Last week I covered an awful lot about Rotator Cuff tears. I talked about how they happen, why and what symptoms you might have. I stopped short of treatment because it is such a large area.

If you missed last week and have no clue what I am talking about, you can catch up! Go to www.orthopodsurgeon.com Library and click on the Archive of articles and bring up the most recent one.

Accurate Diagnosis First

I diagnose rotator cuff tears based on history, physical exam and plain x-rays. Often I also resort to additional imaging studies such as a shoulder arthrogram or MRI.

It should always be done in that order. In the shoulder exam I am checking for several other possible shoulder problems which might not require advanced x-ray studies.

Don’t forget that there is a big overlap between the neck and shoulder so I have to be aware of that possibility.

Non-surgical Menu

In many instances a rotator cuff problem can be treated without surgery depending on how complicated it is.

Options may include:

- Rest and limited overhead activity
- Over the counter Anti-inflammatory medication
- Sometimes prescription medication
- Anti-inflammatory steroid injection
- Physical therapy at a PT place combined with good long term home program


**Surgical Treatment**

I might recommend surgery if:

- Conservative treatment did not cause improvement
- The tear has just occurred and is very painful
- Tear is in the dominant arm of an active person
- If maximum strength is needed for work or sports

The type of surgery depends on the size and location of the tear.

**Partial Tear**

A partial tear of the rotator cuff tendons might require a smoothing or trimming procedure called a debridement.

**Complete Tear**

A complete tear of the rotator cuff is repaired either by suturing the two sides back together or if the tendons are torn away from the bone they must be sutured directly back to the bone.

**The Repair**

**Arthroscopic Surgery**

Some tears of the rotator cuff lend themselves to repair by arthroscopic techniques. It really depends on how complicated the tear is.

**Limited Open Repair**

An incision is required if the tear is determined to be larger or complicated. I am often amazed by how well patients do after they have extremely large complex tears repaired.

**Rehabilitation**

Rehab is the third part of getting better. The first two are the surgery and nature’s healing.

After surgery the arm is always immobilized in a special sling to allow the tear to begin to heal.

I find that well over half to two thirds of my patients can do all of the rehab program at home with my directions.
Some patients require Physical Therapy, which I determine at about the 4 – 6 week period.

**Time Line**

Recovery depends on many variables unique to each patient. Patients who do the best rehab usually get the best results and are happiest with their outcome.

[www.orthopodsurgeon](http://www.orthopodsurgeon) has an Archive of all 124 LCWC Orthopaedic Connection articles that have appeared in Lakeview Area News. I hope you will look at the Archive for anything of interest you may have missed.

The website also has a large amount of important information about Orthopaedic Surgery, musculoskeletal topics and all the things I treat in the office and hospital.

I can evaluate all Orthopaedic problems at the Clinic at Lakeview Community Wellness Center or at the office in Alma, 315 Warwick Dr., Alma, Michigan. Call 989-463-6092 for an appointment at either place.

Future Clinic dates at Lakeview are July 2 and July 16, 2010.

Our goal is simple – To help people return to more pain free functional lives. I specialize in you.

Good health. Good life. All the best to you.

Be well.

Dr. Haverbush