

Rotator Cuff Syndrome – Part II Tears

By Joan Ward, P.T.

“My rotor cup is torn, I need to see a surgeon, I don’t understand why I am here!” A disgruntled 42 year old patient of mine says as she fills out her registration paperwork. “I just want it fixed!” She barks. As funny as it seems, we jump at the chance of having surgery when indeed it may not be necessary at all.

Part I of the rotator cuff series covered tendonitis or bursitis of the cuff. Now, things get a little more complicated. The rotator cuff is a group of very important muscles that stabilize the shoulder when they are strong. Partial tears of the tendons can happen for various reasons. They can be torn as a result of an injury or because of wear and tear. This becomes more common above the age of 40, and by age 80, tears are extremely common. Ironically, this does not necessarily mean you have pain. Just like disc bulges are in everyone’s body, so are torn rotator cuffs that don’t hurt.

Aside from an injury, the most common reason for tears is thought to be due to a narrowing of the space between where the cuff tendons lie. This space often narrows with age because bone spurs begin to form after years of irritating the shoulder. This space can also narrow if your rotator cuff becomes too weak, due to bad posture, or from a hooked acromion discussed in Part I.

Full thickness tears can occur for the same reasons, but are more severe. You may not be able to reach very high and your shoulder will likely shrug up towards your ears when you try to lift your arm. Constant shoulder pain at night and at rest are hallmark signs of a rotator cuff tear.

Regardless of the size of the tear, treatment usually begins with a rehabilitation program, typically supervised by a physical therapist. The exercises should remain pain-free, but the therapist will watch your shoulder’s response to the exercises

Smart tips

- Before trying a cortisone shot or committing to surgery, be sure to discuss the risks and benefits with your doctor.
- There should be a lot of research and discussion before choosing the right surgeon. Some surgeons have mastered the ability to do the repair with a scope, while others perform a mini-open, or fully cut open the shoulder. Ask a lot of questions!
- Talk to two different surgeons before committing to surgery. You may find very different opinions and it may help you to make a better decision and have a better shoulder in the end.

closely. If your shoulder strength or pain does not improve considerably, they may recommend you see a surgeon to determine if you need to have the tear repaired.

Delaying treatment is not a good idea. If there is a full-thickness tear, being examined early is essential. If you wait too long, certain types of tears can “retract” or pull away from the bone. A retracted tendon makes the surgery very difficult or, at times, impossible.

Whether you have shoulder pain without flexibility loss or with a marked loss of motion, seeking a health care professional that specializes in the examination and treatment of shoulder conditions is a good idea. There are many excellent treatments for shoulder pain that do not involve needles or surgery. In many cases, a good physical therapy program with someone who works with shoulder conditions daily will restore your shoulder back to normal, but not always.