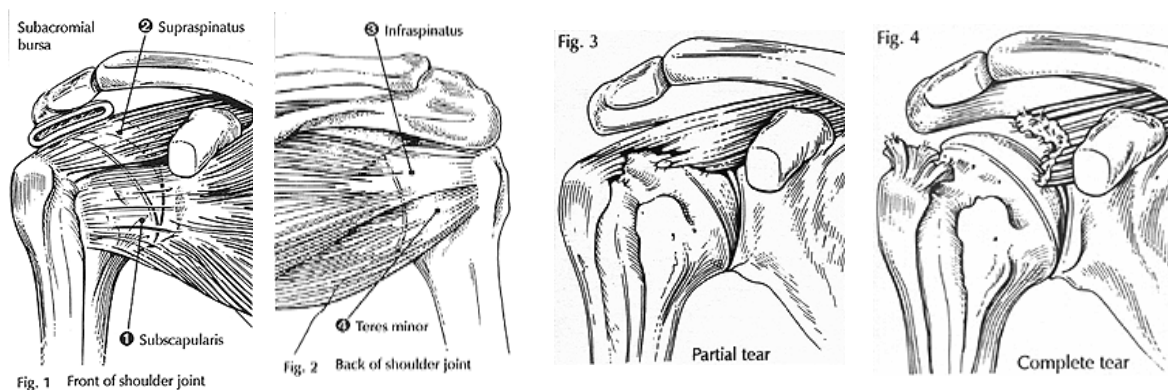


Rotator Cuff Tears

There are many types of tears including partial, full thickness, acute, chronic, traumatic or degenerative.

A common injury to the shoulder is a rotator cuff tear. The rotator cuff comprises of four muscles, the supraspinatus, infraspinatus, subscapularis and teres minor. The main role of the rotator cuff group is to stabilise and hold the ball of the humerus in the shoulder socket.

Generally speaking cuff failure commonly occurs near the attachment on the humeral head and involves the supraspinatus tendon. A partial tear involves only a percentage of the tendon being torn, whether it be superficial, in the midsubstance or deep down. A full thickness tear is when the defect extends all the way through from the top (bursal surface) to the bottom (articular surface).



Acute tears occur suddenly, usually as a result of a definite injury. Chronic tears are more long standing (three months or more) and they may have no specific injury but develop over time due to wear and tear. According to research partial thickness tears appear to be about twice as common as full thickness tears.

Treatment

In most partial thickness tears, pain can be controlled without an operation. The main aim is to retrain the stabilising muscles of the shoulder blade to give your rotator cuff a stable base to work from. The intact rotator cuff muscles can then be retrained to compensate for those that are damaged. This helps centre the humeral head in the shoulder socket, reducing pain and restoring shoulder movement.

The strengthening usually begins with static exercises and progresses to rotational movements using the theraband/light weights. These are progressed to keep challenging the shoulder muscles to improve endurance and control. It may take up to three months to completely rehabilitate your shoulder, so it is important not to abandon the strength program if the shoulder is not better after a few days.

Once symptoms have resolved it may be beneficial to maintain regular shoulder exercises to keep the muscles healthy. However, if after several months, there is still no improvement, then imaging should be performed and referral to a shoulder specialist.