

Rotator Cuff Injury



A L C H E M Y
I N M O T I O N

Risk Factors

Ageing – at 60+ years of age people are 5x more likely than < 60 yrs

Lack of regular physical activity

History of smoking

Diabetes, hypertension & heart disease

Rapid increase in overhead activity

Playing overhead or serving sports

History of trauma to the shoulder

Single side dominance – 2.3 times more likely to injure than non-dominant side

Management Options

Conservative Physiotherapy

Physio involves manual therapy and progressive strengthening exercises

Subacromial Injection

Evidence is unclear. Suggested that injections are good for pain relief but >3 injections can adversely affect rotator cuff tendons

Surgical Management

Rotator Cuff repair or subacromial decompression

Increased success rates (re-tear rates 20-39%)

- Carried out early (within 3 months of injury)
- Full thickness tears < 1cm
- < 3 months of symptoms, limitations & weakness

With larger tears > 2cm – re-tear rates 41-95%

Imaging

Xray – gives no information on rotator cuff muscle or tendon injury

MRI – high level of accuracy in diagnosing specific injury

References: See Website

Who to see

KATE KENNEDY – Physiotherapist

REBECCA WOOD – Physiotherapist

LAUREN CAMERON – Physiotherapist