

Subacromial Pain Syndrome

This leaflet provides information about subacromial pain syndrome. If you have access to the internet, you can access our self-help app for shoulder problems. Details on how to do this are at the bottom of the leaflet. If you have any further questions or concerns, please speak to a health care professional.

- Subacromial pain syndrome is a common shoulder problem.
- Subacromial pain syndrome is an umbrella term for pain around the shoulder or upper arm.
- This may include other labels such as rotator cuff related shoulder pain (RCRSP), rotator cuff tendinopathy (pain within the shoulder tendons), subacromial impingement or bursitis (irritation within the subacromial space – see figure 1).
- You may also experience stiffness and weakness in your shoulder. It can feel worse during everyday movements / tasks such as reaching up, putting your hand behind your back, lifting and carrying objects.
- Sleep can also be affected.

Figure 1

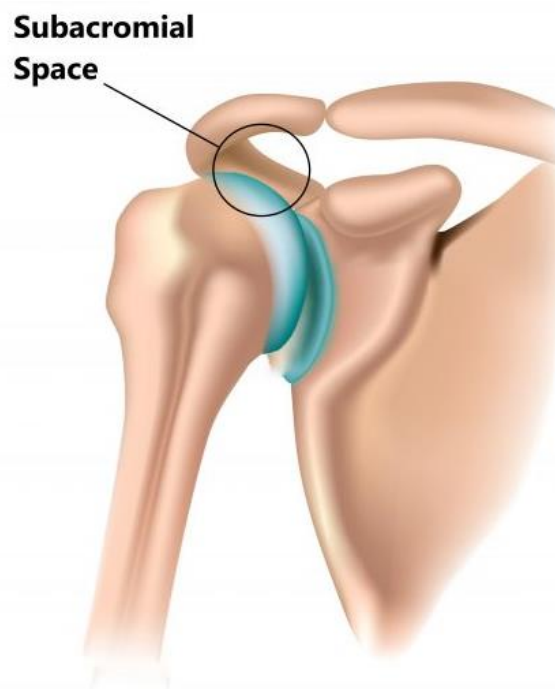


Image Source: [Shoulder Impingement - My Family Physio](#)

The Shoulder Joint

- The shoulder joint is made up of the clavicle (collar bone), humerus (arm bone) and scapula (shoulder blade).
- The shoulder, wrist and hand allow the arm to move so that you can reach, pick up things and carry out normal day to day activity.
- The shoulder joint is very mobile and it relies on muscles for stability and support.
- The space between your arm bone and part of the scapula is called the subacromial space (see figure 1).
- Soft tissue can become irritated in this space.

The Rotator Cuff

- The rotator cuff is a group of four muscles attaching from the shoulder blade to the top of your arm bone as seen in figure 2.
- These muscles are important in connecting your shoulder joint during movement.
- The tissues connecting your muscles to bones are tendons.
- These tendons pass through the subacromial space.

Figure 2

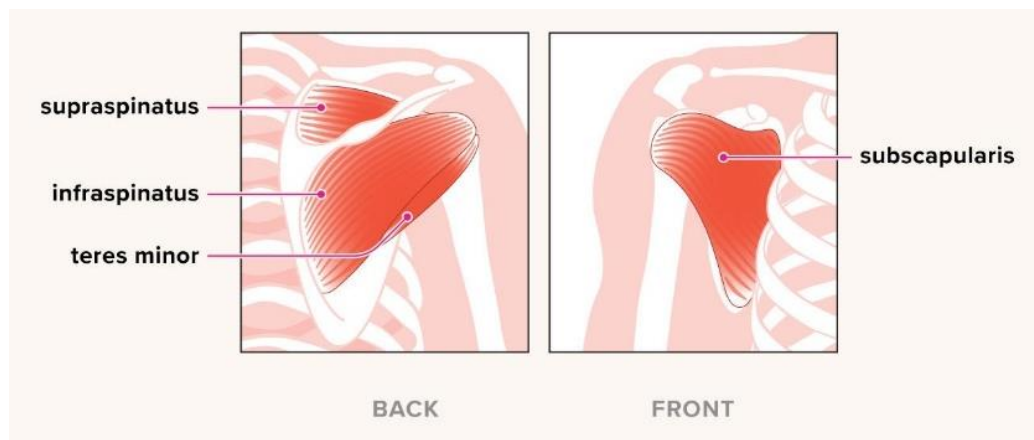


Image Source: [Rotator Cuff Anatomy: Muscles, Function, and Pictures \(healthline.com\)](https://www.healthline.com/health/rotator-cuff-anatomy)

What causes Subacromial Pain Syndrome?

Most commonly it happens after a sudden increase of activity but it can come on gradually with no one specific cause. This is because many factors influence the condition. Some risk factors are controllable and some may not be:

Controllable factors	Non-controllable factors
Weight management	Use of steroid medication
Joint and muscle strength	Underlying tendon changes
Joint range of movement	Previous injury
Management of general health	Rheumatological disease
Management of metabolic disease, e.g. diabetes	Advancing age
Physical activity levels	Gender

How do I make my shoulder better?

- Exercises that strengthen the muscles and tendons that make up the shoulder can improve your tendons' ability to cope with the load put through them throughout the day.
- You may try different exercises before finding ones that work for you because everyone can respond differently. Discomfort during the exercise is normal but should be acceptable to you and should not continue more than a few hours following exercise.
- Staying active and exercising can help your recovery – this will also have positive effects on your wellbeing. Some physical activity is better than none.
- It is important to adapt activities which are particularly painful to allow your pain to settle down.

How long will it take to get better?

- You should see improvement in the first four weeks of completing physiotherapy exercises, with greater improvements seen in the first 12 weeks.
- Sometimes it can take anywhere up to 12 months to recover so patience is important.
- Timeframes for recovery depend on several factors including how long you have had symptoms, how intense they are, other health conditions and your adherence to advice / exercises.
- Sometimes, pain conditions can become long term but can be well controlled using strategies in the leaflet.

Recommended Exercises

You may experience some pain when you start the exercises. If the level of pain is not tolerable or persists for longer than half an hour after the exercise, please reduce the frequency or intensity of the exercises but aim to build this up gradually over several weeks or months.

Start on the **beginner exercises**. If pain and ability allow then progress to **advanced exercises**. Aim to perform the exercises on three to four days of the week, ideally giving yourself 24 hours between sessions.



Following the "traffic light system" approach can help.

In the green zone you can increase your exercise/activity level.

In amber you can stay at your current level.

In red you may need to reduce your current exercise/activity levels.

It can be helpful to monitor your pain and activity daily using an exercise diary to make sure you are progressing at the right level.

Exercises:

Step and Reach – Beginner



Step Forward Instructions:

- Start with band wrapped around wrist level.
- Pull hands apart adding tension to band.
- Step forward whilst reaching up as far as comfort allows.
- Movement should be pain free.

Step and Reach – Advanced



Step Up Instructions:

- Start with band wrapped around wrist level.
- Pull hands apart adding tension to band.
- Step forward onto step whilst reaching up as far as comfort allows.
- Movement should be pain free.
- Progress by keeping the band and adding small weight in each hand.

Sliders – Beginner

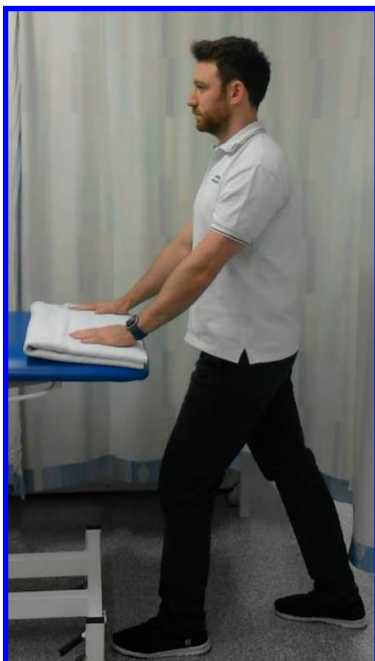
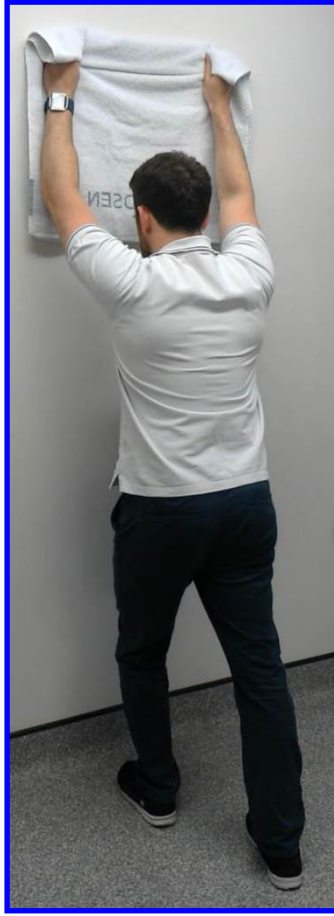


Table Top Slide Instructions:

- Stand at end of table with hands gripping onto towel, shoulder width apart.
- Slide hands forward along table reaching as far forward as comfort allows.

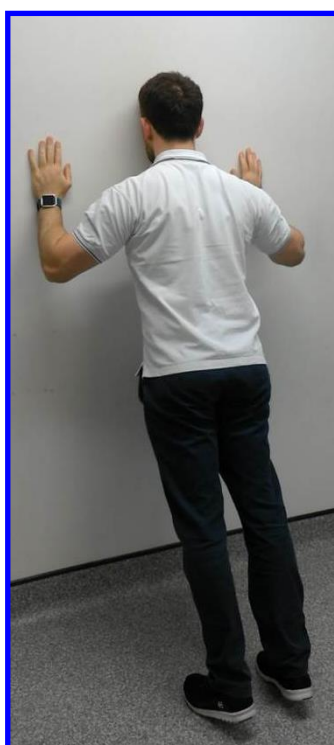
Sliders – Advanced



Wall Slide Instructions:

- Stand in front of wall with hands gripping onto towel shoulder width apart.
- Place the edges of your hands against the wall with your thumbs facing you.
- Gently push into the wall as you slide hands up wall as far as comfort allows.
- Progress by doing without support of wall and adding a light weight.

Push Ups – Beginner



Wall Push Up Instructions:

- Stand in front of wall.
- Place hands a little wider than shoulder width apart on wall.
- Keep hands slightly turned out and elbows tucked in.
- Lower body towards wall keeping body upright and tall.

Push Ups – Advanced



Table Push Up Instructions:

- Stand in front of secure table.
- Place hands a little wider than shoulder width apart on table edge.
- Keep hands slightly turned out and elbows tucked in.
- Lower body towards table keeping body upright and tall.
- Can be made harder by doing the push up on hands and knees on floor.

What if my pain gets worse following exercise?

- If you have pain for more than a few hours after doing the exercises, this is just a warning sign from your shoulder telling you that you've done more than it can tolerate and it wants to do less.
- If this happens throughout rehabilitation, don't panic.
- Reduce the amount of exercise slightly using the traffic light system above so you are in a low amber zone.
- This can be done by reducing how many exercises you do, how much weight you are using or for how long you do it.
- Try to avoid resting completely as this can make your shoulder weaker and made it more difficult to get back exercising.

Is there anything other than exercise?

- **Pain medication:** This can reduce your sensitivity to movement and help you continue with daily tasks, alongside physiotherapy. Taking anti-inflammatories can help some people but this should be discussed with your GP or pharmacist.
- **Injection Therapy:** In some cases, a corticosteroid injection may be considered. More information on injections can be found in our injection therapy leaflet.

- **Psychological support:** It is normal to feel worried about your pain but this can worsen the pain. We now know that stress, anxiety, depression and fatigue can cause a heightened pain state and make recovery more difficult. It is important to speak to a health professional about psychological support if you need help.
- **Surgery:** There are no recommended surgeries specifically for SAPS which would give you more benefit than exercise alone. If your shoulder pain started after an accident or injury and if there is a sudden loss of function, a scan may be required to determine the extent of the injury and whether surgery would be required.
- **Self-management tools:** If you have access to the internet and / or a smartphone we recommend using the getUBetter app ([getUBetter - Request Access](#)). It provides tailored support and advice for your symptoms. Please use the QR code below to access. Alternatively, it can be accessed by your GP practice if you live in Southwest London. If your shoulder pain persists or you have any other symptoms associated with your shoulder pain, you can access physiotherapy via the app. If you don't have access to the internet or a smartphone, please contact your GP practice for advice.



Other useful sources of information

The Chartered Society of Physiotherapy

[Shoulder pain | The Chartered Society of Physiotherapy \(csp.org.uk\)](#)

The British Elbow and Shoulder Society

[Subacromial Shoulder Pain – British Elbow & Shoulder Society \(bess.ac.uk\)](#)

Contact us

If you have any questions or concerns, please contact the MSK Physiotherapy team on 020 8725 1357 (Monday to Friday, 8.30am to 4.30pm).

For more information leaflets on conditions, procedures, treatments, and services offered at our hospitals, please visit: www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

Please contact PALS in advance to check if there are any changes to opening times.

The Walk-in and Advisory telephone services are closed on Wednesdays.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough Wing.

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency.

NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk).

The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.

