Shoulder Impingement (subacromial pain)

Intervention Not Normally Funded

The condition:
Shoulder impingement is a very common cause of shoulder pain, where a tendon (band of tissue) inside your shoulder rubs or catches on nearby tissue and bone as you lift your arm.

It affects the rotator cuff tendon, which is the rubbery tissue that connects the muscles around your shoulder joint to the top of your arm.

An impinging shoulder will often improve in a few weeks or months, especially with the right type of shoulder exercises, but occasionally it can be an on-going problem.

Self-care and conservative treatment:
Things you can do

- Avoid things that make the pain worse – avoid activities that involve repeatedly lifting your arm above your head (such as swimming or playing tennis) for a few days or weeks. Ask your GP or physiotherapist when you can restart these activities.
- Don't stop moving your arm completely – try to carry on with your normal daily activities as much as possible so your shoulder doesn't become weak or stiff. It's usually best to avoid using a sling.
- Hold an ice pack (or a bag of ice cubes or frozen vegetables) to your shoulder for around 20 minutes several times a day – but don't put it directly on your skin, wrap it in a towel first.
- Take painkillers – anti-inflammatory painkillers (such as ibuprofen) or paracetamol may help. A pharmacist can suggest the best painkiller – this might be tablets, or a cream or gel you rub on the skin. Your GP can prescribe stronger painkillers if needed.

See your GP if you have shoulder pain that doesn't go away after a few weeks or is stopping you from doing your normal activities. Your GP may be able to advise you about simple shoulder exercises make a referral to a physiotherapist or suggest steroid injections.

Please see more advice on NHS Choices
https://www.nhs.uk/conditions/shoulder-impingement-syndrome/

Further treatment options:
An operation called a subacromial decompression was previously thought to be effective for this condition. However, high-certainty evidence published in 2019 shows that subacromial decompression does not provide clinically important benefits over placebo in pain, function or health-related quality of life. There is currently uncertainty over which alternative treatment options are best.

Risks of surgery:
Risks associated with arthroscopic sub-acromial decompression are low but include infection, frozen shoulder, on-going pain, potential damage to blood vessels or nerves and those associated with having a general anaesthetic.

Sometimes there will be choices to make about your healthcare. If you are asked to make a choice, make sure you get the answers to these three questions:

- What are my options?
- What are the benefits and possible risks?
- How likely are these risks and benefits?

Policy statement

Due to the limited evidence of clinical effectiveness for subacromial decompression surgery for pure shoulder impingement, this intervention is **not normally funded**. Pure subacromial shoulder impingement means subacromial pain not caused by other associated diagnoses such as rotator cuff tears, acromio-clavicular joint pain or calcific tendinopathy.

Exceptional clinical cases can be considered via the CCG Individual Funding Request route.

STP principles to promote health and wellbeing:

- Patients who are overweight should be encouraged to lose weight prior to seeking surgery to reduce the risk of complications during and after surgery.
- Patients who smoke should be advised to attempt to stop smoking and offered a referral to stop smoking services before the operation, to reduce the risk of complications during and after surgery.
- Underlying medical conditions should have been investigated and the patient's condition optimised prior to referral for surgical interventions.

Clinical Coding: OPCS

Arthroscopic shoulder decompression for subacromial shoulder pain

when (der.Spell_Dominant_Procedure ='W844+SHOULDER' or (der.Spell_Dominant_Procedure ='O291' and apcs.der_procedure_all like '%Y767%')) and (der.Spell_Primary_Diagnosis like 'M754%' or der.Spell_Primary_Diagnosis like 'M2551%') then 'L_should_decom'

Z81% joint of should girdle or arm