## Impingement Syndrome

**Mechanism of Injury:** Acute inflammation of the subacromial bursa as a result of an acute trauma or repetitive overload due to overhead work. Can be associated with a rotator cuff tendonitis or a rotator cuff tear.

**Subjective symptoms:**
- Pain with forward elevation of the arm (overhead work)
- Night pain
- Inability to sleep on involved side

**Objective findings:**
- Physical Exam:
  - Subdeltoid pain
  - Painful arc of motion (60-120)
  - Neer’s, Hawkins’s sign
  - Impingement test (injection into subacromial space relieves pain)
  - Can have cuff weakness
- Imaging:
  - Plain x-rays
  - MRI

X-ray may show a bone spur. The MRI may show edema in the rotator cuff, inflammation in the subacromial bursa. Occasionally a full thickness rotator cuff tear can be present.

**Natural History:** Impingement syndrome can range from mild pain and inflammation to untreatable severe tendinosis and subsequent rotator cuff tear.

**Non-operative Treatment:**
- Activity modification
- NSAIDS
- PT (RC strengthening, scapular strengthening, capsular stretching)
- HEP
- Cortisone injection

**Operative Treatment:**
Shoulder arthroscopy with subacromial decompression. Postoperative PT required.

**MMI:**
- **Non-operative:** 8-10 weeks
- **Operative:** 8-12 weeks

**Work status until MMI:**
- No overhead activities
- No repetitive pushing, pulling, lifting
- Light duty for 1-2 weeks, no or limited overhead activities with weight restrictions. No repetitive pushing, pulling, lifting