

Cuff Arthropathy

Rotator cuff arthropathy: arthritis following a long-standing rotator cuff tear.

Kieran Hirpara 4.0



What you're feeling

You may feel pain in your shoulder that worsens when you lift your arm or reach overhead. This condition involves wear-and-tear arthritis in the shoulder joint combined with a torn rotator cuff. Because the cuff muscles cannot stabilize the joint, the top of your upper arm bone may shift upward. This movement causes grinding, stiffness, and aching. The pain often flares at night, making it hard to sleep on your side. You might also notice increased discomfort after daily activities or upon waking in the morning.

Simple tasks can become difficult or impossible. You may struggle to reach behind your back to fasten a bra or tuck in a shirt. Lifting objects feels heavy and unstable. Your shoulder may feel weak, and you might avoid using it to prevent pain. This functional decline happens because the torn cuff can no longer support normal movement. Over time, the arthritis progresses, leading to further loss of motion and strength.

If you have not yet had surgery, your surgeon may recommend non-surgical treatments first, especially if your disease is moderate or mild. These options aim to reduce pain and improve function. However, if your arthritis is severe, surgery may be necessary. For many patients with an intact rotator cuff, an anatomic total shoulder replacement is the preferred and less costly option. It provides similar benefits to a reverse shoulder replacement in the first few years.

If your rotator cuff is torn, a reverse total shoulder replacement may be recommended. This procedure has become more common for this specific type of arthritis. It offers substantial clinical benefit for most patients. In fact, over 90% of patients who undergo this surgery for arthritis with an intact cuff report significant improvement. Even with a torn cuff, many patients experience a clinically important change in their daily function. Your surgeon will help you decide which approach is best for your specific anatomy and pain levels.

What's actually happening

Your shoulder is a ball-and-socket joint. The ball is the top of your arm bone. The socket is in your shoulder blade. Smooth cartilage covers both surfaces. It acts like a shock absorber so bones glide easily.

In rotator cuff arthropathy, this system breaks down. You likely have wear-and-tear arthritis. This means the cartilage has worn away. At the same time, the rotator cuff tendons are torn or damaged. These tendons are like ropes that hold the ball in the socket. Without them, the ball sits too high. It rubs against the shoulder blade. This causes pain and limits your movement.

Your body tries to compensate. Your shoulder blade moves in complex ways to help you lift your arm. It rotates in opposite directions before you even start to raise your arm. This changes the normal rhythm of your shoulder. The shoulder blade does more work than it should. This extra motion can lead to further wear and tear over time.

Muscle health also plays a key role. Fat can build up inside the rotator cuff muscles. This fatty infiltration weakens the muscles. It reduces your strength even if the tendon is still attached. This imbalance makes the joint less stable. It also affects how well you feel your arm position in space.

Your surgeon looks at these changes to plan your care. They may use an X-ray view called an axillary view. This shows the joint anatomy clearly. It uses less radiation than a CT scan. It helps your surgeon see how the bones have shifted.

Understanding this damage helps explain your symptoms. The pain comes from bone rubbing on bone. The weakness comes from damaged tendons and muscles. The stiffness comes from the body's attempt to stabilize the joint. Knowing what is happening allows your surgeon to choose the right treatment. This might involve replacing the joint surfaces to restore smooth movement.

What we can do about it

We start with self-care and physical therapy. Nonoperative modalities are the first step for most patients, especially those with moderate-to-mild disease. Your physiotherapist will guide you through exercises to maintain movement and strengthen the muscles around your shoulder. This approach helps most patients manage pain from conditions like acromioclavicular joint issues. If you have osteolysis, you may need to modify certain activities to avoid further irritation. Give this conservative management a fair chance before considering more invasive options.

If simple measures are not enough, we look at medical management. For patients aged 60 years and older with rotator cuff arthropathy, we can offer a subacromial balloon spacer. This involves the percutaneous insertion of a small balloon into the space above your shoulder joint. This procedure results in a significant reduction of pain. However, it does not improve function at a minimum 1-year follow-up. The subacromial spacer is likely to provide a safe, effective, and cost-effective option for patients with massive irreparable rotator cuff tears. We also consider pain medication and anti-inflammatories to help manage symptoms while you heal or recover strength.

Surgery is considered when conservative care has reached its limit. If your pain remains severe or your function is significantly limited, we discuss arthroplasty, or joint replacement. The choice between anatomic and reverse total shoulder arthroplasty depends on the health of your rotator cuff and the condition of your joint bone. Anatomic total shoulder arthroplasty remains the preferred approach for patients with cuff-intact arthritis. Reverse total shoulder arthroplasty is popular for cases involving rotator cuff tears or specific bone deformities. Over 90% of patients who undergo reverse shoulder arthroplasty for glenohumeral osteoarthritis with an intact rotator cuff experience substantial clinical benefit. Your surgeon will select the option that best fits your anatomy and goals.

What to expect

Your outlook depends largely on whether your rotator cuff is intact or torn. If your cuff is healthy, both anatomic and reverse joint replacements offer similar results at four years. Over 90% of patients with an intact cuff experience substantial clinical benefit. You can expect significant pain relief and improved function.

If your cuff is torn, reverse shoulder replacement remains the preferred option. It provides optimal outcomes with low complication rates in the short term. Most patients see noteworthy improvement early on. However, you should note that internal and external rotation may be slightly lower than with anatomic replacement. Your surgeon will weigh these factors to choose the best path for you.

Recovery is a gradual process. You need at least a nine-point improvement in your shoulder score to feel a clinically important change. A twenty-three-point improvement signals a substantial benefit. These gains typically stabilize over months. Long-term success is high, with bridging reconstruction showing a 98% survivorship rate at seven years.

Without treatment, pain and stiffness often persist or worsen. Leaving the condition alone rarely leads to spontaneous improvement. You may find daily tasks increasingly difficult. Surgical intervention offers a clear path to restoring function and reducing pain.

Be aware that previous shoulder surgeries can increase risks. A history of prior rotator cuff repair raises the chance of infection after replacement. Your surgeon will view you as a higher-risk patient in these cases. Careful planning is essential to ensure a safe and successful outcome.

When to see someone

See your GP if you have persistent shoulder pain that does not improve with rest. Ask for a specialist review if you notice weakness, instability, or a feeling of locking or giving way. These symptoms may signal rotator cuff tear arthropathy, which involves wear-and-tear arthritis and damage to the shoulder's stabilizing muscles. Seek care if your symptoms interfere with sleep or work. Sudden worsening of pain or function is also a reason to consult your surgeon. Early assessment helps determine if non-surgical treatments are enough or if surgery is needed.