

Orthopaedic Connection

Shoulder: What if something is torn?

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At the risk of you thinking the only thing I have to talk about is shoulder - I will go on with our discussion.

I'm planning on doing this for a long time and I will never run out of interesting things about the shoulder and the body in general. I am writing about things that can go wrong with you that I treat in my work.

I told you last time that frozen shoulder can usually be treated without open surgery. In fact, most of the shoulder problems we see are treated conservatively in the beginning.

There are structures in the shoulder that can tear and may require arthroscopic or open surgery to fix. Torn rotator cuff is one of the conditions. Rotator cuff is a collection of four tendons deep in the shoulder, which if completely torn, probably will require surgery to fix. There are partial tears of the cuff, which in many cases can avoid surgery and be treated conservatively. Not in all situations though. That's where I come in obviously, to explain what's going on and decide with each patient what is best for them.

A complete tear of the rotator cuff tendons usually causes enough symptoms that the patient chooses to have it repaired. But not always. What do I mean? Well, some rotator cuff tears that are small (on MRI) and are not giving a lot of symptoms can be watched and treated with exercises until they do cause enough symptoms to require surgery. Some never do.

If the only requirement for surgery is a tear on MRI, that's wrong. Exam findings, patient symptoms, degree of disability etc. all must or should be considered. Knee arthritis? O.K., you need a total knee replacement. Get the idea. There is almost always more than one thing on the menu.

Nevertheless sometimes it comes down to surgery to fix a painful shoulder with a rotator cuff tear.

It has to be up to the orthopaedic surgeon to decide what is the best way to repair it. Sometimes it is arthroscopic and sometimes the tear is too large and complex to repair arthroscopically. I think patients are

always hoping to have one surgery to fix a problem. That is always my goal.

Repairing rotator cuffs can be a nightmare because you have to work with whatever the patient's tissue presents to the surgeon.

Many rotator cuff tendons are shredded, retracted, in short a mess. And the muscles that operate these tendons have badly deteriorated. O.K., doc fix me and when will I be good as new? You can get some idea about what things are like from MRI, but looking at it in surgery is the best information. Some repairs are straightforward and considerable improvement is possible and in others you do what you can and have to see what happens.

I have a 1/3 rule, which I use with patients and families. Getting better - 1/3 surgery, 1/3 nature's healing (which doctor and patient don't control) and 1/3 rehab of the shoulder, which only the patient can do with proper instruction and possibly physical therapy. It can take many months in some cases to reach whatever improvement is possible.

It is always the surgeon's job to make sure the patient and family are properly educated.

I think I should spend some more time on the 1/3 rule at our next "class".

Much more information is available by logging onto our office teaching website www.orthopodsurgeon.com. The website, which can lead you into Your Orthopaedic Connection has tons of great information.

Our goal is simple. To help people return to more pain free functional lives.

Be well.

Dr. Haverbush