Rotator Cuff Disease can be defined as any damage to the rotator cuff, and is one of the most common causes of shoulder pain in people over 40. Rotator Cuff disease begins with inflammation (impingement and/or bursitis), progresses to small partial tearing and can progress to full thickness tear. The incidence of rotator cuff damage increases with age and is most frequently caused by degeneration of the tendon that can take years to progress, rather than injury from sports or trauma.

**What are the symptoms of rotator cuff disease?**

Pain in the shoulder and weakness or inability to lift the arm are the most common symptoms of rotator cuff disease. Night pain is also very common. Excessive or unusual activity, and in some cases even an injury initiates the pain. Reaching overhead or upwards pinches the rotator cuff; therefore, if the rotator cuff is already inflamed, this pinching increases or causes pain. Many other conditions can mimic a rotator cuff problem, including pinched nerves in the neck, frozen shoulder syndrome, cartilage tear or arthritis. It is therefore important to be examined by an experienced physician to establish the diagnosis. Evaluation may include physical examination, x-ray and diagnostic injection, and an MRI may be required.

**Treatment of Rotator Cuff Disease**

Treatment of rotator cuff disease depends on the severity of the injury and the underlying condition of the patient. Even with complete rotator cuff tears, the standard treatment is to start with conservative measures. That being said, rotator cuff tears do not heal well with time. They tend to either enlarge, or at best, stabilize in size. In younger patients this can be a problem if it is not fixed in a timely matter. Chronically enlarging rotator cuff tears can lead to significant pain, loss of motion, weakness and arthritis. Because many rotator cuff tears do not need surgery, the initial treatment is usually with non-operative means such as physical therapy, anti-inflammatory medications, steroid injections and activity modifications. While the size of the tear may not change with conservative treatment, the symptoms often diminish. In some cases (such as traumatic rotator cuff tear in a younger patient) early surgery will be recommended.

**Surgical treatment**

For simple shoulder impingement/tendonitis/bursitis, subacromial decompression is a good option. This is an outpatient arthroscopic procedure performed using instruments inserted through small incisions approximately ½ inch long. Through 2 or 3 tiny incisions, a small portion of the bone (acromion) and its bursa that overlies the rotator cuff are removed. This removal can relieve pressure on the rotator cuff and promote healing and recovery. Once the bursa is removed, the rotator cuff is inspected to look for any signs of a tear. The most severe rotator cuff disease, complete full-thickness rotator cuff tears, usually requires surgical procedures for the best results. These procedures, which can also be performed as outpatient arthroscopy or open surgery, involve mending the torn rotator cuff by suturing the tissues back together. There are several surgical procedures that are possible for rotator cuff treatment. The three most common procedures are:

- **Open Repair:** Prior to the use of the arthroscope, all rotator cuffs were repaired by looking directly at the torn tendon, through an incision about 2-4 inches in length. The advantage is the rotator cuff tendons are easily seen by this method, but the incision is large, and the recovery can be longer and more painful.

- **Mini-Open Repair:** This method of repairing a rotator cuff involves both the use of an arthroscope and a short incision to get access to torn tendon. By using the arthroscope, the surgeon can also look into the shoulder joint to clean out any damaged tissue or bone spurs. The incision is about 1-2 inches, and the recovery is somewhat less involved than the open cuff repair.

- **Arthroscopic Repair:** An arthroscopic repair is done with an incision approximately ½ inch long by the surgeon looking through a small camera to watch his or her repair on a television monitor. The surgery to perform the rotator cuff repair generally lasts between one and two hours.

**Recovery**

Length of recovery will depend on several factors, including your level of strength before the operation and the severity of the rotator cuff disease/tear. For rehabilitation following a subacromial decompression, patients are placed in a shoulder sling following surgery, but they can begin shoulder motion quickly. In some cases, strengthening can begin within a few weeks, and sports can resume after the swelling has subsided. After the rotator cuff is repaired, however, physical therapy begins more gradually and with caution. Initially, the therapy is gentle. After four to six weeks, more active lifting with the arm begins. Approximately 8–10 weeks after the rotator cuff repair, physical therapy will become more intense in an effort to strengthen the rotator cuff muscles. Complete recovery usually requires at least four to six months.

If you have questions about Rotator Cuff Disease and its treatment options, talk to J. Lex Kenerly, M.D., Orthopaedic Surgeon, and the staff at the Bone & Joint Institute of South Georgia. The Bone and Joint Institute of South Georgia, is a 15,000 square foot state-of-the-art facility with on-site X-Ray, MRI and ambulatory surgery center, providing comprehensive orthopaedic care in a single facility. Dr. Kenerly has expertise in a wide variety of orthopaedic and sports medicine services, such as hip and knee replacement, treatment of ACL tears, ankle sprains, rotator cuff tears, carpal tunnel syndrome, hip bursitis, heel pain, knee cartilage tears, tennis elbow, trigger finger and bunions, fracture treatment and more.

From a sprain to a severe injury requiring surgery, the Bone & Joint Institute of South Georgia is your first choice for comprehensive, compassionate orthopaedic care.

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**Impingement**

- Bone spurs
- Irritation to bursa

**Rotator Cuff Tear**