collagen weakening effects.
- **Orthopedic surgical consultation:** An orthopedic surgeon may be the correct option for you, especially if conservative treatment has failed.

How do I start physical therapy?

Since Montana is a direct access state, you do not need a doctor's prescription to see a physical therapist. HOWEVER, if your insurance requires a medical doctor's prescription for therapy, you may have to either contact their office via telephone or schedule an appointment with your doctor first. It is important to know what your insurance will cover prior to scheduling therapy. (We are always more than willing to work with individuals on a case by case basis to be sure patients get the care they deserve).

Once you have completed these steps, call and schedule an appointment at Stevensville Physical Therapy with one of our therapists, 406.777.5354. We are located in downtown Stevensville, in the Headwaters Wellness Center, 212 W. Main Street.