

FACT SHEET

Rotator Cuff Tear

What Else is it Called?

Supraspinatus Tendon Rupture

What Is it?

- Rotator cuff tear occurs when the tendons that form the rotator cuff weaken and tear.
- The rotator cuff is comprised of four muscles and tendons that wrap over the upper arm (humeral head) in the shoulder.
- The tendons that attach the muscles to the humeral head come under stress from repeated activities that require lifting and rotating the arm.
- Any abnormalities of the shoulder joint aggravate the stress, especially looseness (laxity), pinching under the arch formed by the shoulder blade and the collarbone (impingement), and bursitis.
- As the tendons become irritated, they become inflamed and eventually weaken and may tear.
- The tears most often occur in the area with the poorest blood supply, the supraspinatus tendon.
- Tears are described as either partial thickness tears or complete rupture, depending on the amount of tissue damage. Partial tears do not go all the way through the cuff, although there may be a fairly large surface area involved.

- Complete tears demonstrate a hole in the cuff with partial or total loss of function.
- Most often found in people over age 40.
- Can affect young adults who are required to do a lot of overhead work or are involved in athletics such as swimming and throwing sports.
- In the absence of significant injury, most are not work related.

How Is It Diagnosed?

History:

- Increasing pain with activity and pain at night with inability to sleep on the affected shoulder.
- Individuals may complain of weakness early on and later be unable to raise their arm away from their body or to maintain the position if someone else has lifted it for them.
- Most individuals with acute tears will describe a fall or attempt to break a fall by grabbing a rail.
- Cases that are more chronic will describe increasing pain and difficulty with shoulder use.

What to look for:

- Pain with abduction and lack of endurance holding the position.
- Palpation reveals pain over the top of the shoulder into the deltoid.

What is the Expected Return to Work Time?

<p>Medical Treatment and Arthroscopic Treatment: Individuals may not be able to perform heavy or very heavy work.</p>	<p>Surgical Treatment, open.</p>
<p>Job Classification.....RTW Minimum – Maximum Sedentary Work.....7 days – 21 days Light Work.....7 days – 21 days Medium Work.....28 days – 56 days Heavy Work.....56 days – 84 days Very Heavy Work.....56 days – 84 days</p>	<p>Job Classification.....RTW Minimum – Maximum Sedentary Work.....28 days – 84 days (calendar days) Light Work.....28 days – 112 days Medium Work.....42 days – 140 days Heavy Work.....70 days – 140 days Very Heavy Work.....70 days – 140 days</p>

FACT SHEET

Rotator Cuff Tear

Continued from page 1

Tests:

- May be atrophy of the cuff muscles with fairly good range-of-motion (ROM) by substitution of other shoulder muscles.
- There are numerous shoulder physical examination tests; each is specific for different muscle groups and function of the shoulder.

Tests:

- Plain film X-rays are not diagnostic for rotator cuff tears but will show abnormalities in the bone, shoulder structure and calcific tendonitis.
- Arthrogram, MRI, or combined arthrotomogram CT scan are used most often to define a tear.
- Ultrasonography is used in many facilities, although differentiating a partial and full thickness tear may not be as accurate as with the other tests.
- Diagnostic arthroscopy is occasionally done to evaluate the rotator cuff and shoulder mechanics.

How is it Treated?

Treatment recommendations may include:

- Partial tears are treated conservatively (basically as impingement) with rest, ice and anti-inflammatory medications, including injections of a steroid mixture around the tendon.
- Physical therapy modalities are used to increase cuff strength, scapula stabilization, increase ROM and decrease pain and inflammation.
- Partial tears are sometimes debrided arthroscopically. The goal is pain relief, not repair of the tear.

- Complete tears in younger adults are treated with a surgical repair, either arthroscopically or with open surgery (arthrotomy).
- Treatment in older individuals is based on overall health, weakness of the shoulder joint, pain and ability to function.

What is the Predicted Outcome?

Partial thickness tears may require only conservative treatment with resolution of the symptoms when the inflammation is decreased. Complete tears that require surgical repair have a high recovery rate if the tear is small, if there are no complications, and if the individual's general health is good.

What are the Work Restrictions and Accommodations?

- No use or limited use of the affected shoulder may apply.
- The arm and hand could be used at the individual's side for activities that do not require lifting, pushing, or carrying.
- All overhead activities should be avoided.
- Recovery from surgical care is the most restrictive, with no use of the arm and shoulder for two months and with gradual increase in allowed activities
- Use of sling will affect dexterity.

What Are the Common Prescriptions?

- Anti-inflammatories
- Steroid injection

*"A safe and timely return to work benefits the patient and his or her family by enhancing recovery and reducing disability."
Canadian Medical Association*