



DECISION AID

Shoulder impingement: What are my treatment options?

Shoulder pain is very common. It is often felt on the outer side of the upper arm, particularly when you lift the arm – for instance, when working overhead or playing ball games. The medical term for this is “subacromial pain” (pain under the acromion – the part of the bone that forms the “roof” of the shoulder). If it is thought that the pain is caused by soft parts of the shoulder being pinched, it is called shoulder impingement. The things that might become pinched include the shoulder tendons and the bursa (fluid-filled sac). It’s not always possible to find out exactly what is causing the pain.

Shoulder pain can get better on its own within six months, but it might last longer. Various conservative (simple) treatments can relieve the symptoms. Your doctor may have recommended shoulder surgery to get rid of the cause of the impingement. But recent studies have shown that surgery usually doesn’t help. The aim of this decision aid is to help you choose a suitable treatment. You also have the right to seek a second opinion.

THESE ARE THE TREATMENT OPTIONS:

Conservative treatments:

These include medication to reduce the pain and physical therapy with strengthening and mobility exercises to make the shoulder stronger.

Shoulder arthroscopy:

Keyhole surgery to widen the space under the acromion (subacromial decompression).

You can read about the pros and cons of these treatments on the next pages.

A wide variety of other treatments are available for shoulder pain too. But there’s not enough good research to be able to say whether they can help.

MAKING AN INFORMED DECISION

This decision aid probably won’t include all of the information that you need. It is intended to help you prepare for doctor’s appointments, not to replace them. The treatment decision will also depend on other factors, such as any other medical conditions you may have, and which treatments you have already tried and how successful they were.



Even if you find the symptoms very distressing, take the time to find out what you want to know and don’t allow yourself to be pressured into making a decision.

SUMMARY OF TREATMENT OPTIONS

	Conservative therapy	Shoulder arthroscopy (subacromial decompression)
What does the treatment involve?	<p>Anti-inflammatory painkillers like ibuprofen can relieve acute shoulder pain somewhat. They shouldn't be taken for longer than 1 to 2 weeks. Alternatively, you can use creams or gels containing diclofenac. These are applied to the skin 2 to 3 times a day. If the pain is very bad, the doctor can inject steroids into the shoulder.</p> <p>Physiotherapy exercises can be taught by a physiotherapist and then carried out regularly at home.</p>	<p>With the help of small instruments, about 5 to 8 millimeters of bone is trimmed off the underside of the acromion, and the bursa (fluid-filled sac) is removed. You can go home on the same day as the surgery.</p> <p>You may have to wear a shoulder sling for a few days after the surgery. It takes 4 to 6 weeks before you can use the shoulder normally again.</p>
What are the advantages of the treatment?	<p>Painkillers and steroid injections can temporarily relieve the pain.</p> <p>If the shoulder muscles are weak, the head of the upper arm bone may "fall" out of the shoulder socket. This can be painful if it pushes against the surrounding tissue. Physiotherapy can help to strengthen and stabilize the shoulder. Research has shown that it can relieve the pain and make it easier to move the shoulder more. Continuing the exercises you learn from physical therapy at home and doing them correctly is just as effective as doing the exercises under the supervision of a therapist.</p>	<p>Two good-quality studies looked into the pros and cons of this procedure in the treatment of shoulder impingement. These studies found that subacromial decompression surgery usually doesn't help any better than treatment where people only think they have had this surgery.</p> <p>It's not clear whether the procedure helps in people who have a hooked acromion. The tip of the shoulder blade curves down more than usual here, which can make the space under the acromion even narrower. This is rare, though.</p>
What are the possible disadvantages?	<p>Anti-inflammatory painkillers can cause side effects such as stomach problems. Serious side effects are very rare when used for a short time. An alternative to tablets, with fewer side effects, is treatment with gels or creams containing diclofenac. Steroid injections can lead to pain and skin discoloration where the needle enters the skin. If they are used too often, they can weaken the tendons. Joint infections are a very rare side effect.</p>	<p>Complications such as wound-healing problems or thrombosis occur in about 1 out of 100 operations. Nerve damage is very rare. And about 1 out of 100 people have a frozen shoulder after the operation. The risk of this is greater in women and people who have diabetes.</p>
Who is the treatment suitable for?	<p>Subacromial pain is usually treated "conservatively" – in other words, with physical therapy and medication, if needed. This is also the case if the doctor thinks the pain is being caused by a shoulder impingement.</p>	<p>Because subacromial decompression has been proven to not work in most people, there's usually no reason to do this surgery. Some people still decide to have surgery – for instance, because they have tried conservative treatment for a few months and it hasn't helped.</p>

HELP WITH YOUR DECISION

You may still be unsure about which treatment you would prefer. You can write down your thoughts and questions on the following two pages.

Which treatment would I consider?		What do I like about it?	What don't I like about it?
Conservative therapy	<input type="radio"/>		
Shoulder arthroscopy (subacromial decompression)	<input type="radio"/>		

IF YOU STILL AREN'T SURE: WHAT DO YOU NEED TO BE ABLE TO MAKE A DECISION?

With all the different pros and cons to consider, it can be hard to choose a treatment.

If you need more help:

- You will find a link to further information on the next page.
- You can talk to your doctor again.
- You also have the right to seek a second opinion. You will find information about this option on the next page, too.
- Talking to friends and family can help you get a clear idea of what you want and expect.
- Patient information centers and self-help groups offer information and advice, and can help you learn from others' experiences.

YOU WILL FIND IN-DEPTH INFORMATION ABOUT THE FOLLOWING TOPICS ON THE INTERNET:



Shoulder pain

www.informedhealth.org/shoulderpain



Second medical opinion

www.informedhealth.org/SecondOpinion

PREPARING FOR THE DOCTOR'S APPOINTMENT

What remains unanswered? What concerns do you still have? Write down any questions or thoughts you may have, and take this decision aid with you to the appointment. You can ask the doctor about anything you would like to know, or discuss anything you are worried about.

There's a list of possible questions here:

www.informedhealth.org/questions

PUBLISHING DETAILS

This decision aid was developed by the Institute for Quality and Efficiency in Health Care (IQWiG, Germany). You will find information about our work and the sources used here:

www.informedhealth.org/our-approach

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