

Rotator cuff disorder – pain originating from muscles and/or tendons of the shoulder that stabilize the shoulder joint.

Synonyms: rotator cuff tear, rotator cuff strain.

Symptoms include pain and muscle spasm in and around the shoulder girdle. Muscle weakness and pain with active shoulder movement may occur.

How is it diagnosed? Rotator cuff tears account for almost half of all shoulder injuries. History and physical exam can lead towards the diagnosis of rotator cuff tear. Ultrasound, MRI, and MR arthrography are confirmatory. Interestingly, only 1/3 of rotator cuffs are symptomatic.

How is it treated? Rotator cuff strains are classified as: Grade 1 (mild), Grade 2 (moderate), or Grade 3 (severe).

Grade 1 and some grade 2 tears can be treated conservatively with appropriate rest, ice, traditional pain reducing modalities, manual therapy, and exercise.

Some grade 2 tears and all of grade 3 tears are referred for surgical evaluation.

Alternative treatments.

NSAID's, muscle relaxants, opioids. Steroid injections. Surgical repair.

Prognosis is good for complete recovery from mild to moderate strains.

Mild strains typically resolve within 1-4 weeks.

Moderate strains may take anywhere between 4 weeks up to a year to completely heal.

Rotator cuff tears have a favorable natural history, whether treated conservatively or operatively.

Duration of care: Treatment sessions are variable and based upon the degree of tissue damage.

Following are guidelines and subject to change based on response to treatment.

Mild strains: 3 times a week for 4 weeks for a total of 12 treatments.

Moderate strains: 18-24 treatments over a period of 3 to 5 months.