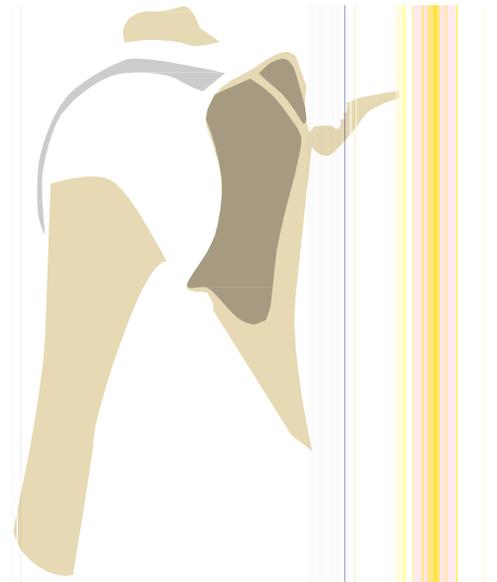


ACUTE ROTATOR CUFF TEAR

◆ What is it?

The rotator cuff tendons are key to the healthy functioning of the shoulder. They are subject to a lot of wear and tear, or degeneration, as we use our arms. A torn rotator cuff creates a very weak shoulder. Most of the time patients with torn rotator cuffs are in late middle age, although rotator cuff tears can happen at any age.

Tearing of the rotator cuff tendons results in weakness in turning the arm outward (external rotation) and upward to the side (abduction). Often times, individuals with torn rotator cuff tendons have to “hike” or shrug the entire shoulder upwards to raise their arm overhead. This may or may not be painful depending upon how acute or chronic the condition is.



◆ Signs and Symptoms of this Condition

- Y Pain in the shoulder that often refers out into the deltoid muscle/upper arm.
- Y Pain that is worse with reaching overhead or lifting; sometimes pain at night
- Y Significant loss of strength, especially in turning the arm outward (external rotation) and raising the arm up to the side (abuction).

◆ Causes

- Y Strain from sudden force of trying to catch a heavy falling object or lifting an extremely heavy object with the arm extended.
- Y Direct injury to the shoulder from falling on an outstretched arm.
- Y Aging, degeneration of the tendon with normal use.

◆ What Can I do to Prevent a Rotator Cuff Tear?

- Y Appropriately warm up and stretch before practice or competition.
- Y Allow time for adequate rest and recovery between practices and competition.
- Y Avoid repetitive overhead work/lifting.
- Y Perform routine rotator cuff strengthening exercises as a preventive measure.

◆ Prognosis

- Y Prognosis depends upon the size of the tear and the treatment approach. Some may require surgery, while others may not need repaired at all.

◆ Treatment

- Y Rest – avoid overhead motions or any motion that is painful; avoid weightlifting, push-ups or pull-ups.
- Y Ice over the shoulder 15-20 minutes 1-2 times per day.
- Y Anti-inflammatory medication (aspirin, ibuprofen, etc) may be helpful in reducing both pain and inflammation.
- Y If surgery is required, you will undergo a supervised rehabilitation program you're your physical therapist.
- Y If surgery is not recommended by an orthopedic surgeon, you should undergo rehabilitation to maximize your shoulder function.



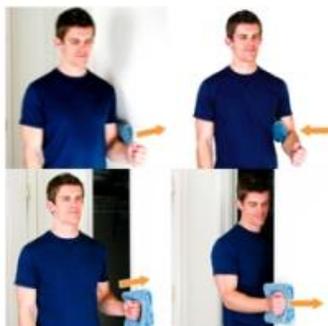
Pendulums: Can be used to control pain and as a warm-up prior to exercises. Perform small circles in a clockwise, then counter clockwise position for 30 seconds. Do not use weight or perform large circles. Do as many times as needed for pain.



Wand Therex for Flexion: Use your non-involved shoulder to move your injured shoulder through full range of motion or until you start to have an increase in pain or feel an increase in stretch. Hold 10 seconds and repeat 10 times. Do 2-3 times a day.



Wand Therex for ABDuction: Use your non-involved shoulder to move your injured shoulder through full range of motion or until you start to have an increase in pain or feel an increase in stretch. Hold 10 seconds and repeat 10 times. Do 2-3 times a day.



Shoulder Isometrics: Gently press your hand into a wall using your other hand. Place a towel roll between hand and wall, do not drop while performing exercise. Maintain a bent elbow the entire time. Perform in each direction shown. Do 10 reps x 2 sets 2-3 times a day, as tolerated.