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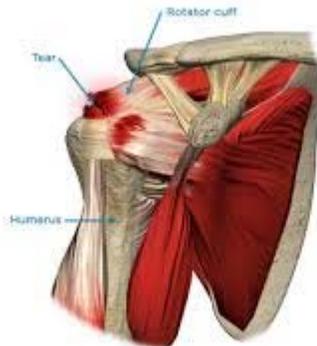
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Rotator Cuff Syndrome

Rotator cuff syndrome goes by many names, all of which are likely the same entity: impingement syndrome, shoulder bursitis, rotator cuff tendonitis, and "old man's shoulder." The syndrome is a degenerative condition that is sometimes made worse with an injury, or with overuse, that causes a weakening where the rotator cuff tendon joins the upper arm bone (at the greater tuberosity of the humerus).



Cause:

Rotator cuff syndrome may include painful bursitis (inflammation of the subacromial bursa), and rotator cuff tendonitis, and may include partial or complete rotator cuff tears, but the most common cause of the condition is degeneration. In older individuals, this can be made worse by an injury or overuse, and in younger patients, such as the overhead athlete, a related condition may occur (internal impingement) from repetitive overhead throwing.



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Symptoms:

Pain is the hallmark of rotator cuff syndrome. You may have pain and stiffness when you lift your arm. There may also be pain when the arm is lowered from an elevated position.

Beginning symptoms may be mild. Patients frequently do not seek treatment at an early stage. These symptoms may include:

- Minor pain that is present both with activity and at rest
- Pain radiating from the front of the shoulder to the side of the arm
- Sharp pain with lifting and reaching movements
- Athletes in overhead sports may have pain when throwing or serving a tennis ball

As the problem progresses, the symptoms increase:

- Pain at night
- Loss of strength and motion
- Difficulty doing activities that place the arm behind the back

Diagnosis:

A careful history and physical examination will be performed first. Physical exam findings may include loss of range of motion, loss of strength, and pain with certain maneuvers. The neck may also be evaluated, as cervical spine problems often cause similar shoulder symptoms as rotator cuff syndrome. X-rays are usually taken to evaluate for other related diagnoses, and a diagnostic ultrasound or MRI exam may be obtained to confirm the diagnosis, and to evaluate for possible rotator cuff tear.

Treatment:

The primary initial treatment of rotator cuff syndrome is physical therapy, since this condition is often degenerative in nature, and is often chronic. The shoulder is often stiff and weak at the initial presentation, and shoulder mechanics may be altered as a result. A rehabilitation program, under the guidance of a trained physical therapist, may result in significant improvement or resolution in about



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90% of cases. Other non-surgical treatment modalities include: NSAIDS, use of ice/heat, activity modification including avoidance of provoking activities,

Invasive, but non-surgical treatment may be required for those who fail to improve with initial conservative treatment, or for those with pain that prevents them from participating in a rehabilitation program. This includes steroid injection, primarily for pain relief, and PRP injection, which can enhance the body's own healing potential and decrease the need for surgery. Other *biologicals*, such as AmnioFix may similarly stimulate the body's own healing response.

When non-surgical treatment is unsuccessful, surgery may be required. An MRI or diagnostic ultrasound test will typically be obtained first. Most surgical procedures are done arthroscopically, and include diagnostic arthroscopy, subacromial decompression (removing the inflamed bursa surrounding the rotator cuff, acromioplasty (shaving the undersurface of the shoulder bone to create more room for the rotator cuff, and to remove bone spurs or projections that may be irritating the tendon), and sometimes removal of the end of the collar bone. If other related pathology is found it may be fixed (rotator cuff tear, labral tear, biceps tendon tear). Rehabilitation is a big part of the aftercare from shoulder arthroscopy.