

# CASE STUDY: SHOULDER IMPINGEMENT/BURSITIS

## PATIENT:

45-year-old female referred to physical therapy with diagnosis of right shoulder impingement and bursitis

## MEDICAL HISTORY:

The patient had right shoulder pain for three weeks. Since the onset of the pain, the symptoms were unchanged.

## SUBJECTIVE COMPLAINTS:

The patient had shoulder pain with movements involving reaching behind her back and over her head. The pain subsided when the arm returned to a neutral position. The patient experienced a mild loss of strength due to pain and muscle spasms in the neck and shoulder region.

## INITIAL EVALUATION:

- Poor posture awareness and shoulder positioning
- Severe scapular winging
- Disturbed scapulothoracic rhythm
- Hypomobile glenohumeral joint (GHJ) for caudal and posterior glide causing impingement upon supraspinatus tendon
- Multiple muscle spasms to upper trapezius, levator scapula, teres group, subscapular and infraspinatus
- Mild loss of strength to shoulder due to pain
- Palpation – multiple areas of tenderness
- Visual Analog Scale (VAS) 7/10 only with overhead and behind-back reaching

## TREATMENT:

The patient's treatment consisted primarily of scapular stabilization and rhythm and restoration of shoulder positioning/posture:

- Proprioceptive neuromuscular facilitation for scapular and glenohumeral joint coordination. Inflammation and pain reduction via modalities
- Manual therapy for restoring GHJ positioning and mobility
- Patient education on proper posture and ergonomics
- Home exercise program consisting of stabilization and strength exercises, as well as self-management skills to control symptoms

## RESULTS:

Within three weeks, the patient's pain with movements was reduced to 3/10 with full abolishment of symptoms in five weeks. The patient was able to demonstrate proper

shoulder and scapular positioning with good stabilization during all shoulder movements.

Scapulothoracic rhythm was restored to facilitate proper shoulder dynamics.

The patient was able to demonstrate consistently proper body positioning during all of her activities of daily living. The patient was discharged at six weeks with 0/10 pain and without limitations in shoulder movements.

For more information, contact Eric Quan, PT, of Good Shepherd Physical Therapy - North Bethlehem/CORE Physical Therapy at [equan@gsrh.org](mailto:equan@gsrh.org) or 610-882-9611.

