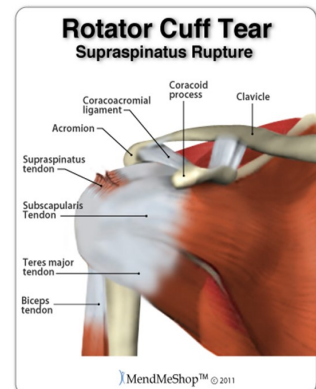


Definition

The Rotator Cuff is comprised of 4 muscles that encircle the shoulder joint. They are the Supraspinatus, Infraspinatus, Teres Minor, and Subscapularis, or the SITS muscles. These muscles complete a variety of movements but mainly make your arm rotate inward and outward, as well as lift the arm overhead.

Mechanism of Injury:

Rotator Cuff tears are most commonly caused over a period of time due to inflammation of the Supraspinatus tendon or Impingement Syndrome, where older populations (50 & over) are the most commonly affected. It is commonly described as being like a carpet being rubbed over an extended time until finally a hole appears.



What Should I do? Orthopedic doctors will most commonly suggest trying cortisone shots and strengthening exercises prior to a surgical repair to see if this brings relief. These shots' effects are supposed to last a few months prior to them wearing off. Most commonly patients will feel relief but will have to continue to get shots more frequently until they do not feel relief from the shots any longer. It is at this point that surgery will most likely be recommended. It is important to strengthen the muscles whether you decide to have surgery or not. If the muscles are strengthened, activities of daily living (ADLs) will be easier to accomplish. It is best to talk to your doctors & physical therapists about what your best option is.

Physical Therapy

Pre-Surgical/Non-Surgical Exercises:

It is important to be able to obtain full range-of-motion (ROM) in the affected arm so that the joint does not stiffen and create more pain than there already is. Some exercises to incorporate into your everyday routine are:

<p>Codman's – Standing slightly bent over, using your body weight to swing your arm in circular motions.</p>	<p>Towel Slides (either on the wall or table) - Using your arms to move up and down and to write out the alphabet works to increase range of motion.</p>	<p>Pullies - The back and forth movement of the arms helps straighten and bend the elbow as well.</p>
---	---	--

As ROM enters an acceptable range as your PT sees, he or she will begin to progress you further into strengthening exercises whether you are post-surgical or not.

<p>Cable Column Strengthening (specific for rotator cuff) - When able, one will do different motions as instructed by your PT or Athletic Trainer to increase strength</p>	<p>Isometric Ball Squeezes – Using a ball in different areas, shown to you by your PT or AT, pushing the ball will contract and strengthen the muscles surrounding the shoulder.</p>	<p>Push Up with a Plus – To work on postural muscles, do a regular push up and then round up the upper back to strengthen the shoulder joint.</p>
---	---	--

*Note: One may not progress to more demanding exercises until his or her physical therapist and/or athletic trainer allow it. Progressing oneself without the PT's or AT's permission may cause more damage to the joint and delay healing.

Criteria for Return to Sports and/or Work:

It will take approximately one year to fully recover after surgical repair

- Have full ROM and at least 90% strength as compared to the uninvolved arm
- Normal functions have been restored in the shoulder and have no pain during overhead activity

Works Cited

- Prentice, W. E. (2011). *Rehabilitation Techniques for Sports Medicine and Athletic Training* (5th ed.). Chapel Hill, NC: McGraw Hill.
- Starkey, C., Brown, S. D., & Ryan, J. (2010). *Examination of orthopedic and athletic injuries* (3rd ed.). Philadelphia, PA: F.A. Davis.