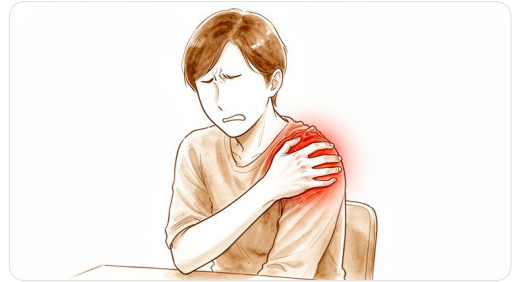


Rotator Cuff Disorders



MRI of a full-thickness rotator cuff tear. The bright stripe at the top of the ball of the shoulder is fluid filling the gap left by the torn tendon.

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What you're feeling

Rotator cuff disease is common, and it becomes more likely as you get older. You may feel pain in the front of your shoulder or on the outside of your upper arm. This pain often comes from the tendons that help lift your arm. You might also notice aching in the front of your shoulder if the biceps tendon is involved. This tendon runs along the front of your arm and works with the rotator cuff.

Your symptoms can feel mechanical, like catching or grinding in the joint. This is a common complaint. The pain often flares up at night, making it hard to sleep on that side. You might also feel stiff when you first wake up. After using your arm, the ache may worsen. However, the length of time you have had these symptoms does not tell us how severe the tear is. Some people have large tears with little pain, while others have small tears with significant discomfort.

Daily tasks can become difficult. Reaching behind your back to fasten a bra or tuck in a shirt may feel awkward or painful. Lifting objects overhead can trigger sharp pain. You might find yourself avoiding certain movements to protect the shoulder. Subjective feelings of instability or weakness are also common. These sensations can make you feel like your shoulder is not working correctly.

It is important to know that your mental health plays a big role in how much pain you feel and how well your shoulder functions. This connection can be stronger than the actual size of the tear. Your surgeon will look at your whole picture, including your age and activity level, to decide on the best path forward. Whether you choose surgery or non-surgical care, both options can be effective. The goal is to reduce your pain and help you return to the activities you enjoy. If your diagnosis is unclear, your surgeon may focus on treating your shoulder pain directly to avoid unnecessary procedures.

What's actually happening

Your shoulder is a ball-and-socket joint. The ball sits in a shallow socket. A group of four tendons, called the rotator cuff, wraps around the ball like a sleeve. These tendons hold the ball in place and help you lift your arm. This condition is widespread and becomes more common as you age.

When you tear a tendon, the balance of your shoulder changes. The ball may slide upward instead of staying centered in the socket. This is called superior migration. It happens because the tendon can no longer pull the ball down. Over time, this misalignment causes friction and wear. Untreated chronic tears can lead to arthrosis, which is wear-and-tear arthritis of the joint.

The pain and weakness you feel come from this instability. The joint capsule, which is the sleeve around the shoulder, may stretch or tear. This allows the bones to rub against each other. In some cases, the muscles around the shoulder change position to compensate. This alters how your shoulder moves during everyday tasks.

Your surgeon looks at these mechanical changes to decide on treatment. Both surgical and nonsurgical options can be effective. The goal is to restore normal movement and reduce pain. In some cases, procedures aim to restore the natural position of the ball in the socket. This helps relieve pressure on the joint.

Mental health plays a role in how you experience this pain. It can be just as important as the size of the tear. Your expectations also directly influence your outcome. Understanding what is happening inside your shoulder helps you prepare for recovery.

What we can do about it

You have options to manage rotator cuff disease, and both non-surgical and surgical paths can be effective. The right choice depends on your specific tear, age, and overall health. For many patients, starting with self-care and physical therapy is a viable path. At 13 years after diagnosis, about 90% of patients treated conservatively for rotator cuff tears had no or only slight pain. At 13 years after diagnosis, about 70% of patients treated conservatively for rotator cuff tears had no disturbance in activities of daily life.

Physical therapy aims to strengthen the muscles around your shoulder to improve function and reduce pain. A specific physical therapy protocol is effective for treating atraumatic full-thickness rotator cuff tears in approximately 75% of patients followed up for 2 years. If you have a non-traumatic supraspinatus tear, conservative treatment should be considered as the primary method of treatment. Your surgeon may advise you to avoid shoulder motions that cause impingement, which is when tissues get pinched in the shoulder joint. Mental health also plays a significant role; it has a stronger association with patient-reported shoulder pain and function than tear size in patients with full-thickness rotator cuff tears.

Medical management focuses on pain relief and reducing inflammation. While corticosteroid injections are sometimes used, there is little reproducible evidence to support their efficacy in managing rotator cuff disease. You should take caution if considering these injections, as they should be withheld if a rotator cuff repair is to be performed within the following 6 months. Current limited evidence suggests that platelet-rich plasma (PRP) injections may not be beneficial for the nonoperative treatment of chronic rotator cuff disease in the short term. Pain medication and anti-inflammatories can help manage symptoms while you engage in therapy.

Surgery is considered when conservative care has reached its limit or if you have a traumatic tear that is not healing. Arthroscopic rotator cuff repair is an effective and safe option to treat symptoms of rotator cuff tears, with clinical results that are durable with time. This procedure is favored for improving shoulder function, and other procedures or intraarticular treatments offer no significant benefits compared to arthroscopic rotator cuff repair for this goal. For massive or irreparable tears, partial repair can be effective in reducing pain and

improving function by restoring balance to the force couple. In cases where the joint itself is damaged, such as with arthropathy, a reverse shoulder prosthesis may be reserved for treatment, though it is contraindicated in patients with rheumatoid arthritis. Your surgeon will carefully consider your risk factors for repair failure when planning your treatment.

What to expect

Your outlook depends largely on whether you choose surgery or conservative care. For small to medium tears, surgery offers better long-term pain relief and function than physical therapy alone, with benefits lasting up to 15 years. If you have a large or massive tear, surgery can still provide a satisfactory long-term outcome. Even if you need revision surgery, your short-term results are similar to those of your first repair.

If you manage your tear without surgery, the course is often gentle. About 90% of patients have no or only slight pain 13 years after diagnosis. About 70% have no disturbance in their daily activities at that same 13-year mark. However, untreated chronic tears can eventually lead to arthrosis, which is wear-and-tear arthritis. Surgery can alter this early natural history, giving you clinically relevant differences in pain and function compared to nonoperative treatment.

If you undergo repair, your recovery is a gradual process. You will experience approximately 60% of your ultimate functional recovery at 3 months after surgery. By 6 months, you will have reached approximately 75% functional recovery. One year after surgery does not determine your long-term outcome, so patience is key.

Your age and expectations shape your result. If you are fifty years of age or younger, you can expect long-term pain relief. However, you may not see significant long-term improvement in motion. A large proportion of patients in this age group have an unsatisfactory long-term result. Your mental health also plays a strong role in how you perceive pain and function, sometimes more than the size of the tear itself. Directly aligning your expectations with your surgeon helps ensure a better outcome.

When to see someone

See your GP if you have shoulder pain that does not improve with rest. Ask for a specialist review if you notice weakness or instability in the joint. Seek care if your shoulder locks or gives way. Contact your doctor if symptoms interfere with your sleep or work. Sudden worsening of pain is also a reason to seek help. Remember, the length of time you have had symptoms does not tell us how severe the tear is. Untreated chronic tears can lead to wear-and-tear arthritis over time. Early evaluation helps prevent further damage and ensures you get the right treatment plan for your specific needs.