

## Shoulder Impingement News Letter

Shoulder pain can be common among athletes and weekend warriors particularly if they perform repetitive overhead motions. Activities such as throwing a baseball, hitting a tennis ball overhead, swimming (especially butterfly and freestyle), or simply painting a wall. Repeated overhead motions can become very painful if your rotator cuff is not functioning properly. Shoulder impingement is one of the most common causes of pain in the shoulder. It results from the rotator cuff being pinched between the humerus and the acromion.

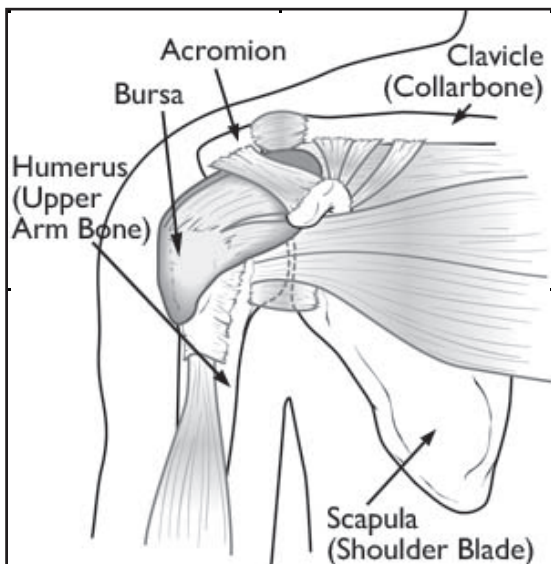
or surrounding joints will alter the kinematics of the shoulder and can contribute to shoulder impingement. When the rotator cuff is insufficient, the acromion rubs or “impinges” on the tendons when the arm is elevated overhead, causing pain and inflammation.

### RISK FACTORS

There are three main risk factors for developing shoulder impingement. First is anatomy. If you have a Type III or “hooked” acromion, you are more susceptible to shoulder impingement. Secondly, weakness in your posterior cuff especially (infraspinatus/teres minor), as well as the rest of RTC musculature can cause abnormal shoulder mechanics leading to impingement. Range of motion restrictions, particularly, internal rotation, may increase your risk of shoulder impingement due to faulty shoulder kinematics including anterior and superior humeral head displacement. Recent studies suggest that athletes with a 25% deficit in internal rotation (range of motion) in the dominant shoulder are more likely to experience a rotator cuff injury. (Jancosco). Lastly, poor posture contributes to impingement symptoms. Rounded, internally rotated shoulders combined with scapular abduction and thoracic kyphosis creates poor scapula-humeral kinematics and will cause structures in the subacromial space to become impinged.

### TREATMENT

Initial treatment consists of activity modification, ice, and anti-inflammatory medication until symptoms subside. It is also recommended to limit overhead activities, even overhead rotator cuff strengthening, until the impingement symptoms resolve. As above mentioned postural abnormalities diminish the size of the subacromial space and can lead to shoulder impingement, it is easily corrected with



<http://orthoinfo.aaos.org/topic.cfm?topic=a00032>

The rotator cuff is composed of four muscles: the supraspinatus, the infraspinatus, the teres minor, and the subscapularis. The function of these muscles is to depress the shoulder joint when performing overhead activities as well as to contribute to force couple for stabilization of Glenohumeral joint during all phases of arm position. The force couple coordinates contraction of the rotator cuff muscles to systematically move the scapula in the proper relationship to the humerus to allow efficient motion. Any structural changes in soft tissues

### About the Author: Feliks Perl, PTA



Mr. Feliks Perl started out as a physical therapy technician with KPT in 2007. After successful completion of the Physical Therapy Assistant program at Carroll Community College he returned to KPT July 2010 with experience in sports rehabilitation. Feliks is our full time PTA and likes to keep busy.



physical therapy. Physical therapy treatment at Kassimir Physical Therapy typically consist of postural musculature strengthening, neuromuscular re-education, scapular and rotator cuff strengthening and stretching, and joint mobilizations. Modalities to such as Electrical stimulation and Ice, Light Therapy are incorporated in order to decrease pain and inflammation as well as to facilitate faster healing of the impinged tissue. McConnell Taping is used for neuromuscular re-educations to inhibit an overly active upper trapezius muscle and correct scapular position. A recent study published in the Journal of Manual & Manipulative Therapies suggests that “a short-term role for scapula taping as an adjunctive treatment in the management of shoulder impingement problems. Taping appears to provide a reduction in pain experienced when assessed by both self-reported measures of function and on active movements.” Unfortunately “This benefit occurs only while the taping is continued and is not

maintained on follow-up.”(Miller&Osmotherly) This indicates the importance of strengthening weak muscles to assist with sustaining corrections the tape produces. At Kassimir Physical Therapy we strive to provide the most up to date progressive treatment plan for the shoulder impingement based on latest research and our own clinical experience.

Jancosko, J, Kazanjian J, Shoulder Injuries in Throwing Athlete, *The Physician and Sports Medicine* 2/2012.

*Shoulder Injuries in the Throwing Athlete*  
Jason J. Jancosko, DO, MPT; Jack E. Kazanjian, DO, FAOAO

Verna C. Shoulder flexibility to reduce impingement. Paper presented at: 3rd Annual Professional Baseball Athletic Trainers Society Meeting; March 1991; Mesa, AZ

Miller, P and Osmotherly, P Does Scapular Taping Facilitate Recovery for Shoulder Impingement Symptoms? A Pilot Randomized Controlled Trial  
*J Man Manip Ther.* 2009; 17(1): E6–E13.



**KPT News Flash:**

KPT welcomes several new employees to our team. Kim Stockslager has been appointed billing manager, Kalie Bodden front office receptionist and billing assistant, Jaclyn Bossi – front desk reception and Sarah Molinaro, LAT, ATC – athletic trainer and PT technician. KPT will be offering a new service of Dry Needling after Gary Kassimir, PT, MS, CHT and Tami Grunitzky PT, DPT, OCS complete training in mid December. Our next newsletter will feature the benefits and background of this service.

We would like to extend a special thank you to all of our patients and referring physicians and other sources and wish you a healthy and happy holiday season and new year.

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**KPT HANDPRINT Newsletter**  
**Shoulder Impingement!**