

WHICH ROTATOR CUFF TEARS NEED REPAIR?

Yamaguchi (JSES 2001) followed initially asymptomatic tears over a period of 5 years. During this time 50% developed symptoms and 50% of the tears increased in size. The challenge remains in identifying which symptomatic tears will respond long-term to non-operative treatment and which require surgical intervention sooner rather than later.

I would suggest that when assessing a patient with a symptomatic tear:

- Identify risk factors for progression of the tear – smoking, hypercholesterolaemia, repetitive overhead work or sporting activities
- Identify those shoulders with “*impingement morphology*” – marked pain and sub-acromial crepitus through 90° abduction, a hooked acromial arch on x-ray and impingement on dynamic ultrasound.
- Identify the type of tear – partial or full thickness and the size of the tear on ultrasound.

The following patients are more likely to respond to non-operative treatment:

- Low demand activities and/or those prepared to modify their lifestyle
- Partial thickness tears < 50% depth or small tears (<10mm)
- Minimal “*impingement morphology*” signs

The following patients are likely to require early surgical intervention:

- Acute, traumatic tears
- High demand shoulders
- Partial tears ≥ 50% depth or full thickness tears ≥ 10mm with “*impingement morphology*” signs
- Those that fail to respond within 8 weeks to rest, NSAIDS, possibly a steroid injection and adequate physiotherapy.



An experienced physiotherapist is essential to the early management of a symptomatic rotator cuff (tendonitis or tear). They can identify those who are failing to improve, whose pain is getting worse (probably due to tear progression) and whose range of motion is decreasing (due to secondary adhesive capsulitis). These patients will probably require decompression with or without rotator cuff repair.

Surgical management of rotator cuff pathology has improved significantly over the last decade due to a better understanding of shoulder anatomy and function as well as improved surgical techniques.

I have over 20 years' experience in surgical management of all shoulder conditions and I would be happy to assist you in the management of your patients.