Rotator Cuff Syndrome Information Sheet

What is Rotator Cuff Syndrome?

The rotator cuff is a group of muscles and tendons that support the shoulder joint. Damage to the rotator cuff, known as 'rotator cuff syndrome', can happen as a single incident (acute) or develop gradually over time (chronic or degenerative). Tears are described as either a partial- or a full-thickness tear depending on how much tendon is torn. Rotator cuff pain may also arise from shoulder tendonitis.

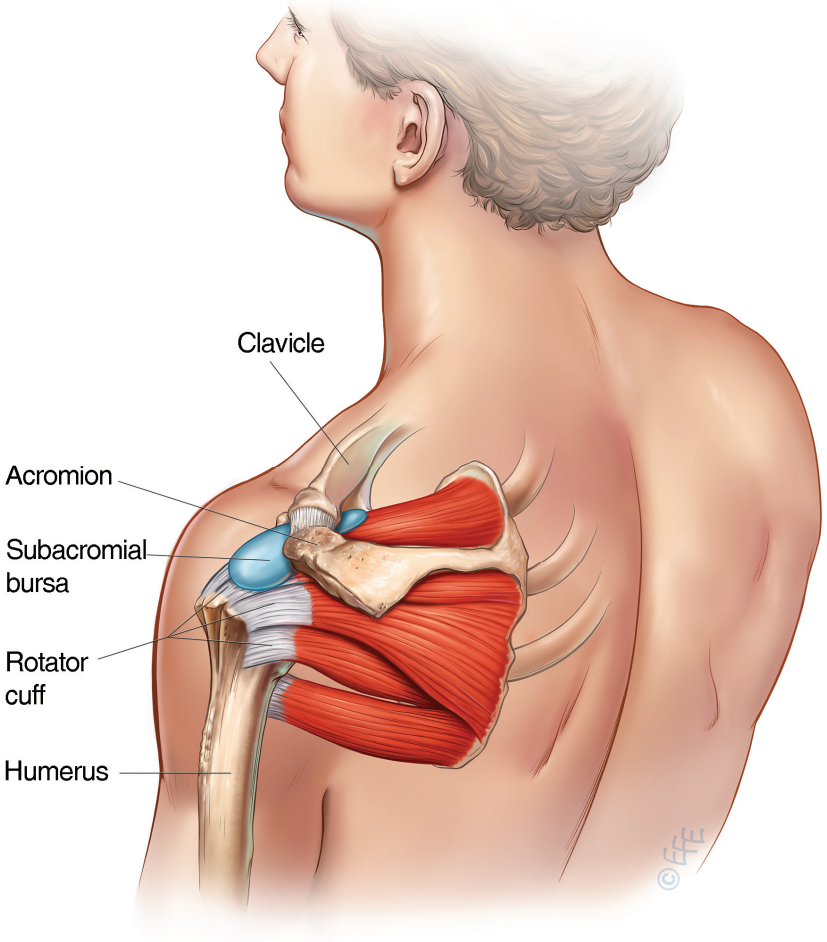

Figure 1: Shoulder without Injury

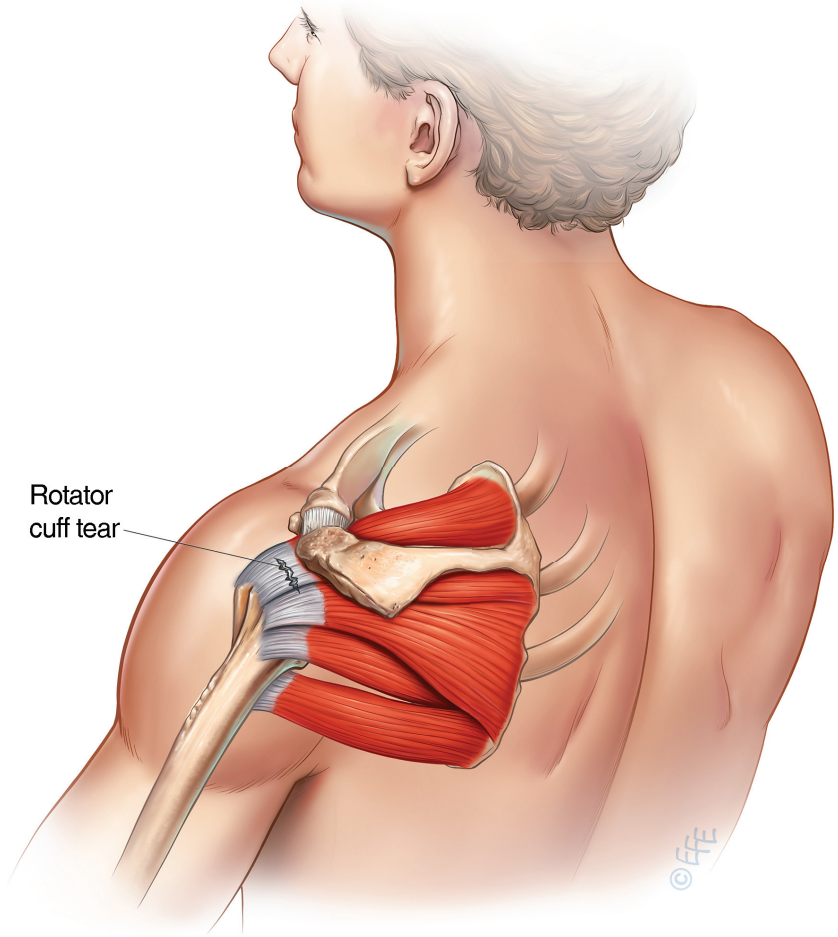

Figure 2: Shoulder with Rotator Cuff Tear (blue bursa not shown)

The information on this sheet should always be discussed with your health care provider and should not be used as a substitute for seeking professional health care advice.

Imaging

Magnetic resonance imaging (MRI) uses magnetic field and radio waves to take pictures primarily of soft tissue in the body, including joint damage. It is a non-invasive and painless procedure, and there are no known long-term side effects. There may be reasons why an MRI is not the right way to examine your shoulder for rotator cuff syndrome.

X-rays use small amounts of ionising radiation to create images of the shoulder. It is a non-invasive procedure. Although the dose of radiation from an X-ray is considered safe, discuss any concerns you have with your health care provider.

Ultrasound uses high frequency sound waves which are reflected off internal body structures to create an image on a monitor. This procedure is done using hand-held probes and is safe and is non-invasive.

Refer to www.betterhealth.vic.gov.au fact sheets on diagnostic imaging for further information.

Medications

Types of medication which may be prescribed to you by your health care provider include:

- paracetamol (such as Panadol or Herron Paracetamol) – this is a common drug offering relief from mild to moderate pain taken orally
- non-steroidal anti-inflammatory drugs (NSAIDs) (such as Nurofen or Voltaren) – these are used to reduce inflammation of the joints which cause pain and stiffness, either taken orally or as a gel/cream application.

Be aware that these medications may be contained in some over-the-counter pain relievers, so always seek medical advice before taking them due to possible adverse reactions.

Refer to the Australian Rheumatology Association patient information sheets for further advice on these medications at http://www.rheumatology.org.au/community/PatientMedicineInformation.asp

Treatment Options

Treatment options which may be discussed with you by your health care provider include:

- **cold application within the first 48 hours of injury**
- **hot or cold application 48 hours after injury**
- **prescribed exercise in conjunction with manual treatment by a suitably qualified health care provider (e.g. physiotherapist)**
- **acupuncture in conjunction with prescribed exercise**
- **corticosteroid injections (cortisone injections)**

  Corticosteroids are powerful anti-inflammatory drugs used to reduce pain from inflammation. Injections of corticosteroids are usually given for musculoskeletal pain and are delivered by a needle in the shoulder, and may be with the guidance of equipment such as an ultrasound. Injecting cortisone does not have the same side effects as cortisone tablets; however, there may still be side effects at the site of injection such as localised pain. Refer to http://www.mayoclinic.com/health/steroids/HQ01431 and your health care provider for more information on corticosteroids.

- **surgery**

  Surgery is not always required for rotator cuff syndrome. If recommended, it may include repair of a rotator cuff tear and/or increasing the space between the head of the upper arm bone (humerus) and the acromion, known as 'decompression of the subacromial space'. These may be done as an open procedure or an arthroscopic procedure (keyhole surgery). The decompression is performed when the space between the two bones is too narrow and the rotator cuff tendons get pinched between them. The surgeon removes some of the bone to make more space for the rotator cuff tendons. An open rotator cuff repair involves the surgeon making a larger incision in the shoulder to expose the head of the upper arm bone.

Your recovery time will vary depending on the treatment types you receive and your own physical and personal factors. **REMEMBER keeping active, including through active exercise and physiotherapy treatments, as well as participating in your normal activities to the best of your ability will help your recovery.**

Return to Work

It is important that you continue to participate in your usual daily activities **as soon as possible** with guidance from your health care provider. In general, there is no evidence that supervised exercises will cause further damage to the injured rotator cuff. It is also important for your early recovery that you return to work. Your health care provider, your employer and you should work out together what duties and hours of work you might do so you can return to work as soon as possible. The duties need to be matched to your capabilities with changes made as you improve over time. Your return to work program might mean you work on different duties for a time. You may do a mix of your old duties and some new duties, but gradually increasing towards your pre-injury work if possible. Whatever work you do in your return to work program, the duties must be worthwhile for both you and your employer.