

ROTATOR CUFF TEARS

Patient Resource Courtesy of [SportsMedToday.com](https://www.sportsmedtoday.com).

What is it?

Rotator cuff tears refer to partial or full tears of one or a number of the 4 muscles that help move the shoulder and keep the end of the long bone of the arm within the shallow socket of the shoulder (the “rotator cuff”). The most commonly torn muscle of the rotator cuff is the muscle that helps lift the arm away from the body (the “supraspinatus”). Rotator cuff injuries may happen with repetitive overhead use of the arm, but can also occur after suffering trauma, such as after falling on an outstretched hand.

Causes

Rotator cuff tears are often a result of chronic impingement of the rotator cuff muscles, which may lead to inflammation and tearing. These injuries can also be a result of a sudden tearing of the tendon near its attachment to the bone.

Risk Factors

- Repetitive overhead use of the arm, especially in individuals over 40 years of age
- Athletes that participate in sports that have a high risk for falling
- Previous injury to the shoulder
-

Symptoms

- Patients with chronic injury of the rotator cuff will often have pain that develops over time
- Pain at rest or at night
- Location of the pain is often variable but may also radiate to the elbow
- Pain is generally worse with reaching motions, especially overhead



Diagnosis

A careful history and physical exam will be performed. The latter will often include special tests to determine the strength of the rotator cuff muscles. These tests may help lead the sports medicine physician to the correct diagnosis. Additional imaging such as MRI or ultrasound may also help with making the diagnosis.

Treatment

- Medications (anti-inflammatory and acetaminophen) are the mainstay of initial treatment to help manage pain symptoms
- Rest, with or without a sling, may also provide relief in a newly-injured shoulder
- Exercises to increase strength and improve range of motion are recommended
- Surgery may be recommended, especially for complete tears in young or active patients.

Injury Prevention

- Repetitive overhead activities should be avoided where possible
- For athletes involved in throwing or other repetitive overhead activities, proper technique should be observed

Return to Play

After a period of rest and non-painful physical therapy, the athlete may begin a graduated interval throwing program leading to full sports participation. However, if the injury requires surgical intervention, return to full sports activities will generally take 6-12 months.

AMSSM Member Authors: *Dustin W. Lash, DO, Tracy Ray, MD*

References

Kinsella SD, Thomas SJ, Huffman GR, Kelly JD 4th. The thrower's shoulder. *Orthop Clin North Am.* 2014 Jul;45(3):387-401

Edmonds EW, Dengerink DD. Common conditions in the overhead athlete. *Am Fam Physician.* 2014 Apr 1;89(7):537-41

