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SPINE & SPORTS: Shoulder impingement can be stubborn

The shoulder is categorized as a ball-and-socket joint, similar to the hip, but unique because it is inherently loose and unstable, enabling it to move in extreme ranges of motion and in different directions. It gives us humans the ability to reach overhead, climb and throw objects with whip-like sling action. But, if the ball doesn't stay intact with the socket, it pinches against tendons that sit in the joint, lending to the term "shoulder impingement syndrome."

A brief anatomy lesson will help you better understand this mechanism. The shoulder has a floor and a ceiling. The floor is the ball-and-socket joint, the ball being the head of the humerus and the socket being a little cup on the outer part of the shoulder blade, or scapula. It is analogous to a golf ball sitting on a tee. The ceiling is the acromioclavicular (AC) joint, which is the junction of the collar bone, or clavicle, with an arch of bone from the outer scapula. The space between the floor and ceiling is occupied by tendons that pass through and attach around the humeral head. These rotator cuff tendons move or rotate the shoulder in upward and outward directions. But, when things go awry, the ball rides up off the tee, closing the space between the floor and ceiling, and it impinges these tendons against the AC joint.



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Shoulder impingement syndrome is a stubborn condition that affects young and old alike, especially those who use their shoulders frequently for work or sports. Throwing athletes such as baseball players, or Olympic lifters who press heavy weight overhead are most prone to this condition. Gymnasts are also vulnerable since they strain their shoulders while swinging on bars or landing in handstand positions while tumbling. Degenerative, osteoarthritic shoulders have less floor-to-ceiling space, making it far easier to impinge rotator cuff tendons. Previous injuries to the shoulder leave unresolved scar tissue in the joint or residual weakness to the cuff muscles, making impingement more likely. If the space is pressurized by inflammation, then cortisone injection can be quite alleviating. Most impingement cases do not require surgery. Often, the combination of manual therapy and exercise training is an effective treatment approach.

The shoulder connects to the cervical and thoracic spine, and studies show that improving the function of spine helps the ailing shoulder. Exercises that strengthen both the shoulder and back regions reduce the postural strain to the shoulder and facilitate healing of tendons (the basics are on my web site, www.drgillman.com). Skilled joint manipulation improves the mobility of the neck and upper back vertebrae, and soft tissue therapies can remove scar tissue around muscles and tendons. Functional and Kinetic Treatment with Rehab (FAKTR), is a soft tissue system that combines exercises with instrument-assisted soft tissue mobilization. Using FAKTR along with skilled joint manipulation is a logical protocol for treating shoulder impingement syndrome.

Sports chiropractors are experts at diagnosing and treating shoulder conditions. They have the most training in joint manipulation and soft tissue therapy, and can help guide you in obtaining any necessary imaging or medical interventions. The American Chiropractic Board of Sports Physicians (ACBSP.com) is a good place begin your search for a credentialed provider.

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