

The following document was compiled rapidly during the 2020 Coronavirus crisis to help patients self-manage. Whilst every attempt has been made to make this as appropriate and as evidence based as possible, there may be some errors and omissions that will require review once the current emergency has abated. The user of this leaflet therefore accepts these risks in light of the current exceptional circumstances and the limited access to normal physiotherapy consultations and rehabilitation.

Sub-Acromial Pain Syndrome

Home Based Rehabilitation Programme

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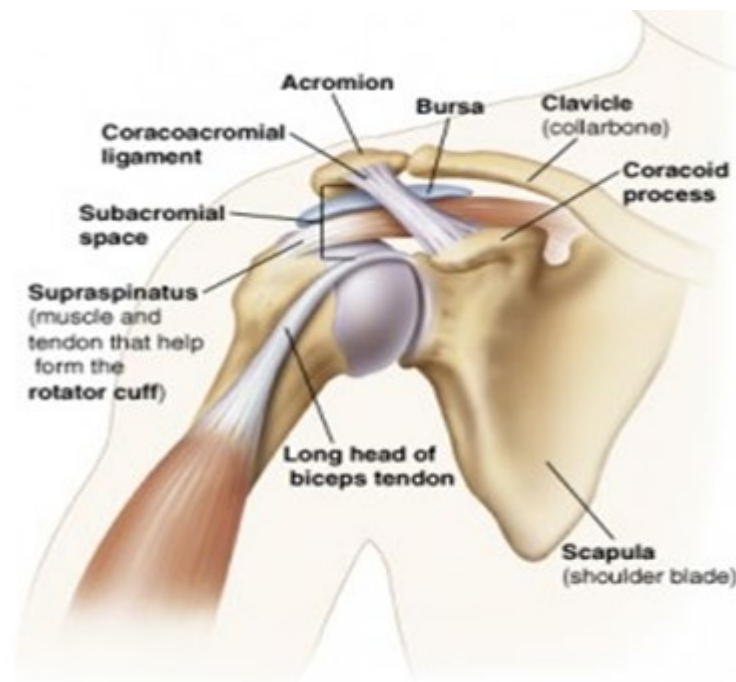
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Introduction

The aim of this information sheet is to give you some understanding of your shoulder problem. It will describe the anatomy of the shoulder joint, problems that occur in the shoulder, the treatment options and a home exercise.

About Your Shoulder

The shoulder joint comprises a ball and socket joint. Between the top of the shoulder ball and below the structures at the outer edge of the collar bone (acromion), there is a space called the subacromial space.



In the subacromial space is a group of tendons called the rotator cuff tendons. These are involved in movements of the shoulder. Also, in the subacromial space just above the tendons is a fluid filled sac called a bursa. The bursa is like a thin fluid filled balloon that allows for the smooth gliding of the tendons as they pass beneath the arch during overhead movements of the shoulder.

What Can Go Wrong?

The shoulder is one of the most complex joints in the body. It depends almost entirely on the rotator cuff muscles to maintain stability. The most common problem of the shoulder is subacromial pain.

Normally there is plenty of room in the subacromial space. This means when lifting the arm above shoulder level the tendons do not rub. If the space is decreased by age related change or repetitive movement the tendons and/or bursa may become irritated between the shoulder and the acromion.

Causes

There can be many reasons that you develop subacromial pain. These causes include trauma, age related changes and/or overuse. Sometimes there is no obvious cause. 20% of people will develop these symptoms at some time in their life. It is most common in middle aged people.

Symptoms

The symptoms vary from person to person. The main complaint is pain in the upper arm on specific movements or activities. These are usually movements that involve lifting the arm above shoulder level. For example, putting a coat on, brushing hair or reaching up to a shelf can cause problems. Pain can disturb sleep. It may be difficult to lie on the affected shoulder. As time goes on the shoulder muscles can become weak and the joint become stiff.

Self Help Treatments

- Avoid the activity that aggravates the pain (especially if this involves overhead activity) or try to find a different way of doing the activity.
- Wrap an ice pack in a cold damp towel. Apply the cold pack to the affected shoulder for 10 minutes. Periodically check to make sure you do not give yourself an ice burn.
- Take any pain medicines regularly as prescribed by your GP or health professional.
- Try the rehabilitation exercises suggested in this leaflet.

Exercise

Progressive loaded shoulder exercises are the main stay of treatment as outlined in this leaflet.

Pain Relieving Medications

As with any medication please speak to your GP, pharmacist or a suitably qualified healthcare professional for advice.

Injections

Corticosteroid and local anaesthetic injections are sometimes used to decrease the inflammation and ease pain in the short term. The aim of injections is to allow you to undertake the exercises. *(Unfortunately owing to the Coronavirus Covid-19 crisis no injections are currently being undertaken owing to their short term effects on the immune system)*

Surgery

Surgery is only used if your shoulder has not responded to non-surgical measures. Non-surgical treatments have been shown to be as effective as

surgery. *(Owing to the Coronavirus Covid-19 crisis no shoulder surgery is currently being performed as it is considered a non-emergency procedure).*

How can Physiotherapy help?

It is very important that you have an active role in the management of your condition.

Physiotherapy consists of advice and exercises to stretch the shoulder and strengthen the rotator cuff. Exercises to help control the shoulder blade are also needed to ensure good recovery. Rehabilitation for this condition normally takes 6 to 9 months to improve.

Home Rehabilitation Programme for Sub-Acromial Pain Syndrome

The exercises below are provided to help with your shoulder pain. If the exercises cause some discomfort, then take painkillers, as required, that have been prescribed by your GP, pharmacist or health care professional and continue to exercise.

If these exercises cause a large increase in your pain or after 12 weeks there are no noticeable changes in your day to day symptoms, then please contact your GP or [NHS Inform](#) for more advice.

Level 1: Isometric Exercises

Isometric exercises are a type of strength training that causes a **gentle** static contraction of the muscle i.e. muscle tightening exercises with no movement of the joint.

Isometric (static) exercises are usually the first phase of tendon rehabilitation. These exercises need to be repeated several times a day and slowly increased in intensity over time. The aim of these exercises is to maintain some muscle capacity and begin to load the tendons.

In highly irritable tendons, shorter holding times or lower effort contraction may be indicated and can result in this phase taking longer to complete.

****If you find these exercises increase your pain then you are pushing too hard so you may need to ease off slightly****

Exercise 1



You can do this exercise in either sitting or standing next to a wall or door.

Gently push your arm against the wall using about 20% to 30% of your maximum effort to start with.

Hold for 10 seconds, repeat 5 times in a row and do this 4 times per day for the first week.

Exercise 2



Stand or sit. Hold your upper arm close to your body with your elbow at a right angle.

Try to move your hand outward, resisting the movement with the other hand. There should be no movement. Use only 20 to 30% of your maximum effort.

Hold for 10 seconds, repeat 5 times in a row and do this 4 times per day for the first week.

Exercise 3



Stand or sit Hold your upper arm close to your side and your elbow at a right angle.

Try to move your hand inward by pushing the palm of your hand against the other hand. There should be no movement. Use only 20 to 30% of your maximum effort.

Hold for 10 seconds, repeat 5 times in a row and do this 4 times per day for the first week

Exercise 4



Sit with a table at your side. Place your forearm on the table to support your shoulder.

Tighten your shoulder blade muscles and lift your shoulder gently back and up (small movement).

To start with **gently** hold for 10 seconds, repeat 5 times in a row and do this 4 times per day for the first week.

Progression

Over next 3 weeks or so, gradually increase the amount of effort you use whilst doing exercises 1 to 3. Ensure that you are pushing as hard as you can without generating discomfort and aim to build up to 30 second holds. Only work as hard as your discomfort permits. Once you can comfortably push with about 70% effort you are ready to move on to Level 2.

This phase can take over 4 weeks to achieve.

Level 2: Mid Stage Exercises



These exercises aim to slowly increase the force going through your shoulder tendons in different ranges. The exercises may cause some discomfort however your pain levels should not be increased greatly. If this occurs continue with Level 1 exercises for a while longer.

Aims

- Reduce pain
- Increase strength
- Improve function

These exercises should initially be carried out once per day on alternate days and then slowly build up as they begin to feel easier.

Exercise 1

	<p>Lie on your unaffected side. Place a towel under your affected arm, bend your elbow to 90 degrees and place your arm across your body as demonstrated in the picture. Slowly move your arm toward the outer part of your body.</p>
	<p>Repeat 10 times and aim to build up to 3 sets a day.</p> <p>Once you can do this slowly you can try speeding up the movement or add a light weight e.g. a small bottle of water.</p>

Exercise 2



Sit with your side towards a table, your elbow supported on the table slightly in front of the body. Use a folded towel under your elbow.

Slowly rotate your arm outwards and return.

Repeat 10 times and aim to build up to 3 sets a day.

Once you can do this slowly you can try speeding up the movement or add a light weight e.g. a small bottle of water

Exercise 3



Stand with the outside of your arm against a wall.

Move your arm as far up as you can without lifting your shoulder. Keep your elbow bent during the exercise.

Repeat 10 times and aim to build up to 3 sets a day.

Exercise 4



Lie on your stomach with your head supported.

Place your arms by your sides, palms facing downward.

Squeeze your shoulder blades in (towards your spine).

Hold for 10 Seconds and aim to repeat 5 times.

Build up by holding for longer. Aim to manage 30 seconds.

Once you can comfortably perform all the exercises and you feel you have very good range of shoulder movement, you can progress on to **Level 3**.

Level 3: End Stage Rehabilitation Exercises


Aims

- Improve functional range of movement
- Continue to improve strength
- Reduce Pain
- Return to normal activities

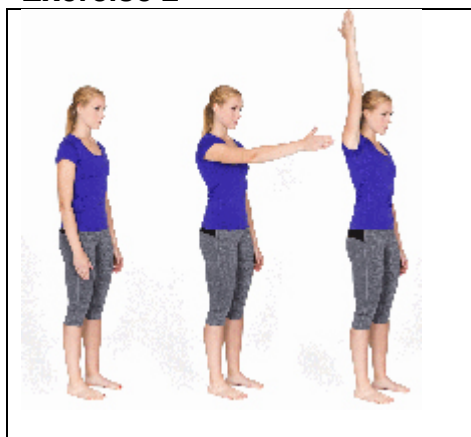
Level 3 Exercises

These exercises should initially be carried out once per day on alternate days and then slowly build up as they begin to feel easier.


Exercise 1

	<p>Lift your arm to the side and up with the thumb leading the movement. Lower the arm back to the starting position.</p> <p>Only move as far as pain allows.</p> <p>Repeat 10 times and aim to build up to 3 sets a day.</p> <p>Once you can do this slowly you can try speeding up the movement or add a light weight e.g. a small bottle of water.</p>
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Exercise 2

	<p>Lift one arm forward and up with the thumb leading the movement. Lower the arm back to the starting position. Only move as far as comfortable.</p> <p>Repeat 10 times and aim to build up to 3 sets a day.</p> <p>Once you can do this slowly you can try speeding up the movement or add a light weight e.g. a small bottle of water.</p>
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Exercise 3

	<p>Wall Push Up</p> <p>Stand next to a wall. Place your hands on the wall, shoulder-width apart and fingers pointing upwards. Body is in a straight line.</p> <p>Keep body in a straight line and shoulders down. Bend your arms and lower your chest towards the wall. Straighten your arms and push back away from the wall.</p>
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Prognosis

This condition often takes 6 to 9 months of rehabilitation see improvement, but this is different for everyone.

It is normal to have flare ups during this time. If this happens, then it may be best to reduce the repetitions or rest for a few days before starting again.

Further advice

NHS Inform – How to Apply ICE - Advice www.nhsinform.scot/illnesses-and-conditions/muscle-bone-and-joints/guidelines/price-guidelines

NHS Inform - www.nhsinform.scot

Chartered Society of Physiotherapy - www.csp.org.uk/conditions/managing-your-bone-joint-or-muscle-pain

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