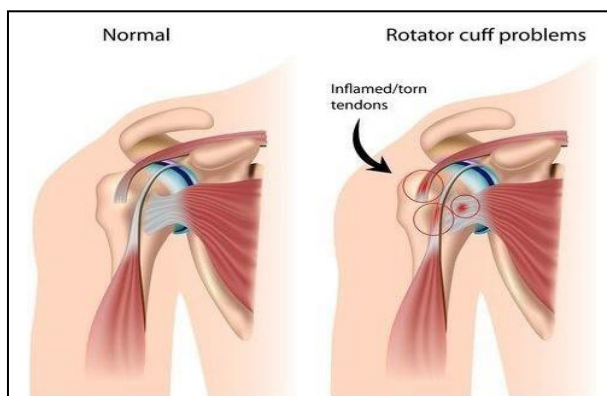


ROTATOR CUFF TENDINOPATHY

This is a painful shoulder condition that describes a full spectrum of rotator cuff tendon injuries. Rotator cuff is formed of four muscles connected between shoulder blade and shoulder joint; the cuff covers the top end of the arm bone. Cuff holds the arm bone in the socket and it also helps to lift, rotate arm or reach overhead.

Tendinopathy generally represents a chronic injury with minimal or no inflammation of the tendons. During the acute stage it is known as rotator cuff tendinitis indicating inflammation of the tendon.

Terms such as supraspinatus, subscapularis, or infraspinatus tendinopathy are also used to describe if a specific rotator cuff muscle is causing the pain.



Causes:

Rotator cuff tendinopathy is generally caused by either an injury or wear and tear. Most of the time wearing down of the rotator cuff tendons causes this condition. This happens slowly over the time with repetitive shoulder motions therefore this is common among people above 40 years of age, those participating in activities with repetitive over-head movements. In young people, this can occur as result of injuries like fall on outstretched arm or lifting something heavy with a jerky motion tearing the tendon which could be a partial or complete tear. It can also happen along with shoulder dislocation and collar bone fractures.

Symptoms:

Most common symptoms of the rotator cuff tendinopathy are shoulder clicking and/or an arc of shoulder pain when your arm is at and above shoulder height, pain when lying on the sore shoulder or lifting with a straight arm, shoulder pain or clicking when you move your hand behind your back or head, shoulder

and upper arm pain (potentially as far as your elbow), as your shoulder tendonitis deteriorates, your shoulder pain may even be present at rest.

Diagnosis:

Your doctor or physiotherapist may identify the problem by listening to your symptom, history and by clinical examination. Your doctor or physiotherapist will advise on any further investigations if necessary.

Treatment options:

- Primary aim of the treatment is to alleviate pain and restore functions. Avoiding overhead activity or any other movements of the shoulder causing sharp pain is the first line of management.
- To control pain you can also apply ice packs wrapped in towel or heat packs at your shoulder for 15-20 minutes 2-3 times a day.
- Your physiotherapist may use manual therapy, therapeutic ultrasound, etc. to improve mobility and control pain. Specific therapeutic exercises are helpful to restore the movement and strengthen shoulder muscles.
- Your GP/ Pharmacist will be able to advise you regarding pain medication. Your GP/ physiotherapist may advise you for further treatment options such as steroid injection or consider referral for orthopaedic review if deemed necessary.
- More than 50% of the people get better without surgical intervention. Orthopaedic consultant will be able to advise you on any surgical management if needed.

Exercise considerations:

- Do all the exercises within pain free limits, stretch pain is common with exercises and that should ease off within 30 minutes-1 hour after having done the exercises
- Post exercise soreness is quite common and could be felt up to 48 hours after having done the exercise regime. This should get better as you continue with the regime over time
- If any exercise worsens your symptoms, stop that exercise and seek advice from your physiotherapist.