

Subacromial impingement syndrome is among the most frequent cases of shoulder pain and dysfunction in adults. It's referred to as shoulder pain is third only to headache and back pain in frequency seen in the practitioner's office.

It's known, SIS is a heterogenous entity, which can be caused by a lot of ethiological factors. These factors can have bad influence of architecture of the subacromial space. The tendons of the rotator cuff are passing through this space and so that structures are most often affected by degenerative disorders.

Clinical history and physical examination play a key role in diagnostics. Provocative manoeuvres (Neer's sign, Hawkins's test, Yocum manoeuvre) seem to be useful for identifying impingement syndrome. If there is a reasonable doubt in diagnostics we can use imaging methods. We should start with the minimally invasive and the most economic method.

Commonly used course of action include x-ray, ultrasound and MRI. Well-timed and the most accurate diagnostics enable us to start suitable treatment.

The treatment commonly starts with pain-relief drugs (NSAID, subacromial injection of mixture of corticosteroid and local anesthetic). The combination of physiotherapy and manual therapy seems to be an effective treatment method. This therapeutic combination is good for improving function of shoulder, increasing strength and decreasing pain. It then enables proper healing of the shoulder girdle and restitution of normal movement behaviours.