ROBERT PETTIT, MD

Restoring Function. Maximizing Performance.

ORTHOPAEDIC SPORTS MEDICINE · BEACON ORTHOPAEDICS & SPORTS MEDICINE

CINCINNATI, OH · FORT THOMAS, KY

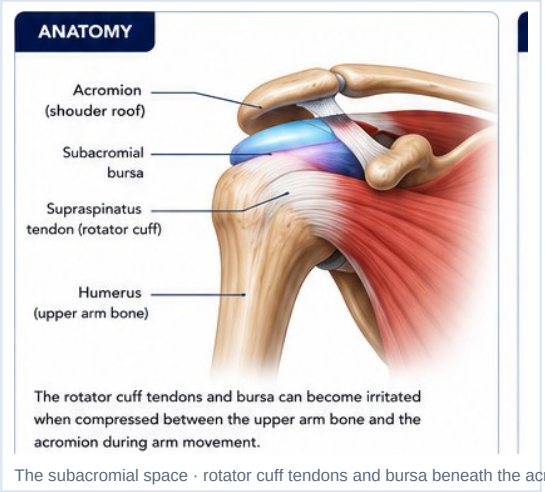
(513) 354-3700

FELLOWSHIP-TRAINED · BOARD CERTIFIED (ABOS) · MAKO ROBOTICS CERTIFIED · CINCINNATI REDS TEAM PHYSICIAN

SHOULDER CONDITION

Shoulder Impingement & Bursitis

Subacromial Impingement Syndrome — Patient Condition Guide



The subacromial space · rotator cuff tendons and bursa beneath the acromion · for education; your anatomy may differ

OVERVIEW

Shoulder impingement is one of the most common causes of shoulder pain. It occurs when the rotator cuff tendons and the fluid-filled cushion above them (the subacromial bursa) become irritated and inflamed as they pass beneath the bony roof of the shoulder (the acromion). Repetitive overhead activity, weakness, and age-related tendon changes all contribute.

SYMPTOMS

- Pain over the top and outside of the shoulder, often worse with overhead reaching
- Night pain, especially when lying on the affected side
- Pain with putting on a coat or reaching behind the back
- Weakness or a catching sensation with certain motions

DIAGNOSIS

Dr. Pettit diagnoses impingement with a focused history and exam, including specific impingement tests. X-rays evaluate the shape of the acromion and rule out arthritis; MRI may be ordered if a rotator cuff tear is suspected.

TREATMENT OPTIONS

Most patients improve without surgery: activity modification, anti-inflammatory measures, a structured physical therapy program to restore rotator cuff strength and shoulder mechanics, and occasionally a corticosteroid injection into the bursa. When symptoms persist despite quality conservative care, arthroscopic subacromial decompression — removing inflamed bursa and bone spurs — is an outpatient option.

RECOVERY OUTLOOK

With therapy, most patients see meaningful improvement in 6–12 weeks. After arthroscopic decompression, patients typically return to daily activities within days and progress back to full activity over 2–3 months.

SCAN FOR THE LATEST VERSION ONLINE

robertpettitmd.com/handouts/shoulder-impingement.pdf

This handout is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.

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HOME EXERCISE PROGRAM

Shoulder Impingement & Bursitis: Exercises & Strengthening

Start with the mobility work daily; add the banded strengthening once the shoulder calms down. Focus on slow, controlled lowering on every band exercise.

Why eccentric strengthening? Tendons heal and get stronger when they are loaded slowly while lengthening — the "eccentric" (lowering) phase of an exercise. Take 3–4 seconds on every lowering movement. A mild ache (up to 3–4/10) during eccentric work is acceptable and even expected; sharp pain, or pain that worsens into the next day, means reduce the load. Tendon programs work over 6–12 weeks of consistency — stick with it.

Stop and call the office at (513) 354-3700 if any exercise causes sharp pain, swelling, numbness, or symptoms that worsen into the next day. This general program does not replace an individualized plan from Dr. Pettit or your physical therapist.

Pendulum Swings

5 minutes, 3 times daily

Lean forward with support, let the arm hang relaxed, and gently swing it in small circles. Gradually widen the circle. Keep the shoulder muscles loose.

Scapular Squeezes

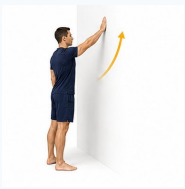
10-second holds × 10, 3 times daily

Sit or stand tall and squeeze the shoulder blades together and slightly down, as if pinching a pencil between them. Do not shrug.

Band Rows

3 sets of 10–15, every other day

Pull the band toward your waist, squeezing the shoulder blades together, then release slowly with control.



Wall Slides

2 sets of 10, daily

Forearms on the wall, slide the arms upward as high as comfortable while keeping the shoulder blades down and back.

Band External Rotation ECCENTRIC

3 sets of 10–15, every other day

Elbow bent 90° and tucked at your side, rotate the forearm outward against the band, then return slowly — take 3–4 seconds on the way back (the eccentric phase).

Wall Push-Plus

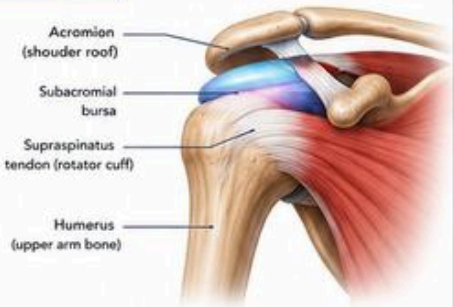
2 sets of 12, every other day

Push-up position against the wall: at the top, push the shoulder blades apart, reaching the wall away from you.

SHOULDER IMPINGEMENT

Shoulder impingement occurs when the tendons of the rotator cuff and the bursa of the shoulder get irritated or compressed as you raise your arm. This can cause pain and limit your ability to overhead activities.

ANATOMY



The rotator cuff tendons and bursa can become irritated when compressed between the upper arm bone and the acromion during arm movement.

HOW IMPINGEMENT OCCURS

NORMAL SHOULDER

There is enough space for the rotator cuff tendons and bursa to move freely.

IMPINGEMENT

When the arm is raised, the tendons and bursa become trapped and compressed, causing irritation, inflammation, and pain.

COMMON CAUSES

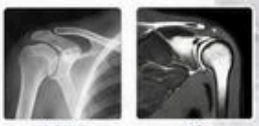
- Repetitive overhead activities (sports, work, or daily tasks)
- Poor posture and muscle imbalances
- Bone spurs or a curved acromion (narrowing the space)
- Acute injury or trauma
- Age-related tendon degeneration

COMMON SYMPTOMS

- Pain on the outside of the shoulder (especially with overhead activities)
- Pain when reaching overhead or behind your back
- Pain at night, especially when lying on the affected side
- Weakness in the shoulder
- Clicking or catching sensation
- Difficulty with sports, lifting, or daily activities

DIAGNOSIS

Your doctor will perform a physical exam and review your symptoms. Imaging tests, such as X-rays or MRI, may be used to rule out other conditions and evaluate the rotator cuff.



TREATMENT OPTIONS

NON-SURGICAL TREATMENT

- Activity modification
- Physical therapy
- Anti-inflammatory medications
- Ice and heat therapy
- Cortisone injection (if needed)

Most patients improve with non-surgical treatment and time.

PHYSICAL THERAPY FOCUS

Strengthening and stretching the shoulder muscles can improve posture, increase stability, and reduce impingement.

SURGICAL TREATMENT

If symptoms persist after 3–6 months of non-surgical treatment, arthroscopic surgery may be recommended to remove bone spurs and widen the space.

Surgery is usually an outpatient procedure with a quicker recovery.

EXERCISES THAT CAN HELP

Ask your physical therapist or doctor which exercises are right for you.

PENDULUM SWING

Let your arm hang down and gently swing in small circles.

POSTERIOR CAPSULE STRETCH

Pull your arm across your body to stretch the back of your shoulder.

DOORWAY STRETCH

Place your arm on a door frame and gently lean forward.

BAND EXTERNAL ROTATION

Keep your elbow at your side and rotate your forearm outward.

SCAPULAR RETRACTION

Squeeze your shoulder blades together and hold.

Consistency is key! Perform exercises 3–5 times per week as directed.

PREVENTION TIPS

- Warm up before activity and stretch regularly.
- Strengthen your shoulder and core muscles.
- Maintain good posture during daily activities.
- Avoid repetitive overhead activities when possible.

WHEN TO SEE A DOCTOR

- Pain lasts more than a few weeks
- Pain worsens or interferes with daily activities
- Weakness or loss of motion
- Pain at night keeps you awake

Scan for shoulder exercise videos and more information.

ROBERT PETTIT, MD
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