
Shoulder impingement syndrome

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Rotator cuff tears and tendinopathy are a common presentation to the shoulder surgeon, impingement was initially considered to be a problem arising from the antero-lateral acromion causing extrinsic pressure on the superior surface of the supraspinatus tendon. Recently it is a multifactorial condition that involves both extrinsic factors, such as compression of the tendon, intrinsic factors such as hypoxia and collagen degeneration with risk factors including some occupations and sporting activities. It is a common diagnosis from the late fourth decade onwards, the diagnosis in younger patients should be undertaken with caution to rule out more common conditions such as subtle instability. The standard orthopedic practice of 'look, feel, and move' should be utilized in making the diagnosis. Diagnosis should be apparent from the history and examination alone in the majority of patients using the specific tests. The use of injection therapy and specific radiology is used as adjuncts in the confirmation of the diagnosis. Treatment includes analgesia and physiotherapy to improve muscle tone and proprioception may be all that some patients require, however some may benefit from a single or repeated injections. Many patients, however need surgical interference in the form of complete decompression of the tendon over the entire depth and width of the acromion, excision of the bursa and division of the coracoacromial ligament. This can be carried out as an open procedure but generally the arthroscopic technique has gained favour