

Beginner's Guide to the Rotator Cuff Diagnosis & Management



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DIAGNOSIS



1. Interview

- Age >50 yrs
- Symptom onset related to load OR significant trauma.
- Pain Location: Anterior/lateral shoulder
- Health: Hypertension, cardiovascular disease, nutrition, and physical inactivity



2. Physical Examination

- Full passive ROM (esp. Ext. Rot)
- May have reduced active ROM.
- Pain/variable weakness resisted tests
- +ve "Lag" signs (if complete rupture)



3. Imaging Indicators

- Significant trauma
- Severe pain
- Not improving despite treatment
- If it will change treatment

Differential Diagnosis

Atraumatic Rotator Cuff-Related Pain

Acute Rotator Cuff Tear

Massive/Inoperable Rotator Cuff Tear

Calcific Tendinopathy

MANAGEMENT

Patient-Centered

Biopsychosocial Approach

Shared Decision-Making

Present All Treatment Options

Patient Preference



4. Physiotherapy

- Address beliefs & expectations about treatment & time-frames
- Respect irritability and advise how to manage pain.
- Address specific impairments (posture, ROM, scapula etc)
- Aim to achieve pain free active movement vs specific rotator cuff loading.



5. Injections

Consider if:

- Pain is not well controlled by other means.
- No surgery is planned.
- No contraindications.
- Patient is aware of all treatment options & provides informed consent.



6. Referral

- Red flags
- Not improving
- Acute, large rotator cuff tear
- Traumatic rupture subscapularis
- Failed non-surgical treatment



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

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