

Management of Rotator Cuff Tear

Introduction

Rotator cuff muscles consist of 4 muscles (supraspinatous, infraspinatous, teres minor and subscapularis) immediately wrap around the glenohumeral joint (shoulder joint). The major function of the 4 muscles is coordination of the motion of glenohumeral joint (e.g. abduction, adduction, forward flexion, extension and rotation) with other shoulder muscles. It also provides stability for the glenohumeral joint.

Symptoms

Most of the patients who suffer from rotator cuff tear are over their 40s. It may also occur in young patients who sustain acute shoulder trauma. Patients usually complain of pain and weakness on elevation or abduction of shoulder. The symptoms usually start with insidious pain which was aggravated with overhead activity, followed by progressive weakness in shoulder motion. Finally patient may have pain even when rest.

Diagnosis

The attending physician will ask a detail history for the nature, onset, aggravating and relieving factor of shoulder pain. He will also ask about the severity of pain and how it affects the daily activity of patient. He will also examine for any tender sport around the shoulder joint, the passive and active range of motion of the shoulder joint in order to determine the severity of cuff tear. Further imaging such as XR, ultrasound, magnetic resonance imaging would help in diagnosis.

Treatment

Depending on the patient's age, demand, severity of symptoms, the severity and size of rotator cuff tear, the attending physician would determine if the tear should be managed conservatively or operatively.

Conservative treatment including activity modification, pain killer, physiotherapy and subacromial steroid injection may help in pain relief and restoration of shoulder function.

Operative treatment of rotator cuff tear is indicated when conservative treatment fails or patient had severe shoulder weakness. During the surgery, the orthopaedic surgeon will remove the anterior-inferior part of the acromion because it is the prominent acromion that is contributed to the repeated impingement of rotator cuff causing the tear. For the tear itself, depending of the size, shape and location of tear, minor tear can be debrided and severe tear can be repaired with suture and reattached to the original footprint over the proximal humerus by suture anchor. For severe tear associated with shoulder joint arthritis, shoulder joint replacement is one of the treatment options. For rotator cuff surgery, it could be performed by either open technique or arthroscopic technique. You are advised to seek help from the Orthopaedics surgeon for the choice of treatment. The rehabilitation period after rotator cuff surgery last from 6 – 9 months. Your shoulder would be immobilized initially for several weeks to allow healing of the repaired tendon. A well supervised rehabilitation program is very important for regaining of motion and strength of the shoulder joint after rotator cuff surgery.