

What You Need to Know About Rotator Cuff Tears



VANDERBILT  UNIVERSITY
MEDICAL CENTER

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What is a Rotator Cuff Tear?

The shoulder is a very complex joint; it is also the most mobile joint in the body. The mobility in the shoulder occurs because the joint is not held together by the bones, rather the muscles, tendons and ligaments hold the shoulder joint together. While this allows the mobility we need, it also puts the shoulder at risk of injury.

The shoulder joint is somewhat like a “golf ball” (Humeral Head) and a “golf tee”(Glenoid of the Scapula). The ball is very large and the tee surface is not very large. The rotator cuff muscles and tendons are responsible for keeping the “golf ball on the tee”.



The following are some things that can cause a Rotator Cuff Tear:

Overuse Tendonitis:

Shoulder motions that are used during activities such as golf, pitching, or lifting and / or carrying heavy items can cause repetitive stress in the rotator cuff that leads to irritation, bruising or fraying. This may lead to pain or weakness.

Impingement Tendonitis:

When the space between the acromion and the rotator cuff is narrowed, the bone pinches the cuff and causes irritation. Weakness, a swollen bursa, or a naturally occurring shape of the acromion can cause this irritation. This may result in pain, weakness or loss of motion.

Calcifying Tendonitis:

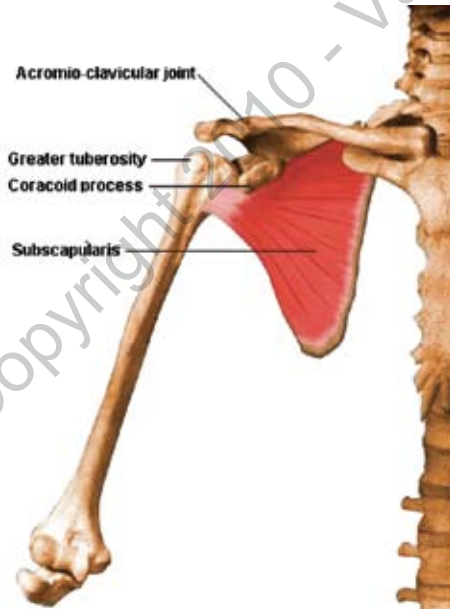
Sometimes prolonged inflammation can lead to buildup of calcium within the rotator cuff. This may result in pain and loss of strength and motion.

Rotator Cuff

Tears:

Severe tendonitis from impingement, degeneration, or a sudden injury like a fall, can cause partial or complete tearing of the rotator cuff. This may result in pain, weakness and/or loss of motion.

Tear in
Supraspinatus
tendon



Signs and Symptoms:

- Pain with overhead activities
- Pain with throwing
- Pain while sleeping
- Pain or difficulty putting on a jacket or coat
- Pain with pouring a glass of milk
- Pain at night
- Weakness in your shoulder

What now?

Your doctor will get your medical history and the story of your problem. This combined with the examination will help the doctor decide what tests to order. Some of the tests are as follows:

- X-rays that show bony structures and will reveal any abnormalities
- An arthrogram is a special x-ray that uses dye that is injected into your shoulder and helps determine if the rotator cuff is torn.
- An MRI, (magnetic resonance imaging) which is a more sophisticated test that reveals all the structures in your shoulder.

Your doctor may feel that you would benefit from anti-inflammatory medication, and/or physical therapy. In therapy your rehab specialist will work on pain control, range of motion and strength. You can use ice to help with the pain that you have when you are at home. You can use a cold pack, ice bag, or a bag of frozen peas for 15-20 minutes at a time.

If surgery is required, you will meet with the surgery scheduler to set up a surgery date and a therapy appointment. You will be seen in therapy one to four days after your surgery depending on the particular surgery that you will have. Your doctor will determine the appointment date.

Post-Operative Care

After your surgery you will be given a written instruction sheet, pictures of your surgery, and a prescription for therapy. These will all be in your Vanderbilt Sports Medicine folder. This information will answer most of the questions you may have during your recovery.

During your first therapy session, you be evaluated by the therapist, instructed in wound care and aided in developing your goals. Your therapist will also devise your rehab plan. The length of time you will wear your sling is dependant on the exact surgery your doctor performed. Your therapist will inform you when you will be able to remove it.



The entire rehabilitation process will take 4-7 months. During the early phase of your rehabilitation you will be closely monitored and limited in the use of your shoulder. As you progress, you will be able to do more of your exercises on your own. If you have any questions concerning your rehabilitation process, they should be directed to your physician, and your therapist and/or athletic trainer.

Post-Operative Instructions

Medication: You will be given 2 prescriptions:

1. One for pain, which is a codeine derivative and should be taken if necessary.
2. One to control inflammation, which should be taken as directed.

Dressing:

- Leave your dressing on unless your first post op doctor or therapy visit is more than 48 hours after your surgery.
- After 48 hours you may remove your dressing.
- LEAVE THE TAPE STRIPS OVER YOUR INCISIONS. These will stay on for 1^{1/2} to 2 weeks and will slowly peel off.

Showering:

- You may shower 48 hours after your surgery and get your incisions wet.
- DO NOT soak in a tub or pool for 7-10 days to avoid excessive scarring & infection. Wash underarm area by leaning forward and letting arm dangle in front of you.

Activity:

- Take it easy
- Wear sling at all times
- Avoid using muscles on operative shoulder for 6 weeks
- Move wrist and elbow several times a day to avoid stiffness

***Complications- Notice:

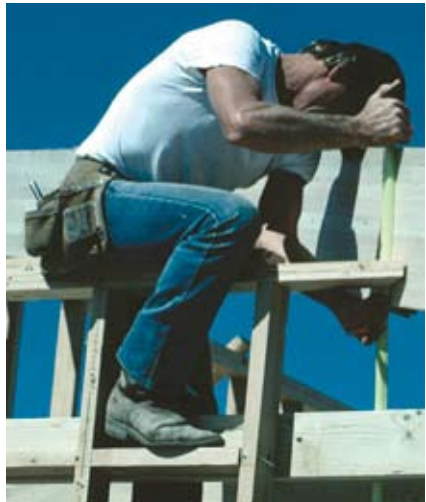
Call us at (615)-322-7878 weekends, day or night if:

- You experience severe pain that is not relieved by your medicine
- You experience a temperature over 101.5°, redness or swelling in your thigh or calf

Return to Sports/Work

The type of activity you want to participate in will help determine when you can return to it after surgery. The other consideration is physiology, which cannot be influenced by anything other than time to heal. The most important thing you can do is to regain your strength. This cannot be accomplished without therapy and weight lifting.

After the biology of healing has been considered, and your strength and stability are fully restored, you should be able to return to the activity of your choice. Your doctor may, however, recommend lifestyle changes for you if you present with joint changes such as arthritis and instability that could not be corrected with surgery.



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For more information on this and other injuries see our website: www.vanderbiltorthopaedics.com

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