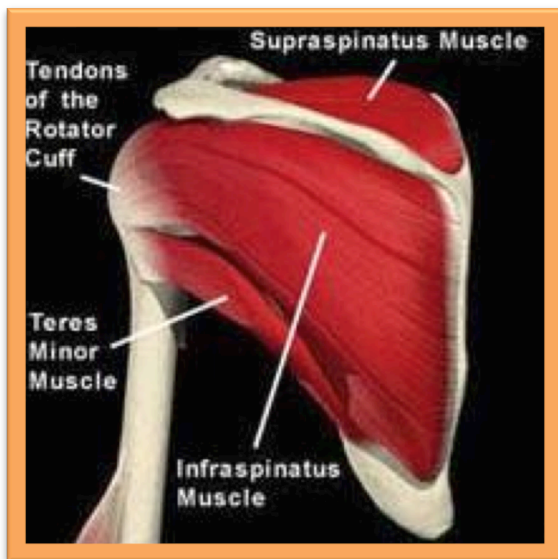




ANATOMY:

The shoulder joint consists of three bones, the humerus, scapula and clavicle. There are four muscles which make up the rotator cuff which are the supraspinatus, infraspinatus, teres minor and subscapularis. These muscles contribute strongly to shoulder elevation from 60degrees and above.



DIAGNOSIS:

Physical examination to help with diagnosis may include:

- Active and passive shoulder movements;
- Observation of the scapula and muscle wasting;
- Ruling out neck pathology;
- Resistance muscle testing;
- Functional testing;

Special tests including impingement signs, empty can test, painful arc testing and others



MECHANISM OF INJURY:

Rotator cuff tears are usually caused by degenerative changes, an acute event or repetitive micro trauma. More traumatic injuries may occur following a fall onto an outstretched hand, following a dislocation or with excessive push/push mechanisms. Age related muscle deterioration or following impingement or shoulder dysfunctions often lead to rotator cuff tears as well.

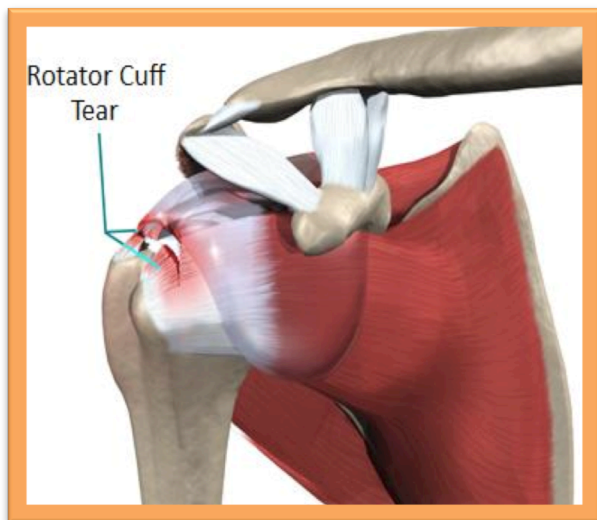


CLINICAL PRESENTATION:

There may be moderate to severe pain at the time of injury. Pain with overhead activities, pain in the evening and the inability to lift the arm are other reported symptoms. Tenderness is often poorly localised over the point of the shoulder and can refer further down the arm. Reported muscle weakness and heaviness are often reported.

FACTS:

Current statistical data indicates that 65% of the population will have a symptomatic or asymptomatic rotator cuff tear by the age of 65. This figure increases by 1% every year. With current life expectancy being just over 80years, this mean 8/10 people will have a rotator cuff injury at some stage.



POST INJURY:

The RICER principle should be followed for the first 72 hours following rotator cuff tear. Passive range of motion should commence early along with isometric muscle strengthening. Your physiotherapist will run a thorough return to function program tailored to your individual goals, whether it is returning to competitive sport or around the house chores.

PHYSIOTHERAPY TREATMENT OPTIONS:

- Dry Needling
- Rotator cuff Strengthening programs
- Proprioception training
- Massage
- Healing foods education
- Postural assessments
- Taping
- Motor control retraining
- Fascia scrapping
- Mobilisation techniques
- Pain management strategies
- Biomechanical analysis
- Education
- Return to sport testing
- Scapula stabilizing programs