Subacromial Shoulder Pain

**What is Subacromial Shoulder Pain?**

Subacromial shoulder pain is a common cause of pain in the shoulder and upper arm.

**How is it caused?**

It can develop gradually overtime or after using the shoulder for activities that are more demanding more than normal in a short space of time.

**How is it diagnosed?**

Diagnosis is generally made clinically following a history taking and physical examination. If you have had an injury and a rotator cuff tear or bony injury is suspected then you may be referred for an X-ray or ultrasound scan.

**What are the symptoms?**

* Pain felt around the shoulder and upper arm which can sometimes spread towards the neck.
* Pain triggered by raising/lowering the arm or moving it behind your back.
* Pain that can affect your sleep.
* Minimal pain at rest except when lying on the affected side
* Often happens after doing a specific activity or repetitive movements (e.g. putting on a jacket).

**What can I do?**

Activity adjustment:

In the majority of cases subacromial shoulder pain will settle if you temporarily reduce the amount of shoulder activity to a level which does not aggravate your pain. This will allow your symptoms to settle.

Exercise

Exercise is an essential towards helping your shoulder pain recover. Exercise will steadily rebuild your shoulder’s capacity and tolerance for activity as well as promoting healing.

Exercises should be done as pain allows, with some discomfort being acceptable as long as it settles within 30 minutes and is not worse the next day. If a sharp shooting pain is provoked then ease off. As your pain reduces and your movement improves consider progressing to the more difficult exercises.



Medication:

Over-the-counter analgesia, such as paracetamol or anti inflammatories such as ibuprofen may also help to reduce your symptoms. If you require further information on pain relief, speak to your GP or pharmacist.

**Factors influencing pain and recovery**

During your recovery a number of other factors can influence your pain levels. Keep the following factors in mind to help move the healing process along:

Look after yourself

Pain is not usually simply a physical problem. Your general well-being can make you vulnerable to pain and your wellbeing can also be made worse by pain. Looking after your general health and well-being will help recovery. There is helpful advice on this website: [https://www.nhs.uk/oneyou](https://www.nhs.uk/oneyou/)

Reduce stress and anxiety

It is normal for people with pain to have stress, anxiety and change in mood. This may affect your ability to cope with the pain and may influence your pain levels. Help is available if you are being affected by stress, anxiety or low mood – see the links below or discuss with your practitioner.

It is important that your whole nervous system is in a healthy state to aid recovery. If your brain is stressed or overworked this may slow recovery. Relaxation is an important part of your recovery. Simple relaxation techniques may help manage pain and stress. Try to set aside some time each day to relax – you can use relaxation techniques as linked below, or simply an activity you enjoy – reading, deep breathing, sitting in the garden, singing – whatever relaxes you.

Find help and support here: <https://www.nhs.uk/oneyou/every-mind-matters/>

<https://www.northessexiapt.nhs.uk/west-essex>

Physical Activity

Exercise improves fitness, confidence with movement and strength. It can also help reduce your stress and tension and improve your mood and quality of sleep, helping support you to return to normal activities. Perhaps you could simply start by trying to walk for 10 minutes per day.

Alcohol

Avoid alcohol in the early stages of healing (first three days). Evidence has shown this can slow down recovery and increase the chances of re-injury. <https://www.drinkaware.co.uk/>

Sleep

Sleep is very important for your wellbeing. Poor sleep quality, and lack of sleep can make managing pain more difficult. Consistently getting 6-9 hours is recommended. Consider supporting your arm on a pillow and roll a pillow up behind your back to stop you rolling on to your painful shoulder. Get further help and tips regarding sleep here:

<https://www.nhs.uk/live-well/sleep-and-tiredness/>

Smoking

Smoking can also impact how quickly tissues can heal and affect pain levels. For help with stopping smoking <https://www.essexlifestyleservice.org.uk/stop-smoking/> <https://www.nhs.uk/better-health/quit-smoking/>

**How long will it last?**

It is important to remain patient during your rehabilitation as it can take up to 12 weeks for shoulder symptoms to settle and up to 24 weeks to return to full function.

If your symptoms have persisted or worsen despite following the advice and exercise provided in this leaflet you will need to visit your GP surgery again.

**Is there anything I should avoid?**

Also avoid doing too much too soon as this may aggravate your symptoms. Similarly, complete rest may make your shoulder less tolerable to activity in the long term. Some discomfort with activity is acceptable as long as it settles within 30 minutes and is not worse the next day

**What other options are there?**

Physiotherapy:

Physiotherapists can provide expert guidance with exercise tailored to your individual needs to help you return to normal activity.

If you require 1:1 physiotherapy treatment please fill out a self-referral form which can found at <https://eput.nhs.uk/our-services/essex/west-essex-community-health-services/adults/rehabilitation/musculo-skeletal-physiotherapy> and send to epunft.mskphysio@nhs.net

Steroid injections:

Steroid injections may provide short term pain relief. These are used if your pain is severe, disturbing your sleep and preventing you from enjoying your normal activities or undertaking your exercise programme.

Surgery:

Surgery known as ‘subacromial decompression’ aims to relieve pressure in the subacromial region during shoulder movement. Recent research has questioned how useful this surgery may be. Some research has shown this surgery is no more effective than placebo surgery in patients who were followed up over a 5 year period. If you are considering surgery you may wish to read further information which is available at <https://bmjopen.bmj.com/content/11/8/e054032.full#DC9> supplementary material file 9.