

Your Practice Online

P R E S E N T S

Shoulder Impingement

Multimedia Health Education

Disclaimer

This movie is an educational resource only and should not be used to make a decision on Shoulder surgery. All decisions about surgery must be made in conjunction with your surgeon or a licensed healthcare provider.

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MULTIMEDIA HEALTH EDUCATION MANUAL

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INTRODUCTION

The information in this presentation has been intended to help consumers understand the structure and function of anatomical components and take charge of Orthopaedic health. The animated surgeries and procedures should help you understand Joint replacement procedures and help you to make a decision. Also, it explains the risks, complications and provides guidelines for living with surgeries, conditions and procedures.

The Shoulder Joint

Shoulder is a "ball-and-socket" joint. A "ball" at the top of the upper arm bone (the humerus) fits neatly into a "socket," called the glenoid, which is part of the shoulder blade (scapula).

The cartilage cushions the joint, and allows the bones to move on each other with smooth movements. This cartilage does not show up on X-ray, there fore you can see a "Joint space" between the head of the upper arm bone (Humerus) and Glenoid socket of the shoulder blade (Scapula).

Anatomy

Shoulder is a 'ball-and-socket' joint. A 'ball' at the top of the upper arm bone (the humerus) fits neatly into a 'socket,' called the glenoid, which is part of the shoulder blade (scapula).

Three bones, the collarbone (clavicle), the shoulder blade (scapula), and the upper arm bone (humerus) come together to form the shoulder joint.



Humerus

Provides attachment to muscles of the upper arm. The humeral head forms the ball of the ball-and-socket shoulder joint.



Scapula

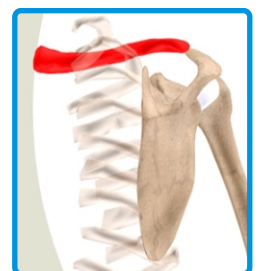
Scapula (shoulder blade) is a flat, triangular bone providing attachment to the muscles of back and neck.



Clavicle

The clavicle is an S-shaped bone that connects the shoulder girdle to the trunk. It maintains the shoulder in a functional position with the axial skeleton and allows varied arm positions in sports.

In addition to its structural function, the clavicle protects major underlying nerves and blood vessels as they pass from the neck to the axilla.



Coracoid Process

The coracoid process is the extension of the Scapula (Shoulder Blade) around the shoulder joint at the front.

Acromion

The acromion is the extension of scapula (shoulder blade) around the shoulder joint at the rear to form a roof. This is also called the acromial process.

Glenoid

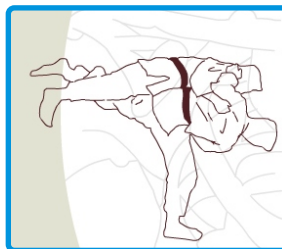
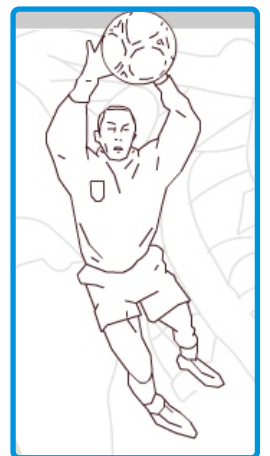
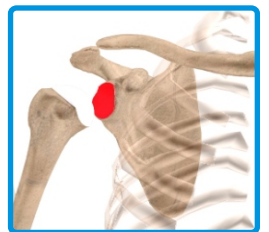
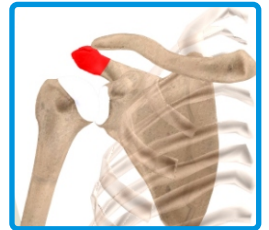
Glenoid, is the depression at the end of scapula that forms the socket of ball-and-socket shoulder joint.

Causes

Impingement is one of the most common causes of pain in the adult shoulder. It results from pressure on the rotator cuff from part of the shoulder blade (scapula) as the arm is lifted.

It is more likely to occur in young and middle aged people who engage in physical activities that require repeated overhead arm movements.

The pain may be due to a "bursitis" or inflammation of the bursa overlying the rotator cuff or a "tendonitis" of the cuff itself. In some circumstances, a partial tear of the rotator cuff may cause impingement pain.



Symptoms

Patients with impingement have :

- Pain with overhead activities and
- Pain at night



There may be Local swelling and tenderness in the front of the shoulder.

Diagnosis

Text String, Your surgeon diagnoses Impingement by one or more of the following tests

- Physical examination
- X-rays
- Imaging studies, such as MRI
- Shoulder Arthroscopy

Treatment

Conservative (Non Operative):

- Pain medication
- Injection of a steroid (cortisone) and an Local anaesthetic in the subacromial space of the affected shoulder What this does is take away the pain when the local anaesthetic works and once the steroid sets in, it decreases the inflammation and allows the pain to go away. Once the pain is away, then you will be advised to strengthen the shoulder. You will be shown different exercises to strengthen your shoulder.

It takes about 2-3 weeks for this and you will be referred to physiotherapist who will give you a personalized program.

Non Conservative (Operative):

This is when the conservative treatment does not work or works temporarily. Then your surgeon may ask you to undergo Acromioplasty.

Acromioplasty is a surgical procedure that is performed under local anaesthesia or general anaesthesia to make more room available for the rotator cuff tendons. It can be performed with an arthroscope or with an open technique (larger incision). The primary advantage of arthroscopic technique is a shorter recovery time.



Procedure

Acromioplasty is a surgical procedure that is performed under local anaesthesia or sometimes general anaesthesia.

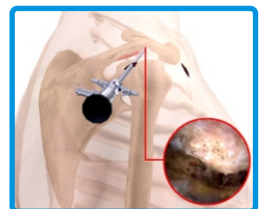
The anaesthesia numbs the affected shoulder and the arm.

In an arthroscopic procedure, two or three small incisions are made. Each incision is called a portal.

In one portal, the arthroscope is inserted to view the shoulder joint.

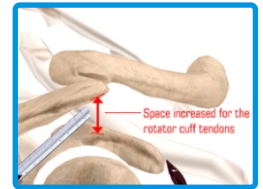
Along with the arthroscope, a sterile solution is pumped to the joint which expands the shoulder joint, giving your surgeon a clear view and room to work.

With the images from the arthroscope as a guide, your surgeon can look for any pathology or anomaly.



The large image on the television screen allows your surgeon to see the joint directly and to determine the extent of the injuries, and then perform the particular surgical procedure, if necessary.

In most cases the front (anterior) edge of the acromion is removed along with some of the bursal tissue and last four or five millimeters of the clavicle to increase subacromial space for the rotator cuff tendons.



After treating the problem, the incisions (portals) are closed by suturing or by a tape and you are then taken to the recovery room.

Post -op Recovery

- You will taken to the recovery room before being transferred back to the ward.
- A bandage will be around the operated shoulder.
- Once you are recovered your drip will be removed and you will be shown a number of exercises to do.
- Your surgeon will see you prior to discharge and explain the findings of the operation and what was done during surgery.
- Pain medication will be provided and should be taken as directed.
- You can remove the bandage in 24 hours and place waterproof dressings (provided) over the wounds.
- It is NORMAL for the shoulder to swell after the surgery. Placing Ice-Packs on the shoulder will help reduce swelling (Ice-Packs on for 20 minutes 3-4 times a day until swelling has reduced).
- You are able to drive and return to work when comfortable unless otherwise instructed.
- Please make an appointment 7-10 days after surgery to monitor your progress.

Rehabilitation

After surgery, there will be some pain in the arm for about a week and your arm may be placed in a sling for a short period of time. This allows for early healing.

A few surgeons will advise you to start using your arm straight away. Your surgeon will provide a rehabilitation program based on your needs and the findings at surgery. This will include exercises to regain range of motion of the shoulder and strength of the arm.

Risks & Complications

Although uncommon, complications do occur occasionally during or following arthroscopy. Anaesthetic complications are uncommon and may include allergic reactions to medications and difficulty in breathing.

Local complications may include infection, phlebitis (blood clots of a vein), excessive swelling or bleeding, damage to blood vessels or nerves, and instrument breakage are the most common complications, but occur in far less than 1 percent of all arthroscopic procedures

Summary

Although every effort has been made to explain the complications there will be complications that may not have been specifically mentioned. A good knowledge of this operation will make the stress of undertaking the operation easier for you to bear.

The decision to proceed with the surgery is made because the advantages of surgery outweigh the potential disadvantages. It is important that you are informed of these risks before the surgery.

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YOUR SURGERY DATE

READ YOUR BOOK AND MATERIAL

VIEW YOUR VIDEO /CD / DVD / WEBSITE

PRE - HABILITATION

ARRANGE FOR BLOOD

MEDICAL CHECK UP

ADVANCE MEDICAL DIRECTIVE

PRE - ADMISSION TESTING

FAMILY SUPPORT REVIEW

Physician's Name : _____

Patient's Name : _____

Physician's Signature: _____

Patient's Signature: _____

Date : _____

Date : _____