MELBOURNE SHOULDER & ELBOW CENTRE

Rotator Cuff Tears

The rotator cuff is the collective name for the four tendons that insert around the margin of the humeral head and keep it centred on the glenoid during movement of the arm and shoulder.

Pathology

Partial-thickness tear = the tendon is thinned, but still looks intact.
Full-thickness tear = the tendon is visibly no longer intact.
Rotator cuff tears are due to a combination of factors that are present to varying degrees in the same patient:

- Tendon degeneration (tendinopathy) from accumulated micro-trauma over time.
- Tendon abrasion by bone spurs from the AC joint or the acromion.
- Traumatic injury rupturing the tendon off the bone.

Presentation

Rotator cuff tear symptoms are a result of disordered mechanics in the shoulder. Symptoms include:

- Pain felt in the lateral shoulder or arm. This is usually worse at night or with overhead movement.
- Weakness of the arm, particularly when using it at shoulder height or above. In severe cases the patient may not be able to elevate their arm on the injured side without assistance.
- In younger patients there is often a history of an injury. Atraumatic tears are more common with increasing age.

Not all rotator cuff tears cause symptoms. The size of the tear and the activity level of the patient are the main factors that determine how troublesome a rotator cuff tear is. Symptoms that are present may also be due to other parts of the shoulder (e.g. the AC joint), rather than the cuff tear.

Imaging

Plain x-ray (AP and axillary lateral views)

- This will show any other causes for pain such as arthritis or subacromial bone spurs.

Ultrasound

- This will show most rotator cuff tears. It is less reliable if the patient has difficulty moving their arm.

MRI scans are generally not required as a first line investigation.

Treatment

Physiotherapy

- The aim is to correct the disordered mechanics of the shoulder by recruiting and strengthening the small muscles that control the scapula.

Subacromial steroid injection

- This provides temporary pain relief to allow the patient to do their exercises without aggravating the shoulder.

Surgery

If your patient has a symptomatic tear despite appropriate non-operative management, they may benefit from surgery to repair the rotator cuff. If the tendon is no longer repairable or the patient has developed arthritis, then other procedures, such as reverse total shoulder replacement, may be necessary.

When to Refer to a Surgeon

- Full-thickness tear of any size in a patient under 50 years.
- Any tear 1cm or larger in a working age person.
- Traumatic tears where the patient is, or was, unable to elevate the injured limb.
- Any tear where the patient still has symptoms, despite appropriate physiotherapy and a subacromial steroid injection.

Mr Harry Clitherow
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Orthopaedic Surgeon
Upper Limb Specialist

Mr Clitherow specialises in

- Shoulder problems
- Elbow conditions
- Wrist problems
- Hand problems
- Upper Limb Nerve problems

TAC and Workcover referrals accepted
Urgent appointments available

Consulting at

- Melbourne Shoulder and Elbow Centre Brighton
- St John of God Hospital Berwick

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