Rotator Cuff Tears

Description:

A rotator cuff tear is a common cause of shoulder pain and disability among adults. Normally there are 4 rotator cuff tendons that form a covering over the top of the shoulder. These tendons allow the shoulder to move and rotate. Most tears occur in the

supraspinatus tendon, but other parts of the rotator cuff may be involved. Overuse is the most common



Rotator Cuft

cause of tears, however a fall or sudden injury can also cause a tear.

Symptoms:

Pain often develops slowly over a period of time and may be worse at night time or with overhead activities. An injury may cause acute pain. Pain may radiate down the arm towards the elbow and up towards the neck.

Diagnosis:

Your doctor will perform a comprehensive physical examination. Additional tests may be performed to rule our other possible injuries. These tests may include x-rays, bone scanning, ultrasound, and magnetic resonance imaging (MRI).

Treatment:

Your doctor may recommend a brief period of anti-inflammatory medication and activity modification. A course of rehabilitation may also be helpful. Injection of a corticosteroid with a local anesthetic may alleviate the symptoms. Anti-inflammatory medication should be used cautiously as these medications may have harmful side-effects.

NATURAL HISTORY OF ROTATOR CUFF TEAR

Forty percent of patient treated without surgery develop enlargement of the rotator cuff tear over a 5-year period of time. However, 20% of those will have no symptoms. Therefore, less than half of patients with tears with have enlargement but 80% of patients whose tears enlarge will develop symptoms. Small partial thickness tears may heal without surgery.

OUTCOMES OF ROTATOR CUFF TEAR REPAIR

Satisfaction rates are over 80-95% with improved range of motion and strength. Approximately 6-30% will have a re-tear of the repair, however many of these remain asymptomatic. Outcomes are improved with earlier repair, smaller tears, patient age, and patient compliance after surgery.



Arthroscopic Repair

Surgery is recommended when non-surgical treatments have been tried. This technique uses multiple small incisions (portals) and arthroscopic technology to visualize and repair the rotator cuff. All-arthroscopic repair is usually an outpatient procedure. Suture anchors are placed into the bone and used to re-attach the tendons to the bone. The results are comparable if not better than to those for mini-open repair and open repair. Rehabilitation after surgery is important.





