

Subacromial Bursitis and Shoulder Impingement

A bursa is a fluid filled sac that helps to reduce friction in joint spaces. Your subacromial bursa is the most commonly inflamed of the shoulder bursa. Subacromial bursitis is a common cause of shoulder pain that is usually related to tendinitis of the rotator cuff. The most usual cause of inflammation of the bursa is impingement.

Shoulder Anatomy

The shoulder joint is a relatively unstable ball and socket joint. It is often likened to a golf ball on a tee. The subscapularis, supraspinatus, infraspinatus and teres minor are small muscles that stabilise the shoulder. Collectively, these four muscles are known as the rotator cuff. The rotator cuff tendons are protected from simple knocks and bumps by bones (mainly the acromion) and ligaments that form a protective arch over the top of your shoulder. In between the rotator cuff tendons and the bony arch is the subacromial bursa to prevent friction.

Specifically, the subacromial bursa lies between the coracoacromial ligament and the supraspinatus muscle and helps to reduce friction in this small space under the acromion. When your arm is at your side the bursa protrudes laterally or out to the side. When you elevate your arm out to the side the bursa rolls beneath the bone. (See picture)

Bursitis around the shoulder can be caused by repeated minor trauma such as overuse of the shoulder joint and muscles or a single more significant trauma such as a fall.

What Causes Shoulder / Rotator Cuff Impingement?

Primary Rotator Cuff Impingement – Structural Narrowing

Some of us are born with a smaller subacromial space. Conditions such as osteoarthritis can also cause the growth of subacromial bony spurs, which further narrows the space. Because of this structural narrowing, you are more likely to squash, impinge and irritate the soft tissues in the subacromial space, which results in bursitis or rotator cuff tendonitis. Working positions at or near shoulder height will significantly narrow the subacromial space.

Secondary Rotator Cuff Impingement – Dynamic Instability

Impingement can occur if you have an unstable shoulder. This means that there is a combination of excessive joint movement, ligament laxity and

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muscular weakness around the shoulder joint. This impingement usually occurs over time due to repetitive overhead activity, trauma, previous injury, poor posture or inactivity. When your rotator cuff fails to work normally, it is unable to prevent the head of the humerus (upper arm) from riding up into the subacromial space, causing the bursa or tendons to be squashed.

Treatment

Relative rest is one of the most important aspects of treating shoulder bursitis. This means that you should stop doing the movement or activity that provoked the shoulder pain in the first place and avoid doing anything that causes pain in your shoulder. Ice may also give pain relief.

Soft tissue massage around the shoulder to relieve tightness in the muscles can help with the pain and prevent muscle imbalances. Direct massage to the bursa is not recommended.

Your physiotherapist will aim to regain your shoulder range of movement, correct your shoulder posture and work on strengthening of the rotator cuff and scapular stabilisers. Massage techniques and stretches will also be used to allow greater joint flexibility and allow better joint position for strengthening.

Your physiotherapist can assess your shoulder strength and control with regards to your specific sport and tailor a strengthening program with cope with the demands of your particular sport/job.

In chronic or persistent bursitis, physiotherapy may need to be provided after a corticosteroid injection, which is an injection of a drug, which helps to powerfully reduce inflammation.

Eliminating the causes of primary and secondary impingement is the key to preventing shoulder bursitis and rotator cuff problems. Factors such as posture, shoulder stability and rotator cuff strength need to be addressed and can be optimized with specific exercises as prescribed by you physiotherapist.