



Treatment

There are surgical and non-surgical options

1. Injections
2. Activity modification
3. Physiotherapy

Surgery is indicated for a tear that does not respond to non-operative management and is associated with weakness and limited motion. There is no evidence of better results in early versus late repairs, so many surgeons consider a trial of non-operative management to be appropriate. Tears that are associated with profound weakness, are caused by acute trauma, and/or are very large may be considered for early operative repair. Treatment is designed to repair the tendon back to the humeral head from where it is torn. The surgeon will usually perform an acromioplasty (removal of bone spurs from the undersurface of the acromion) as well as the repair.



Results

After rotator cuff repair, 80 to 95 percent of patients achieve a satisfactory result: adequate pain relief, restoration / improvement of function, and improvement in motion. Certain factors *decrease* the likelihood of a good result:

1. Poor tissue quality
2. Large tears
3. Poor attendance at physiotherapy & compliance with activity restrictions
4. Patients older than 65 years
5. Worker's Compensation cases

Possible complications

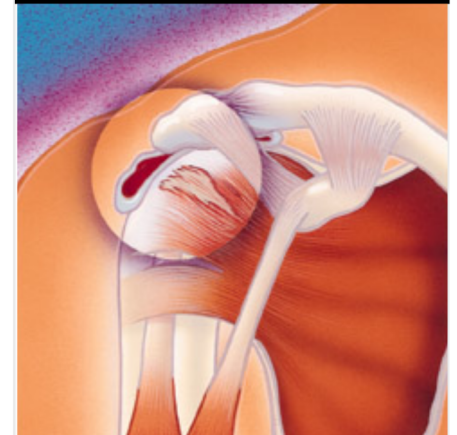
1. Nerve injury
2. Infection
3. Stiffness

Every effort is made to ensure your surgery is safe & effective.



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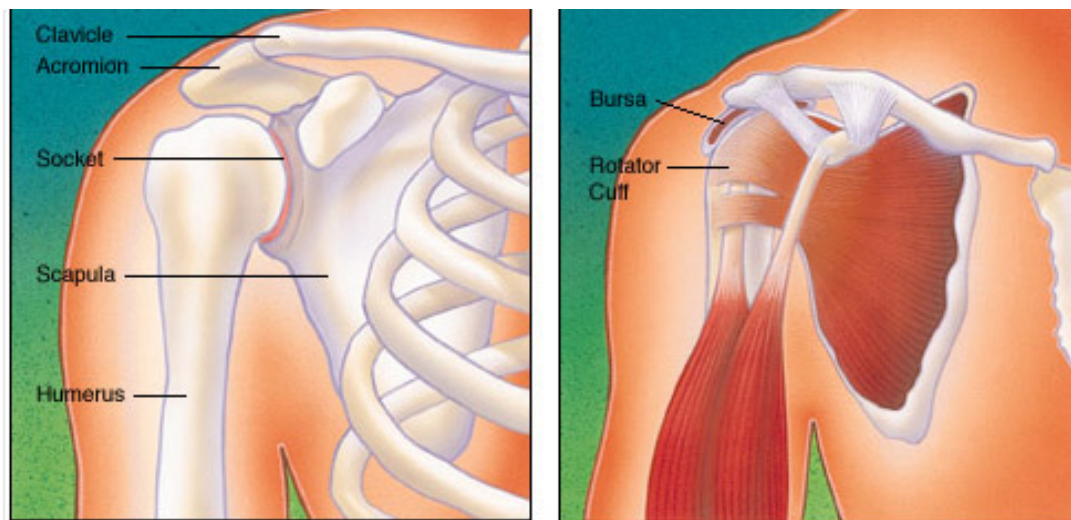
Your surgery



Rotator Cuff Tears



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Rotator Cuff Tears

Rotator cuff tears are a common source of shoulder pain. The incidence of rotator cuff damage increases with age and is most frequently due to degeneration of the tendon, rather than injury from sports or trauma. While the information that follows can be used as a guide for all types of rotator cuff tears, it is intended specifically for complete degenerative tears of the rotator cuff. The decision on how to treat rotator cuff tears is based on the patient's severity of symptoms, or loss of function. The rotator cuff is a group of four muscles that surround the humeral head (ball of joint). The muscles function to elevate the arm and give stability to the shoulder joint. The supraspinatus muscle is most frequently involved in degenerative tears of the rotator cuff. There is a bursa (sac) between the rotator cuff and acromion bone that allows the muscles to glide freely

when moving. When rotator cuff tendons are injured or damaged, this bursa often becomes inflamed and painful. One cause of rotator cuff tears is damage due to bony spurs underneath the acromion. The spurs rub on the tendon when the arm is elevated; this is often referred to as impingement syndrome. Bone spurs are a result of the aging process. The rubbing of the tendon on the bone spur can lead to weakening and fraying of the tendon. Pain, loss of motion and weakness may occur when one of the rotator cuff tendons tears. Rotator cuff tears increase in frequency with age, and can be present in the opposite shoulder even if there is no pain. The true incidence of rotator cuff tears in the general population is hard to determine because 5 to 40 percent of people *without* shoulder pain may have a torn rotator cuff.

Q&A

Will my tear get worse without surgery?

In one study, 40 percent of patients with a rotator cuff tear showed enlargement of the tear over a five-year period; however, 20 percent of those patients had no symptoms. Therefore, less than half of patients with a rotator cuff tear will have tear enlargement, but 80 percent of patients whose tear enlarges will develop symptoms.

Will I have to do physiotherapy after my surgery?

The risk of re-tearing your repair is less if you are supervised by a physiotherapist. For the first 6 weeks, the repair needs to be protected so patients use a sling, and are instructed to limit use of the arm. Pendulum exercises are begun with a therapist. Progressive strengthening and range of motion exercises continue during the next 6 to 12 weeks. Most patients have a functional range of motion and adequate strength by 4 to 6 months after surgery.