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Rotator Cuff Injury

Overview

The rotator cuff consists of four shoulder muscles and their tendons that connect the upper arm bone (humerus) to the shoulder blade. Often times confused as “rotary cup” or “rotator cup”, the rotator cuff holds the ball of the humerus firmly in the shoulder socket. Rotator cuff injuries, such as tendinitis or tearing, are fairly common and can occur as a result of a fall, weight training (especially with incorrect technique), and repetitive overhead arm activities such as throwing, swimming and reaching. The Supraspinatus and Infraspinatus are the most commonly injured rotator cuff muscles. Problems with the rotator cuff muscles can be classed into two categories – tears of the tendons/muscles, and inflammation of the tendons called tendinopathy or tendinitis.

Strain or tear. Left untreated, tendinitis can weaken a tendon and lead to chronic tendon degeneration or to a tendon tear. Stress from overuse also can cause a shoulder tendon or muscle to tear.

Acute Tear

Generally from a sudden, powerful movement, the symptoms will usually include:

- Sudden, tearing feeling in the shoulder, followed by severe pain through the arm
- Limited movement of the shoulder due to pain or muscle spasm
- Severe pain for a few days (due to bleeding and muscle spasm) which usually resolves quickly
- Specific tenderness over the point of rupture/tear
- If there is a severe tear, you will not be able to abduct your arm (raise it out to the side) without assistance

Chronic Tear

A chronic tear develops over a period of time. They usually occur at or near the tendon, as a result of the tendon rubbing against the overlying bone. This is usually associated with an impingement syndrome:

- Usually found on the dominant side
- More often an affliction of the 40+ age group
- Pain is worse at night and can affect sleeping
- Gradual worsening of pain, eventually some weakness
- Eventually unable to abduct arm (lift out to the side) without assistance or do any activities with the arm above the head
- Some limitations of other movements depending on the tendon affected

Tendinitis / Tendinopathy. Tendons in your rotator cuff can become inflamed due to overuse or overload, especially if you're an athlete who performs a lot of overhead activities, such as in tennis or racquetball or work in a setting where you are doing repetitive overhead movements.

Bursitis. The fluid-filled sac (bursa) between your shoulder joint and rotator cuff tendons, which often times becomes irritated and inflamed in the setting of rotator cuff tear or tendinitis.

Can my body heal a rotator cuff tear? Tears generally do not heal on their own. In some cases other muscles of the shoulder can compensate in an effort to restore some function, but the torn rotator cuff remains.

Diagnosis

- Thorough physical exam
- X-rays
- Magnetic resonance imaging (MRI)

Non-Operative Treatment

- **Physical Therapy:** Physical therapy to improve flexibility and muscle strength in the shoulder is usually the first step in addressing rotator cuff injuries. Injections of corticosteroid medication can help reduce pain and swelling in people with severe and persistent injuries.
- **Steroid injections:** Depending on the severity of your pain, your doctor may use a corticosteroid injection to relieve inflammation and pain.

Operative Treatment

Surgery may be the best option for people with rotator cuff tears or people who have not had success with nonsurgical treatment. Surgery is performed on an outpatient basis, using a minimally invasive arthroscopic (not orthoscopic) technique. The arthroscopy will result in less initial pain and leave smaller scars:

- **Subacromial smoothing** (decompression): Inflamed tissue and bone spurs are removed from the area around the rotator cuff.
- **Rotator cuff repair:** The torn tendon is reattached to the arm bone using either traditional surgery or arthroscopic surgery.
- **Partial or full shoulder replacement:** Some people with long-standing rotator cuff tears develop a unique form of arthritis (rotator cuff arthropathy) which may require partial shoulder replacement (hemiarthroplasty).

An individualized physical therapy program will be prescribed based on the surgery performed and the condition of the bone and soft tissue. You will continue to rebuild shoulder strength for up to a year after surgery. You should be able to return to activities such as golf or tennis within four to five months after surgery.

Scheduling

Aspen Orthopedics works with several insurance companies and doesn't require a physician referral. Some insurers require referrals, or may have additional requirements for certain medical care. Call 262-395-4141 or go online at www.aspenors.com to schedule an appointment.

