

Surgical Treatment:

If we suspect a tear or if conservative treatment and/or injections do not significantly reduce pain and swelling, a referral to an orthopedic surgeon may be recommended to consider a surgical intervention that opens up the space and/or repairs the rotator cuff tendons.



We hope that this information is helpful in understanding your condition, the possibility of further testing and treatment options.

SHOULDER, ARM

Subacromial Bursitis

QUICK OVERVIEW

What is Subacromial Bursitis?

- Pain near the shoulder joint caused by bursa and/or tendon inflammation.

Symptoms:

- Pain in the shoulder
- Pain down the arm, not past the elbow
- Difficulty raising the arm up overhead or behind the back
- Possible weakness (related to pain)

Treatment:

- Non-Surgical
 - Physical therapy/home exercise regimen
 - Anti-inflammatory medication
 - Injections
- Surgery may be necessary in severe cases

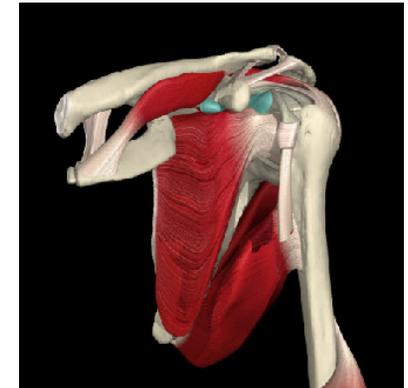


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Subacromial Bursitis

(Rotator Cuff Tendonitis)



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PATIENT EDUCATION SERIES

Written by Jay Jones, M.D.

Your Neuromuscular Specialist Has Diagnosed Subacromial Bursitis

Another name for your problem could be rotator cuff tendonitis because the rotator cuff tendons run along side the subacromial bursa.

Causes of Subacromial Bursitis

Subacromial Bursitis is usually an overuse problem. The bursa is a fluid filled sac that is supposed to act as a shock absorber and lubricant for the tendons and shoulder joint. When the bursa and/or tendons get inflamed, the tissues swell and get stuck between the ball and socket shoulder joint and the outer, upper tip of the shoulder blade. Baseball pitchers and other “throwing” athletes are often plagued with this problem.

However, this can happen to just about anybody whether or not they participate in a repetitive shoulder movement activity. As we age and arthritis starts to set in, the space for the bursa and tendon narrows. This makes us more susceptible to pinching, inflammation and pain.

Symptoms Of Subacromial Bursitis

Typically patients will complain of pain at the shoulder which radiates down to the mid, upper arm. Rarely is the pain experienced past the elbow. Subacromial Bursitis can cause the muscles around the shoulder blade to tighten up and cause muscle based pain, but usually the neck does not hurt and there is no associated numbness or tingling.



Diagnosing Subacromial Bursitis

Subacromial Bursitis is most often a “clinical diagnosis”. This means that x-rays, EMGs and bone scans are considered normal with this diagnosis. Subacromial Bursitis is not so much a bony, arthritic or nerve problem as a soft tissue/tendon problem. You may have been referred for an EMG to make sure there was not a pinched nerve in your neck or shoulder causing the symptoms. Sometimes an x-ray will show a narrowed space for the tendon and bursa which will help in diagnosis. If we suspect a torn rotator cuff or if shoulder surgery is anticipated, an orthopedic surgeon, your neuromuscular specialists or your primary care doctor may order an MRI or arthrogram of the shoulder.

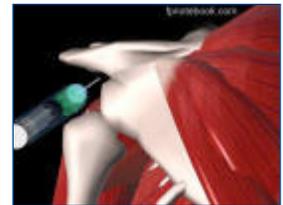
Treatment for Subacromial Bursitis

There are three categories of treatment for Subacromial Bursitis depending on the following:

- how long symptoms have been occurring;
- the severity of pain and how much the pain interferes with normal, regular activities; and
- whether or not a tear of the rotator cuff tendons is suspected.

Conservative Treatment:

The most conservative treatment involves anti-inflammatory medicines along with physical therapy. A physical therapist can provide ultrasound or deep heating modalities as well as teach appropriate stretching and strengthening exercises. This will help balance the muscles and open up the space up for the tendon and bursa. If you participate in physical therapy, you should continue a home exercise program of stretching and strengthening on an on-going basis.



Injections:

If physical therapy and anti-inflammatory medicines are not helpful, we may consider a “cortisone” injection. This involves injecting cortisone-like medication called Depo-Medrol and numbing medicine (like you would get at the dentist) in the bursa, near the tendon and possibly in the ball and socket (glenohumeral joint). If the swelling decreases with this injection and exercises are continued, the shoulder pain may be permanently resolved. There are situations where a specialist will recommend injections prior to starting physical therapy. This procedure will control pain to the degree that stretching and strengthening are tolerable.