

<b>Cause</b>	Repetitive micro-trauma associated with impingement, or traumatic
<b>Symptoms</b>	Pain, especially overhead activities, often felt in the shoulder and radiating down the arm. Weakness, especially above shoulder level tasks.
<b>Signs</b>	Weakness in motion plane controlled by the torn tendon / muscle. Positive impingement signs (i.e., Neer's and Hawkin's signs).
<b>Natural History</b>	Tears can be partial or full thickness, and symptoms may fluctuate. Generally the tear size progresses with time, although this does not necessarily correlate with symptoms. With increasing tear size, pain and weakness may increase, irreversible muscle atrophy may ensue, and end stage cuff tear arthritis may develop.
<b>Imaging</b>	Plain X-rays (Shoulder series) MRI / Ultra-sound (extent and chronicity)
<b>Non-operative Treatment</b>	Physical Therapy - especially intact muscle and scapulothoracic strengthening, and NSAIDs Cortico-Steroid Injection - if non-surgical candidate
<b>Operative Treatment</b>	Depends upon tear size, location and chronicity: Arthroscopic rotator cuff repair with acromioplasty
<b>MMI (Maximum Medical Improvement)</b>	Non-operative                      8-12 weeks Operative                              12-24 weeks
<b>Work Status Until MMI</b>	No overhead activity, no lifting more than 11lb weights, no pushing / pulling Light duty 1-2 weeks postop
<b>Questions</b>	<a href="mailto:srinath.kamineni@uky.edu">srinath.kamineni@uky.edu</a>
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