

Rotator Cuff Syndrome – Part I Tendonitis

By Joan Ward, P.T.

Whether you call it your “rotor cup” or your “rotor cuff”, it’s still the most common cause of shoulder in America today. The medical term, rotator cuff, describes a group of important muscles surrounding the shoulder. When strong, these muscles add stability to a naturally flexible joint. The degree of disease in the rotator cuff can vary from just irritation (tendonitis), to partial thickness tears, to the extreme situation where the cuff is torn completely through.

Tendonitis is the early stage of irritation in the cuff tendons. When irritation has gone on for an extended period of time, it is called a tendonopathy. In either case, the irritation causes pain and sometimes a limitation in how far you can move your arm. You may feel pain when reaching upwards, behind your back, behind your neck, sleeping or driving.

Irritation of the rotator cuff may result from injury or may happen from abuse over time. The typical patient in my practice with rotator cuff pain from wear-and-tear will be over the age of forty and have on the outside part of the upper arm.

The source of the problem can be different from person to person, but years of abuse to the shoulder can contribute in various ways. The tendons and muscles are thought to degenerate over time and frequent irritation can cause bone spurs to form under the flat bone above the ball and socket joint (acromian). The natural shape of your acromian can also make you more prone to irritation because it could be shaped more like a hook than flat. This presses on the bursa and tendons and lead to “impingement syndrome” easier than someone with a nice, flat acromian.

To see if increasing the space under your acromian lessens your pain, try standing in poor posture and reach straight up. Notice when pain starts to increase. Now, stand up straight and reach up. Miraculous! No, you just created more space for the tendons and bursa and this means more motion before the pain starts.

Do's and Don'ts:

1. **Do** lie down on your back with a rolled up towel placed length-wise under your spine. The top of the towel should be between your shoulder blades. Stay there five minutes and during that time, occasionally press your shoulders and elbows down into the floor for ten seconds.
2. **Do** strengthen your upper back muscles all day long. Once each hour, squeeze your shoulder blades together for ten seconds. This will improve your posture considerably over time and may also reduce tension headaches.
3. **Don't** push through pain. Only use your arm in ways that do not cause more pain.
4. **Don't** apply heat when you feel more pain, apply **ice** as soon as possible. Ice the shoulder joint until it is numb, but be careful if you have diabetes or poor circulation.

If you can't fix yourself, physical therapy is typically the first and best step to treat tendonitis or bursitis. A good therapy program will likely require you to be seen two or three times per week for 1 to 3 weeks. If there is not a significant tear in the rotator cuff, a good therapy program should give you at least some pain relief the first visit and considerable relief usually happens in the first week of treatment.

If shoulder pain does not improve with a good therapy program, your therapist may recommend you see a doctor that specializes in the treatment of shoulders. They may suggest a cortisone shot (which is not without risks, so talk to your doctor first), or perform tests to see if there is a large tear in the cuff. More to come on rotator cuff tears in part II.