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Rotator Cuff/Shoulder Tendonitis

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Rotator cuff tendonitis is a common condition affecting many patients who have an active lifestyle. Most commonly it is caused by either overuse of the shoulder or overloading of the shoulder muscles. An overuse injury commonly occurs in overhead sports such as swimming or throwing sports (baseball, football, tennis). Also, any line of work or hobby that requires the worker to do repetitive overhead work or lifting with the hands out away from the body, such as construction or manufacturing, predispose patients to overuse injuries of the shoulder. In contrast, overload injuries to the shoulder occur as a single event when a rapid forceful jerk or pull quickly moves the shoulder and the resisting muscles. This may occur with something as simple as a dog bolting while on a leash or catching oneself to break a fall.

What are the symptoms of rotator cuff tendonitis?

The most common symptoms include pain around the shoulder itself and often radiating pain along the course of the deltoid to the mid-arm, especially while trying to lift objects. Some patients will feel pain radiate to the elbow. However, if pain goes past the elbow or into the fingers, there may be another condition causing the pain. Many patients unfortunately feel the most severe symptoms associated with rotator cuff tendonitis when they lie down or try to sleep. The pain will often wake patients out of sleep or make it difficult to sleep on the affected side. Reaching out away from the body, overhead, or around the back frequently exacerbates the pain.

What are the rotator cuff muscles?

The rotator cuff is a group of four muscles that work together to position and stabilize the shoulder so that the arm can perform its many functions.

What treatments are there for rotator cuff tendonitis?

There are four main treatments for shoulder tendonitis: rest, therapy, injections, and surgery. First, resting the shoulder from the aggravating activities will often help lessen the pain and speed the recovery. Ice and anti-inflammatory medications can also help the shoulder recover. Second, formal physical therapy can help to strengthen the injured muscles and tendons. Therapy can also teach the muscles to work in a more coordinated fashion so that they can position the shoulder and stabilize the shoulder with less effort during the normal daily activities, thus becoming less sore while doing the same amount of work. Moreover, therapy can improve the mechanics of how the shoulder accomplishes certain 'at-risk' tasks to prevent further injuries. Third, a corticosteroid, or cortisone injection, can be performed in the subacromial space. This is a space above the rotator cuff tendons and below the bones felt on top of the shoulder. The injection bathes the irritated tendon in a very powerful anti-inflammatory to help alleviate the irritation and pain. This is commonly done if the symptoms of rotator cuff tendonitis are impeding the patient's ability to do therapy or to perform tasks at work or home or simply getting a good nights rest.

The vast majority of patients can get over the symptoms of rotator cuff tendonitis following these steps. It can take just a few weeks for some or for others upwards of three to six months. For those patients that do not get adequate relief, an MRI is often ordered to ensure that there is no tear of the rotator cuff tendons. If no tear is found on MRI but the pain continues, arthroscopic surgery can be performed to make more space for the rotator cuff tendons and clear out the painful irritated bursal tissue. After surgery patients use a sling for a few weeks, attend therapy sessions to maintain motion and build strength, and return to full activity as they progress in their recovery.

Shoulder pain can be very disruptive in a person's life but with careful assessment, diagnosis and treatment patients can recover their function, return to full activity, and regain their quality of life.



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