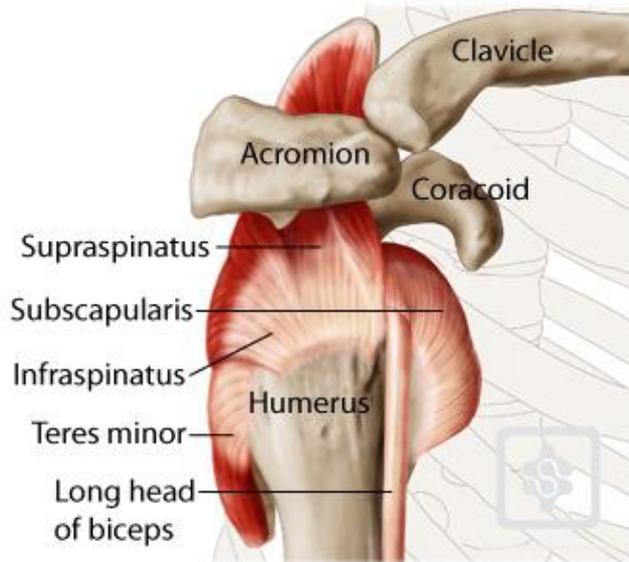


Management of significant rotator cuff tears



(www.shoulderdoc.co.uk)

The normal shoulder and rotator cuff:

The shoulder is a complex system made up of the humerus (the upper arm bone), the scapula (the shoulder blade), and the clavicle (the collar bone). On the top of the shoulder sits a bony protrusion called the acromion. The space below this is called the subacromial space. This is filled by the subacromial bursa, a fluid filled sac that acts as a protective layer between the bones and soft tissue structures. There are numerous muscles around the shoulder that help to keep it stable. The rotator cuff muscles are a group of muscles that are important for both stability and producing movement at the shoulder. The muscles have strong tendons that attach them into the bone at the top of the arm.

How does a rotator cuff tear happen?

As you get older it is normal for the rotator cuff muscles to wear. This can weaken the structure of the tendon/muscle (degeneration) and lead to tears. Often these do

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not cause any pain or loss of function. If the tears are large and involve more than one tendon/muscle, then pain, weakness and loss of function can result. Trauma, such as a fall can exacerbate the problem or may lead to loss of function in a shoulder that was previously functioning well.

What should I do if I think I have a rotator cuff tear?

If you have new onset of pain or weakness that doesn't settle within 2-3 weeks, or if you fall and as a result cannot lift your arm, then it is important you have an assessment by a Health care Professional. This may involve a physical examination and in some cases an x ray, ultrasound or MRI scan. This is important after trauma to establish if you have a new cuff tear that may be suitable for surgical repair.

What is a "massive" rotator cuff tear?

Massive rotator cuff tears are large tears that usually involve at least two of the rotator cuff tendons. They usually occur in older adults (over the age of 60). They are very difficult to repair surgically as the quality of the muscle tissue is generally poor due to degenerative changes within the rotator cuff muscles and tendons. If you have a scan that shows you have torn/ruptured some of your rotator cuff, your health care professional will advise if this is potentially repairable.

What if I have a rotator cuff tear that can't be repaired?

If your shoulder has been assessed by a suitable health care professional, and there is no option for surgical repair, then you will usually be referred for physiotherapy. The Physiotherapist will assess your shoulder and advise you on the best options to help improve your shoulder function.

What can I do to help myself?

Be positive and keep moving! There are many things you can do yourself to help manage your symptoms

Physical activity

It is important to keep active. You might need to modify some activities that cause an increase in your pain. General exercise will help your recovery so try to keep going with other activities you enjoy to keep fit. If you don't exercise regularly, try to build something in – a 20 minute walk every other day for example.

Medication

If you have been prescribed anti-inflammatories or painkillers for pain relief take them at regular intervals as prescribed. Consult your GP if your medication is not helping as they may be able to prescribe an alternative medication.

Sleeping positions Sleep on a supportive mattress and avoid sleeping directly on the shoulder if this is painful. Try sleeping on your opposite side with a pillow tucked under your armpit. Choose whatever position is best for your pain levels.

Hot/cold Either heat or cold can be used to help pain and muscle spasm. Use frozen peas in a damp tea towel for up to 10 minutes, or alternatively try a hot water bottle/microwave wheat bag wrapped in a towel. Use whatever gets the best results for you. Make sure to regularly check your skin to avoid skin damage as both heat and cold can cause burns to the skin.

Shoulder exercises

These will help to reduce pain and increase function in your shoulder. You may only be able to move your arm a small amount at the start, but this will improve over time. A small increase in pain while exercising is okay as long as it goes away within 30 minutes and is not worse the next day. If you do get an increase in pain, don't worry, do fewer repetitions the next time and then gradually build up again. If you follow the instructions and exercises in this leaflet, there is an excellent chance you will improve your shoulder pain and not need any more treatment. If your shoulder does not start to improve within 12 weeks, or gets worse despite the exercises, you will need to visit your health professional again. Even if you are only seeing slight improvements keep doing the exercises, often it can take 6 months or longer to get a significant improvement in your pain and function.

Getting the most from your exercise

- Build the exercises into your daily routine so you can do them regularly.
- Find time when you are not under pressure and can give the exercises your full attention.
- Try to do the exercises 4-5 days a week, with at least 2 rest days.
- Your physiotherapist can highlight which exercises are the best for you to try.
- Start with 1 or 2 exercises and gradually build up to doing more.
- It helps to keep an exercise diary to record how many repetitions you have done and see how you are progressing.
- Your physiotherapist may recommend specific exercises for you that relate more specifically to your individual problems or will help you to do your job, hobbies or sporting activities without pain.

The exercises can be split into 2 types. **Range of movement (ROM)** exercises will aim to keep the movement in your shoulder and prevent stiffness that can occur as a result of the loss of function in your arm. **Strengthening** exercises will aim to work on strengthening the remaining muscles of your rotator cuff as well as teaching other

muscles around the shoulder to work slightly differently to compensate for the non-functioning parts of the rotator cuff.

Range of movement (ROM) exercises	
<p>Supported table slides</p> <p>Place your hands on a table. Rest your hands/forearms on a towel. Slowly slide the towel in front of you using both hands. Go as far as comfortable, then slide back to the starting point.</p> <p>Repeat 3-5 times</p>	 <p>The illustration shows a woman sitting on a chair at a table. In the first part, she is sitting upright with her hands on a towel on the table, and arrows indicate the towel being moved forward. In the second part, she is leaning forward, and the towel is pulled back towards her, with arrows indicating the movement.</p> <p>© rehabmypatient.com</p>
<p>Passive shoulder flexion</p> <p>Use your good arm to help lift your affected arm as far as comfortable. Then slowly lower both arms.</p> <p>Repeat 3-5 times</p>	 <p>The illustration shows a woman lying on her back on a purple mat. Her right arm is bent at the elbow, and her left hand is holding her right arm, lifting it towards her head. An arrow indicates the upward movement of the arm.</p> <p>© rehabmypatient.com</p>
<p>Supported wall slides</p> <p>Place both hands on the wall. Use a folded towel under your hands to make it easier if needed.</p> <p>Slowly slide your hands as far as comfortable then slowly lower</p> <p>Repeat 3-5 times</p>	 <p>The illustration shows a woman standing with her back to a wall. In the first part, her hands are on the wall at shoulder height, and arrows indicate them sliding up. In the second part, her hands are higher on the wall, and arrows indicate them sliding down.</p> <p>© rehabmypatient.com</p>

Strengthening exercises

Anterior deltoid strengthening programme

This series of exercises will help other muscles compensate for the weaker muscles in your shoulder. Start with level 1 then move onto the next level as each one gets less challenging.

Level 1

With your arm bent, use your good arm to lift your affected arm until your elbow is pointing towards the ceiling. Then let go and try and hold the arm here by itself for a few seconds. Use the other arm to help lower your affected arm back down

Repeat 5-8 times as comfortable



Level 2

With your arm straight, use your good arm to lift your affected arm until it is pointing towards the ceiling. Then let go and try and hold the arm here by itself for a few seconds. If able, try and move the arm forwards and back a small way, or in small circles. Then use the good arm to help lower the affected arm back down.

Repeat 5-8 times as comfortable



Level 3

Sit in a slightly inclined position then follow the same instructions as level 2.



Level 4

As level 3 but try adding a small weight such as a water bottle or tin of food



Isometric strengthening exercises

These are additional exercises that your physiotherapist may advise you to try. If these exercises cause an increase in your pain, then stop and speak to your physiotherapist

External rotation

Stand up straight in a doorway with the back of your hand against the door frame, and elbow tucked in at your side. Gently push your hand outwards into the door frame and hold for 5 seconds. The arm should not move. Repeat this 5-10 times. Stop when your arm tires or begins to ache.



Abduction

Sideways (abduction). Stand up straight next to a wall. Gently push your arm outwards into the wall and hold for 5 seconds. The arm should not move. Repeat this 5-10 times. Stop when your arm tires or begins to ache.



Internal rotation

Stand up straight in a doorway with the palm of your hand against the door frame, and elbow tucked in at your side. Gently push your hand inwards into the door frame and hold for 5 seconds. The arm should not move. Repeat this 5-10 times. Stop when your arm tires or begins to ache.



Other treatments that may be considered

If you find physiotherapy/exercise-based rehabilitation is not successful, there may be other management options available to you. In some cases, a **corticosteroid**

injection may be considered for pain relief, but this may not be suitable for everyone. If your pain is ongoing and your function is severely compromised, then a **surgical intervention** may be considered. This may be;

- Arthroscopic (keyhole) surgery to debride (clean up) the tendons
- Reverse geometry shoulder replacement – this is often used when there is associated arthritis of the shoulder joint (cuff arthropathy) and involves replacing the joint surfaces with an artificial joint.
- Tendon transfer - This surgery involves moving another muscle to the shoulder joint to try and give some functional strength to the shoulder. This is mainly used for younger people who need to continue using their arm for more demanding work.

Further Information

If you would like to seek the advice of a physiotherapist, there are a number of options within Wiltshire. Please speak to your GP practice about the ways you can be referred or visit <https://wiltshirehealthandcare.nhs.uk/physiotherapy/>

Useful websites:

<https://www.shoulderdoc.co.uk/>

This is a useful website for shoulder conditions containing advice and exercises

<https://www.activewiltshire.org.uk/>

Here you will find information on improving your activity level and details of what is available in your local area.

<http://www.wiltshire.gov.uk/public-health-weight>

Here you will find information about weight management options in your local area.

<https://www.wiltshire.gov.uk/public-health-improvement-coaches>

Health Improvement Coaches work on a one to one basis to support behaviour change and improve health. They concentrate on behaviours associated with ill health including unhealthy eating often linked to obesity, stopping or reducing smoking, sensible drinking, increasing physical activity, building confidence and motivation to change and boosting self-esteem. They also signpost and support clients to access other services and activities where appropriate.

Safeguarding

Wiltshire Health and Care (WHC) are committed to safeguarding and promoting the welfare of children, young people and adults at risk of abuse, including victims and survivors of domestic abuse. We expect all WHC staff to share this commitment and promote safeguarding by implementing WHC policies and procedures, act promptly on concerns and share information appropriately.

If you or your carer have any concerns regarding a child or adult's safety, please phone Wiltshire Safeguarding Team on 0300 456 0111 (Adult) or 0300 456 0108 (Child) (9am – 5pm Monday - Friday) or please call 999 if you feel they are in immediate danger.

Patient Advice and Liaison Service (PALS)

If you have any questions, or concerns, suggestions or compliments about our service, please speak to a member of staff. This information sheet is available in other languages and formats. If you would like a copy, please contact us on 0300 1237797 and PALS.wiltshirehealthandcare@nhs.net

Patient and Public Involvement

We value your opinions which will help us to further develop our services. If you wish to provide feedback or get involved in our patient participation groups, please email the Patient and Public Involvement Officer at ask.wiltshirehealthandcare@nhs.net or telephone 01249 454386.