

Shoulder Impingement – Option Grid

At Healthshare we encourage a shared decision making process involving you, the patient in the treatment most appropriate for your condition. The option grid below is based on current evidence.

Frequently Asked Questions	Exercises	Local Steroid Injection	Surgery
What does this treatment involve?	Exercises aim to restore range and quality of movement. Your therapist will advise on modifying activities of daily living to minimize impingement *1	Landmark injections and ultrasound guided injections offer therapeutic pain relief and the facilitation of functional exercise. The procedure is performed in an outpatient setting *3	This would be guided by the surgeon but typically involves a decompression to reduce impingement of structures in the sub acromial space
For whom does this treatment work best?	Literature suggests impingement is common in the 30-60 year old population.	Patients in significant pain typically benefit from local injection for therapeutic pain relief	Patients that demonstrate restricted movement, severe pain and who have experienced poor outcomes from conservative measures.*2
What are the advantages of this treatment?	Least invasive, least expensive easy to apply and safe. Class based rehabilitation demonstrates favorable outcomes. *1	Pain relief is the rationale for injection which aides compliance with home exercises and class based rehabilitation	The procedure, arthroscopic sub acromial decompression and excision of lateral end of clavicle is done under anesthetic. The rationale is to improve sub acromial joint space. *3
What are the disadvantages of this treatment?	Pain may limit potential gains and compliance with home exercises	Problems are rare. A possible flare in pain plus symptoms of numbness and a temporary tingling sensation.	Invasive surgery will have associated risks of infection, bleeding and pain. There will also be a lengthy protocol lead rehabilitation period.
Are there any risks?	No. You may struggle with poor pain control and your GP/clinician can advise on the most appropriate pain relief	There is a small risk to cartilage damage. Less than 1% of patients will experience complications such as infection, bleeding, or increased pain. *3	As with any surgery the risks increase with co-morbidities. There are associated risks of shoulder surgery such as a frozen shoulder.
How long before I can use my shoulder again?	Your physiotherapist will strongly encourage regular daily exercise and advise on postural awareness with functional rehabilitation exercise	Your clinician will strongly encourage immediate regular daily exercise to maintain and improve range of movement *1, 2	You will be encouraged to use the shoulder from the onset after surgery to maintain and improve the range of movement. This will be guided by a therapist *3
How soon do the symptoms come back after this treatment?	Advice and education on maintenance of good posture should minimize reoccurrence.	Symptoms can persist and further injections can be clinically reasoned although limited to a maximum of 3 over 12 months	The results are successful in over 96% of patients at 6 months.*2

1 – Diercks, R et al (2014) Guideline for diagnosis and treatment of subacromial pain syndrome. *Acta Orthopaedica* Vol; 85(3): 314 – 322

2 – Kulkarni, R et al (2015) Subacromial Shoulder Pain. *Shoulder & Elbow*. Vol; 0(0): 1-9

3 – BESS Commissioning guidelines: Subacromial Shoulder Pain (2014)

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