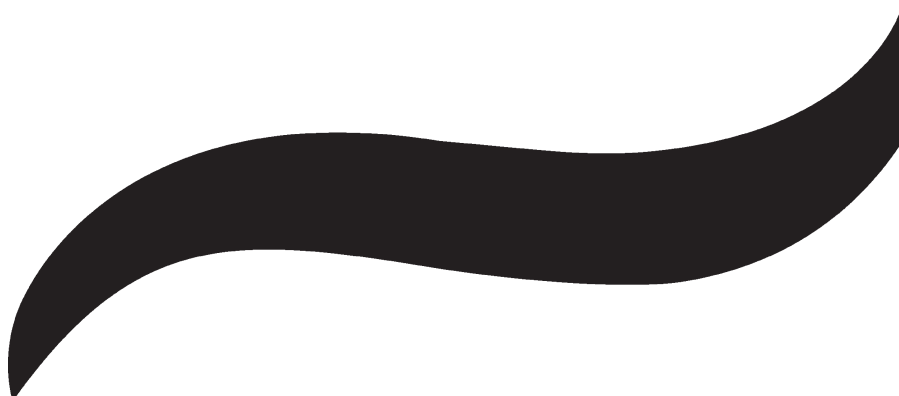




# What Is Sub Acromial Pain Syndrome?

Information for patients  
Physiotherapy



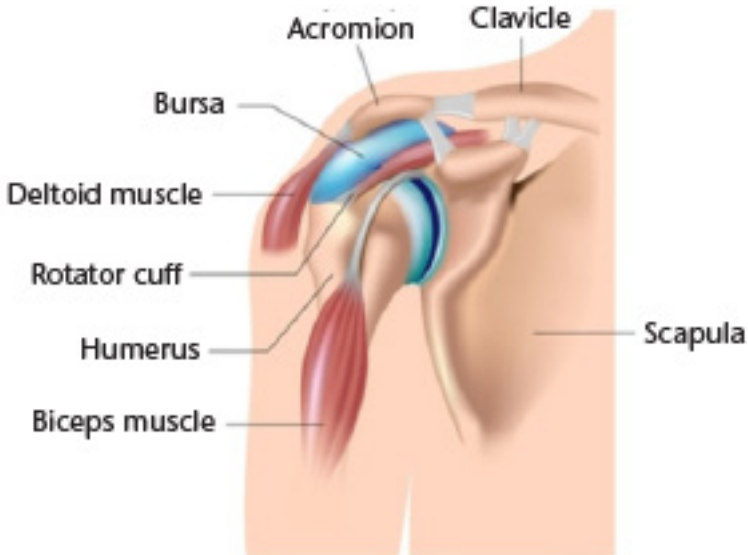
# WHAT IS SUB ACROMIAL PAIN SYNDROME?

The shoulder is a ball and socket joint. The joint is made up from the arm bone (humerus), a shallow socket from the shoulder blade (scapula) and your collar bone (clavicle). There is a space above this joint called the sub acromial space.

Important muscles of the shoulder are the rotator cuff muscles. Many structures run through this space including the rotator cuff tendons, ligaments, and a fluid filled sac (bursa).

Sub acromial pain syndrome (SAPS) is when one or more of these structures become irritated which can result in pain, reduced movement and weakness at the shoulder. This may be for a few reasons such as over use, age related changes to the tendon, muscle weakness or other factors.

Sub acromial pain syndrome is a term used for shoulder pain not specific to trauma. You may also hear it being called impingement, calcific tendinitis, rotator cuff degeneration, a rotator cuff tear or a tendinopathy.



## WHAT CAUSES SUB ACROMIAL PAIN SYNDROME?

Sub acromial pain can be caused by many different things such as:

Age related changes - As we age our tendons begin to get small tears which leads to reduced muscle control at the shoulder and increased contact between the arm bone and the shoulder blade.

Muscular weakness - The rotator cuff muscles are the main muscle group that controls the movement between the arm bone and the shoulder blade when moving your arm from your body. If there is weakness that means, there is less control over this movement which may result in compression of the structures at the sub acromial space.

A sudden increase in the use of your shoulder will increase the demand on the tendon. This is the most common reason for SAPS for example decorating a room in a short period of time.

A constant increase in the use of your arm may lead to small tears in the tendons for example heavy lifting as part of your job or hobbies.

## WHAT ARE THE SYMPTOMS OF SUB ACROMIAL PAIN SYNDROME?

Symptoms vary but the most common are:

- ❖ A dull ache around the front or side of the shoulder that may move down towards the elbow
- ❖ Increased pain when lying on the painful side often causing disturbed sleep
- ❖ Weakness or pain when lifting or reaching the arm
- ❖ A sharp/catching pain when moving the arm away from the body particularly when lifting the arm above shoulder height. For example, when putting on a coat or brushing your hair.

## HOW COMMON IS SUB ACROMIAL PAIN SYNDROME?

Shoulder pain is the third most common complaint in physiotherapy with sub acromial pain being the most common cause. It mostly affects people between the ages of 35 and 75. It is estimated that in 1 year 7% - 30% of the population will experience shoulder pain.

## WHAT CAN HELP WITH SUB ACROMIAL PAIN SYNDROME?

It is important to keep your arm moving to avoid stiffness and weakness developing. There are ways you can change your daily activities to allow your shoulder to move without making your pain worse e.g. reduce the amount you carry or reach for on a daily basis to allow the pain to settle. Flare ups of pain are common. It is important to manage a flare up with three key points:

- ❖ Take regular pain relief recommended by your GP or Pharmacist
- ❖ Avoid repetitive tasks or over-head reaching that causes the sharp pain.
- ❖ Begin the recommended exercises for a minimum of 6-12 weeks

## RECOMMENDED EXERCISES

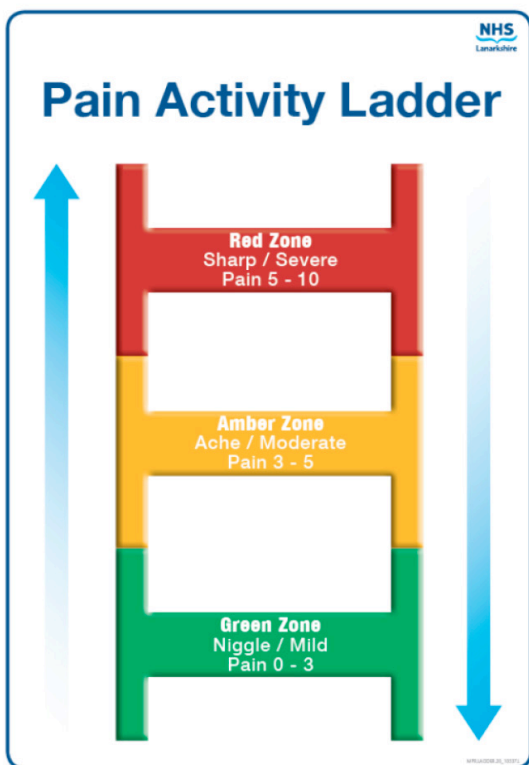
Specific shoulder and scapular (shoulder blade) exercises can help to improve your arm movement and reduce pain. It is important to note it can take 6-12 weeks of doing specific shoulder exercises to notice a difference in your shoulder pain. It can take a further couple of months before you feel better. These exercises may feel uncomfortable but should not cause a sharp pain. If it causes a sharp pain do not push as hard when doing the exercises. For guidance please see the pain activity ladder below. Local NHS Lanarkshire physiotherapists have recorded exercise videos that will get your rehabilitation started and will guide you to manage your shoulder pain. These can be found on our website. Images of these exercises can be found below.

## PAIN ACTIVITY LADDER

By following the pain activity ladder which can be seen below, you can identify activities that you would consider severely painful, moderately painful and mildly irritating and act to change your habits.

The pain scale, most often used in healthcare, measures pain from 0-10 (zero being no pain and 10 representing the worst pain you could imagine).

If you can identify the level of pain you have, you will find out if you are in the green, amber or red zone. The best way to move down to the green zone is by pacing and spacing your activity.



When you do your rehabilitation exercises it is often best to work within the green (and sometimes amber zones depending on what you think is an acceptable level of pain) both during the exercises and in the next 2 days. If you find yourself in the red zone you are likely pushing yourself too hard and may make the pain worse again.

## Exercise 1 Early Strengthening: External Rotation

### Instructions:

Stand side on to a wall with your painful shoulder closest to the wall.

Keep an upright posture.

Bend the elbow.

Keep elbow tucked in and gently bring your forearm to make contact with the wall.



Push the back of your hand into the wall and hold for between 5 – 45 seconds.

Begin with a 5 second hold and build up gradually as pain allows making sure to use the pain ladder to guide you. Aim to stay in the green zone.

You should feel your shoulder muscles working but it should not be painful.

Do 5- 10 repetitions for 1 – 3 sets daily.

## Exercise 2 Early Strengthening: Beginner Abduction

Instructions: Stand side on and 1 foot away from the wall with your painful shoulder closest to the wall.

Keep an upright posture.

Keep your arm straight and lift your painful arm out by your side. Once in contact with the wall push the back of your hand into the wall for between 5 - 45 seconds.



Begin with a 5 second hold and build up gradually as pain allows making sure to use the pain ladder to guide you. Aim to stay in the green zone.

You should feel your shoulder muscles working but it should not be painful.

Do 5 - 10 repetitions for 1 - 3 sets daily.

## Exercise 3 Middle Strengthening: Side Lying Lateral Rotation

Lie on your unaffected side with your painful shoulder on top. Tuck your elbow in by your side and slowly raise your arm up and down like a lever. Stay within a comfortable range.

Do 12 repetitions for 1-3 sets daily.





### Exercise 4 Middle Strengthening: Abduction

Stand with shoulders rolled back and have a small weight in your hand e.g. can of beans. Slowly lift your arm to the side within a comfortable range and lower back to the starting position. Do 12 repetitions for 1-3 sets daily.



### Exercise 5 Late Strengthening: Wall Presses

Stand about 1 foot from a wall. Place both palms on the wall surface and make sure your shoulders are rolled back.

Slowly bend your elbows and move your upper body towards the wall. Then start to straighten your arms and push away from the wall. Do 12 repetitions for 1-3 sets daily.



## **CORTICOSTEROID INJECTION (CSI)**

A corticosteroid injection (CSI) may give short term relief for your shoulder symptoms. The injection can be helpful in some people more than others. Generally a CSI would only be considered if exercise alone has not reduced your symptoms over a period of 6-12 weeks. Not everybody is suitable for a CSI due to other health conditions they may have.

## **SURGERY**

A very small amount of people who do not improve with physiotherapy may be considered for surgery. Often patients who have surgery will achieve the same results as patients who only had physiotherapy. Surgery comes with risks and in the case of sub acromial pain, the risks may outweigh the benefits.

Making positive changes to how you live and exercises are proven to be better than surgery for the majority of people.

## WHEN TO SPEAK TO A HEALTH PROFESSIONAL

If you have tried the exercises on this website for a minimum of six weeks and you have seen no improvement, it may be time to self-refer to physiotherapy via the MSK hub by contacting 08009179390.

However if you display any of the symptoms listed below you will need to speak with your GP or phone 111 urgently.

- ❖ Trauma, pain and weakness, or sudden inability to raise the arm.
- ❖ Any shoulder mass or swelling.
- ❖ If you feel generally unwell, have a fever, swelling, redness or heat at the shoulder joint.
- ❖ Any trauma leading to loss of function and/or changes to the shape of the shoulder
- ❖ Inflammation in several joints e.g. early morning stiffness lasting more than 30 minutes and pain in more than two joints
- ❖ If you are experiencing systemic symptoms such as fever, night sweats, weight loss or new respiratory symptoms.

If you are experiencing unexplained muscle wasting and difficulty with movement or sensation

If your symptoms continue to worsen or do not show signs of improvement after a period of 6-12 weeks of following the advice above, a self-referral to physiotherapy can be made on our website:

<https://www.nhslanarkshire.scot.nhs.uk/services/physiotherapy-msk/> or via your GP.



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Pub. date:	April 2021
Review date:	April 2023
Issue No:	01b
Department:	Physiotherapy
Clinical lead:	J. Colman

PIL.SUBACR.21\_07745.1