

ROTATOR CUFF INJURIES

Your shoulder is made up of several joints combined with tendons and muscles that allow a great range of motion in your arm. Your arm is kept in your shoulder socket by 4 muscles, known as the rotator cuff. These muscles and tendons form a covering around the head of your upper arm bone stabilizing the arm in the socket. There is a lubricating sac called a bursa between the rotator cuff tendons and the bone at the tip of your shoulder called your acromion. The bursa allows the rotator cuff tendons to glide freely when you move your arm.

The rotator cuff and the bursa are common sources of pain in the shoulder. Pain can be the result of:

- **Tendinopathy:** The rotator cuff tendons can become irritated and become degenerative over time.
- **Bursitis:** The bursa can become inflamed and swollen causing pain.
- **Impingement:** When you raise your arm to shoulder height, the space between the acromion and rotator cuff tendon narrows. The acromion can rub against (or "impinge" on) the tendon and the bursa, causing irritation and pain.
- **Tears:** Partial or complete tears of one or multiple rotator cuff tendons can cause pain, decreased motion, and weakness.

Cause

Rotator cuff pain is common in both young athletes and middle-aged people. Young athletes who use their arms overhead for swimming, baseball, tennis, and volleyball are particularly vulnerable. In older patients, occupations that require repetitive lifting or overhead activities, such as construction or painting, are also susceptible to rotator cuff or bursa irritation. Pain may also develop as the result of a traumatic injury. Sometimes the rotator cuff may degenerate over time without any obvious inciting cause.

Treatment

The goal of treatment is to reduce pain and restore function. In planning your treatment, your doctor will consider your age, activity level, and general health. Usually, treatment for rotator cuff injuries starts with conservative management. Surgical intervention is dependent on the size and nature of the tear or if pain and dysfunction worsen or persist with conservative management.

Nonsurgical Treatment

In most cases, initial treatment is nonsurgical. Most patients experience a gradual improvement in pain and return to function over weeks to several months. Your doctor may also suggest:

- rest and activity modification, such as avoiding overhead activities.
- non-steroidal anti-inflammatory medicines to reduce pain and swelling.
- physical therapy or focused home exercises to help stabilize and strengthen the rotator cuff
- a cortisone injection into the bursa, beneath the acromion

Surgical Treatment

When nonsurgical treatment does not relieve pain, your doctor may recommend surgery for the rotator cuff or chronic bursitis. These surgeries are typically performed arthroscopically (through a camera) and are outpatient procedures. If the rotator cuff is torn, the goal of surgery is to use sutures to sew the tendon(s) back together and then anchor the repaired tendon to the upper arm bone. Your physician may also suggest an acromioplasty to create more space for the repaired tendons.

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