

Orthopaedic Connection

More About The Rotator Cuff

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Transforming patient information into patient understanding.

Last time I tried to make you aware of what the Rotator Cuff actually is and why it becomes damaged and torn. I went over the main causes of damage and tearing and told you what the symptoms are.

Now I can cover diagnosis and treatment of rotator cuff injuries. I feel strongly about this which I think you will recognize.

Someone who knows a lot about the rotator cuff should be the one who is evaluating it for you.

I would be happy to do that for you, but if that can't happen then be sure whoever is evaluating you knows what they are talking about.

Unfortunately, way too often the person who may have a rotator cuff tear is given a minimal exam and then is sent off for an MRI study. Gasp! **THAT IS NOT THE WAY TO DO IT.**

You need a good history to be taken about your shoulder problem, a thorough examination of the shoulder and **PLAIN X-RAYS**. Those 3 things should always be done in that order. **FIRST!**

It drives me crazy that most of the time if your shoulder hurts, the doctor or PA / NP uses MRI as a screening tool. That is wrong. Period.

If I truly feel there is a good possibility the person may have a torn rotator cuff I might order an MRI after history, exam and plain x-rays are done.

In certain cases I might want a shoulder arthrogram or a diagnostic ultrasound to be done instead of MRI. MRI is not the only way to diagnose a rotator cuff tear.

Treatment

IT IS NOT ALWAYS SURGERY OR SHOULDN'T BE.

Rotator cuff tears come in all shapes and sizes.

Often I think the pain and symptoms may not be on the basis of a torn rotator cuff. Inflammation in the shoulder can give the same symptoms as a torn rotator cuff. Bursitis and tendinitis can be confused with a torn rotator cuff if you don't know how to properly diagnose shoulder problems.

Besides a person could have a small partial tear of the rotator cuff that may never need surgery.

Conservative Treatment

- Temporary activity modification, i.e. give it a rest
- Ibuprofen or similar as an anti-inflammatory medication
- Heat and Ice applied for 10 – 15 minutes each
- Possibly a steroid injection given with the aid of Ultrasound
- A prescription for Physical Therapy might be given to attend a PT facility
- A good home exercise program is important that is taught by the Physical Therapist

Surgery

I have saved this for last because that's the way my patients want it and most of them appreciate this.

I am fully capable of doing the surgery if a person needs it. But everyone who has inflammation and/or a partial tear of the rotator cuff doesn't need surgery. Do you want to be the one who had surgery, but were never given the chance to see if something else would work?! I didn't think so.

The hallmark of a competent surgeon is to know when to do surgery and when not to do it. You don't always need to cut to cure!

Tune in next week to learn about surgery.

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