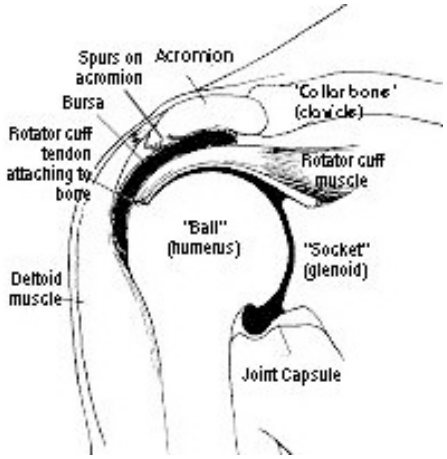
# Rotator Cuff Tendinosis - Impingement Syndrome

A common shoulder condition caused by a combination of injury, overuse, poor shoulder posture and age related degeneration. In an acute case, the pain may prevent you from using your shoulder for even routine activities. In most cases, the symptoms are bothersome aching pain with occasional sharp pain when lifting the arm, or when sleeping on the shoulder at night. The pain may radiate down your arm, under your shoulder blade, or up your neck. The onset is usually not related to one specific event.




Many things may contribute: exercise, sports, household activity, sitting with shoulders hunched over a computer at work, poor workstation ergonomics, carrying heavy bags on one shoulder, repetitive lifting, arthritis and “spurs” in the joint. Normal degeneration of the tendons begin around age 30 and is referred to as TENDINOSIS. Poor aging blood supply to the tendon may hinder healing. This contributes to pain and stiffness of the tendon.

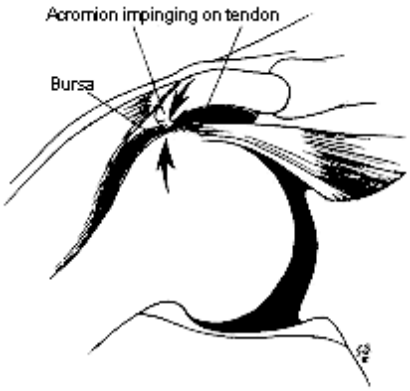



Figure 2

The shoulder is a closely fitted joint. The HUMERAL HEAD (upper arm bone), ROTATOR CUFF TENDONS and the BURSA (fluid filled sac to prevent friction), move back and forth under a very tight archway of bone called the ACROMION. When the arm in raised, the space under the archway become smaller. When the tendons degenerate or become inflamed, they become stiffer. Poor SCAPULA (shoulder blade) posture narrows this space as well. Lifting the arm will then pinch the tendon, causing further inflammation and potentially damage or tear the tendon.
In order to resolve this condition, all components need to be addressed: Inflammation, stiffness, posture and alignment, arthritis / bone spurs, and damage to the tendon.

**General Principles:**

In severe cases, all sports & exercise using the arm should be avoided. In general, avoid activities that aggravate your symptoms

Avoid carrying bags on that shoulder

Avoid chest & shoulder exercises at the gym.

Stretch well and do rehabilitation exercises.

Avoid the “arm overhead” position and do not play for prolonged periods.

When you do return, slowly increase your intensity.

**Rest**
Avoid activities that cause pain or make the symptoms worse the next day, particularly the activity that started the problem. Avoid chest and shoulder exercises at the gym.

**Cold Therapy**
A bag of frozen peas makes a great cold pack. Use it over a thin towel for 20-30 minutes to help control pain, especially after aggravating activity. Then place it back in the freezer for later use

**Home Stretching, Exercise & Physical Therapy**
Stretching and scapular posture exercises will increase flexibility and the space above the tendon. Although we start with a home exercise program, most patients will require at least a short course of Physical Therapy to teach, demonstrate and reinforce specific stretching, posture and strengthening exercises. Other modalities such as Ultrasound, Electric Stimulation and Iontopheresis are also employed to control inflammations and encourage tissue healing.

**Medication.**
You may receive a prescription for Anti-inflammatory medication to relieve inflammation and pain while you begin rehabilitation and your body’s natural healing process progresses. They should be used daily for 2–3 weeks, and then only as needed once your symptoms begin to resolve.
A series of 1-3 injections of cortisone into the shoulder may be recommended as a more potent anti-inflammatory to supplement your treatment program. Infrequent side effects include post-injection pain, permanent skin discoloration or atrophy and 1/10,000-30,000 risk of infection. More that 3 injections at any single site may contribute to tissue degeneration.

**Surgery**
Surgery may be required to treat shoulder tendinosis & impingement that does not resolve after 3–6 months of treatment. This usually is an arthroscopic procedure to remove spurs , damaged and inflamed tissue, and repair torn tendons