

Orthopaedic Connection

Rotator Cuff: Treatment

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Transforming patient information into patient understanding.

Not Always Torn

It is important to understand that there are several things that can affect the rotator cuff besides a “tear”. As I mentioned originally, the rotator cuff is a complicated structure that is key to operating the most movable joint in the body, the shoulder.

What Else?

Well, besides a full tear of the rotator cuff you can have:

- Tendinitis (inflammation of the cuff)
- Bursitis (inflammation of the bursa sac sitting on the cuff)
- Adhesions limiting motion
- Partial tears of the rotator cuff
- Calcium deposits in the rotator cuff
- Bone spurs on the acromion process just above the rotator cuff

Non Surgical Treatment

There are many ways to treat disorders of the rotator cuff short of surgery. The various forms of treatment depend on what is wrong with the rotator cuff. When a patient comes back to my office after having had an MRI of their shoulder, they are all hoping for no surgery. This is only natural. Patients like choices so I often talk about treatment like a menu. Everyone understands this and 99% of the time the patient appreciates hearing about what is on the menu.

Often the foundation of conservative treatment of shoulder trouble is some form of exercise therapy. It may consist of something I can teach the patient to do at home. And other times the treatment may require the person to see a Physical Therapist.

Physical Therapy

The therapist has at his or her disposal many techniques or modalities to apply to the shoulder. These things are in addition to exercise therapy. I won't go into great detail about them, but just remember that PT is lots more than “exercise” alone.

The specific exercises that can help heal your shoulder will improve range of motion and flexibility. Exercise also can provide balanced strengthening of shoulder, upper back and chest muscles.

Other Measures

I recommend anti-inflammatory medication such as Ibuprofen (Motrin, Advil) because it relieves inflammation and pain at the same time. Tylenol or “pain pills” don't do this.

Injection of an anti-inflammatory medication such as a cortisone preparation or Toradol can be very helpful as an adjunct, but not the sole treatment.

Surgery

In most cases surgery is last on the menu. Frequently patients even with a full tear of the rotator cuff can be treated conservatively. This depends on a lot of variables, of course.

If it comes down to surgery there are certain conditions that can be managed arthroscopically. In other cases larger tears of the rotator cuff are best treated with open surgery. That decision is something that is up to the judgment of the surgeon. Both surgeries are done with a general anesthetic.

Rehabilitation After Surgery

Either method can in some cases require four to six months to recover. It can be shorter certainly in some situations. Much of the rehabilitation program can be done at home and the patient does not have to attend physical therapy. That decision is made a few weeks after surgery.

There is definitely a lot of help out there for the painful shoulder. I hope these last 3 weeks have made you more aware of what goes wrong with the rotator cuff and how I can diagnose and treat it.

Your mini course on rotator cuff is now over!

Gratiot County Herald Archive and Office Website

I hope what you have read has raised questions. No problem!

Please log onto www.orthopodsurgeon.com. It has a huge amount of musculoskeletal information in the Website and the Archive of all previous GCH articles.

Check it out and be amazed what you can learn.

Good health. Good life. All the best to you. Be well.

Dr. Haverbush