Let’s Revisit The Rotator Cuff

By Thomas J. Haverbush, M.D.
Orthopaedic Surgeon

Transforming patient information into patient understanding.

By now all of you have a grasp of what the rotator cuff is and what can happen to it. I said last week that most of my patients have heard the term. Now I am trying to demystify it for you.

Today we’ll be covering treatment mostly.

It’s Confusing

You don’t have to fall on your shoulder to tear your rotator cuff. It can just happen over time.

Sometimes rotator cuff tears can cause severe or continuous pain. In other patients a full tear may cause little or no pain.

Shoulder tenderness and weakness may or may not be present. You may find that lying or sleeping on the affected shoulder is painful.

Rotator cuff inflammation (tendinitis) and partial tears can be more disabling than full tears.

Are you confused by all of this? If not you should be!! Bottom line – you are not supposed to be able to sort it out. I am.

Minor Injuries

There are many minor “injuries” that occur to this relatively famous, but little understood part of our shoulder anatomy.

- Strains, Overuse
- Minor fall
- Mild impingement

These can get better in a few days if you know what to do. Keep reading. Self care includes

- Rest it. Don’t do overhead stuff.
- Ice the shoulder for 15 minutes 3 times per day
- Take Ibuprofen 600 or 800mg tablets. This works better than a bunch of the smaller over the counter doses.
- Apply Theragesic or similar 2 times per day
- Don’t put the arm in a sling!
- Gentle exercise circles are important to prevent stiffening up (adhesions)

When To Seek Care

It is different in different people. Some patients put up with a lot more symptoms than others. So here goes.

- Severe or persistent pain
- It keeps you awake at night
- The shoulder motion seems stiff to you
- Weakness is present. You can’t raise your arm up.
- The shoulder snaps or catches
Diagnosis
If you are told you have “arthritis” without at least a good exam and plain x-rays you should seek further evaluation.
Depending on your particular situation I may need an MRI to figure out what is wrong. If for some reason you can’t have an MRI, there are other ways to get the information I need.
Arthrogram is an older way, but effective means of diagnosis.
Ultrasound evaluation is used also at times to diagnose rotator cuff tears.
Proper, effective treatment can only be given if diagnosis is correct.

Conservative Care vs. Surgery
These are the last two areas to cover. To do justice to treatment I’ll need to spend a whole article about it. I promise to wrap it up when we meet for class in one week. You may be surprised by what I tell you next week.
See you then.

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Dr. Haverbush