

Arthroscopic Rotator Cuff Repair

Rotator cuff damage to any one of the four muscles or their ligaments that attach the muscle to bone can occur because of acute injury, chronic overuse, or gradual aging. This can cause significant pain and disability with range of motion or use of the shoulder joint. Chronic tears can lead to arthritis and eventual need for shoulder replacement. The severity of injury may range from a mild strain and inflammation of the muscle or tendon that will lead to no permanent damage to a partial or complete tear of the muscle that might require surgery for repair.

Symptoms requiring further evaluation:

If the shoulder is unable to be elevated after an acute injury, if the shoulder pain persists in spite of home care with rest, ice and if tolerated, anti-inflammatory medications like ibuprofen (Advil) or naproxen (Naprosyn).

If shoulder problems (pain) prevent the person from performing routine daily activities or work, if pain prevents overhead reaching (for example, reaching to get an item in a cabinet above shoulder level).

If the pain prevents playing sports in which an overhead motion is required (for example, throwing, swinging a racquet, or swimming).

Diagnosis:

Dr. Wertz will assess the strength of each portion of the rotator cuff. He will assess x-rays for anatomic variations that may cause impingement and assess the glenohumeral (ball and socket) joint and acromioclavicular joint for signs of arthritis. He may request an MRI to further evaluate the rotator cuff for a tear.

Treatment:

Depending on the age of the person and the extent of the injury, nonsurgical treatment is reported to have a success rate of 40%-90%. The larger a tear the lower the success rate. Older people may have a much longer time to complete recovery. Physical therapy is often very helpful. Those patients undergoing surgical repair have a high rate of recovery. Results depend upon the extent of the injury. Patients with large rotator cuff tears fare less well.

