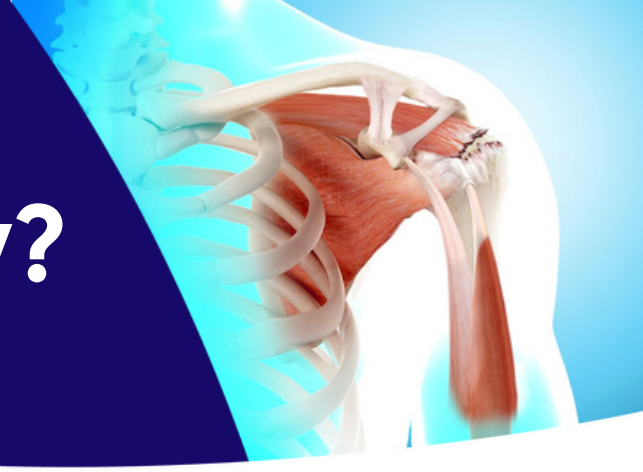
My Rotator Cuff is Torn
Do I Need Surgery?

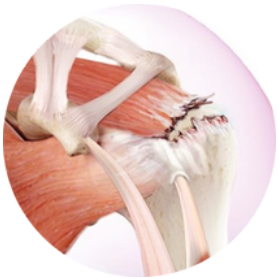
By Dr Angela Cadogan *PhD, NZRPS*



Rotator cuff tears are a common finding on shoulder imaging. Thanks to 'Dr Google', and many well-meaning friends and next-door neighbours, many patients become concerned that they may need surgery to repair the tear. Some become convinced that nothing else but surgery will 'fix them'.

On the other hand, some patients are adamant they do not want surgery 'no matter what'. Some older patients who have low shoulder demand and are willing to simply manage their activities and 'get by' without surgery. Some are put off surgery by the significant rehabilitation burden.

Dr Angela Cadogan, PhD
Specialist Physiotherapist (MSK)



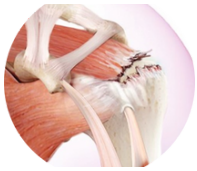
So Who Needs Surgery?

What are the pros & cons of non-surgical management?

1 SHARED DECISION MAKING

We know that patient beliefs and expectations are strong predictors of treatment outcome for these patients [1, 2]. We also know that a patients decision regarding surgery is strongly influenced by the content of the information that is presented to them at the time [3].

In a shared decision-making model, the patient should be provided with all the information regarding the risks and benefits of available treatment options from both sides (surgical and non-surgical) to enable them to make a decision that is best for them.



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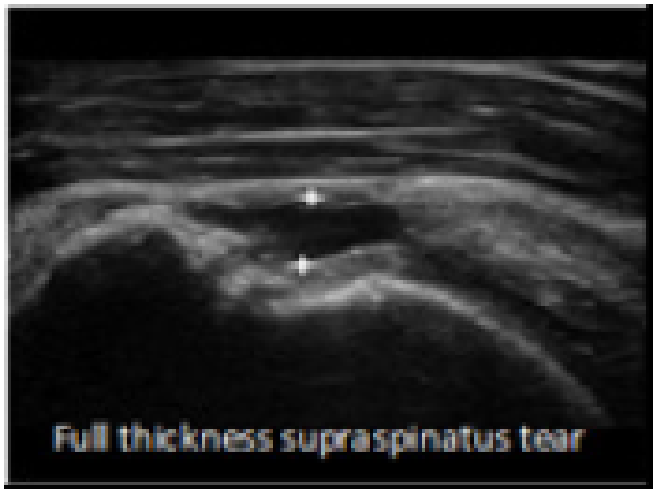
2 SURGICAL VS NON-SURGICAL MANAGEMENT

The outcomes of surgical and non-surgical management are similar for atraumatic, small-medium, isolated supraspinatus tears in older patients. For patients with this type of tear, non-surgical management affords less risk and cost while achieving similar outcomes to surgery in terms of pain and function in up to 75% of patients [2, 9, 10].



For the remaining 25%, if pain and functional disability persists despite a good course of non-surgical treatment (at least 3-6 months), surgical evaluation may be required and, indeed, many who don't, do so well with rehabilitation appear to do well following surgical repair for a variety of reasons.

For other types of rotator cuff tears, including traumatic tears, tears in younger patients, isolated, subscapularis tears, or multi-tendon tears, surgery may be considered as a first line treatment. Traumatic subscapularis tears (complete tears) usually need early repair to avoid tissue quality deterioration that may adversely affect repair potential and lead to a poor functional outcome [11].

To learn more about the Rotator Cuff with Dr Angela Cadogan.

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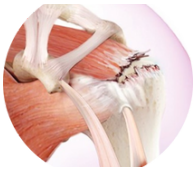
3 ROLE OF THE PHYSIOTHERAPIST

As physiotherapists, our role is to:
- Provide information about what we know of the natural history of rotator cuff tears
- Provide information about the outcomes of non-surgical management in specific types of tears
- Identify those patients who may need surgical evaluation to avoid missing an important window of opportunity for surgical repair that may improve the patients medium- to long term outcome.

We need to remain aware that there is a risk of tear size progression with non-surgical management. What may begin as a small, repairable tear, may eventually progress to a larger irreparable tear. In addition, chronic tears can be associated with muscle atrophy and fatty infiltration which can affect tissue quality and viability of later repair. We need to work with our orthopaedic colleagues to ensure the patient is provided with all the required information to make their decision.



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4 WHO TO REFER?

Be aware that referral for orthopaedic opinion does not necessarily mean the patient will be having surgery. The purpose of the orthopaedic evaluation is to allow the patient to gather all the information from both surgical, and non-surgical professionals weighing the risks of surgery and rehabilitation burden with the potential for tear progression and tendon quality deterioration that may affect future repairability and, ultimately, limb function and quality of life.

Check with the surgeons in your area, as sometimes their criteria, and referral prioritisation may vary.

In general, the following principles apply [12]:

REFER URGENTLY

Complete rupture tear of subscapularis (traumatic). Refer as soon as the diagnosis is made.

REFER EARLY (<3-6 MONTHS)

Traumatic rotator cuff tear not improving with treatment. Atraumatic, full thickness tear in a younger patient (<65 yrs) not improving despite good treatment. Chronic subscapularis tear with LHB instability.

REFER LATER

Non-traumatic tear with persistent symptoms despite good treatment (minimum 3-6 months).

5 CONSIDERATION FACTORS

Despite the above criteria, there are many other factors that are considered by the surgeons in the decision-making process:

- Patient Factors: physiologic age (tendon quality and healing potential), activity level, patient preferences.
- Symptoms: pain vs weakness.
- Tear Factors: traumatic vs non-traumatic, tear size (especially the amount of medial retraction), tendon quality (atrophy / fatty infiltration), risk of tear progression.
- Surgery Factors: anaesthetic risk, patient willingness to adhere to and undertake the prolonged rehabilitation.

6 IN SUMMARY

- Listen to the patient, provide all the information, and engage in a shared decision-making process.
- Some tears seen on imaging may be asymptomatic. Clinical correlation is needed.
- Many tears progress in size over time which may affect future repairability.
- Non-surgical management has similar outcomes to surgery for small-medium, atraumatic, supraspinatus tears in older patients.
- Identify patients who need urgent or early surgical evaluation.
- Refer other patients who are not progressing despite good treatment over appropriate periods of time.

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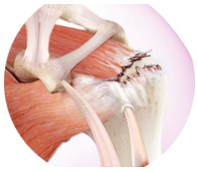

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MEET YOUR INSTRUCTOR

Dr Angela Cadogan *PhD, NZRPS, M.Sports Physio, Dip.MT Physiotherapy Specialist (Musculoskeletal)*

Dr Angela Cadogan is a NZ registered Physiotherapy Specialist (Musculoskeletal). Angela has a PhD in Musculoskeletal Diagnostics from AUT University, Auckland, New Zealand (2012) with a sub-specialty in the diagnosis and management of shoulder pain. She was awarded a Clinical Research Training Fellowship through the Health Research Council of NZ and completed her PhD in 2012. She has published several papers from her thesis in the area of shoulder diagnostics and sports physiotherapy.

She is based in Christchurch, New Zealand where she works as a clinical consultant in her own physiotherapy practice and in a diagnostic Orthopaedic Triage role (Shoulder) with the Canterbury District Health Board.

Angela has an ongoing research interest in shoulder conditions and has been an invited keynote speaker at many national and international shoulder conferences.

Angela is the Director of Physio Academy and runs her own online and in-person courses to help upskill other physiotherapists in the assessment and management of the shoulder. For more information, go to: www.drangelacadogan.co.nz

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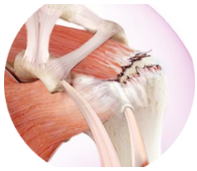

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