


**Orthopaedic and Sports Injuries Services "OASIS"**

**Munawar Shah FRCS, FRCS Tr & Orth**

Consultant Trauma & Orthopaedic Surgeon

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## **Rotator Cuff Tears**

Tears of the rotator cuff either following trauma or due to degenerative changes in the cuff. They may be associated with an impingement syndrome.

### **GP Assessment**

- 1) Confirm the diagnosis. Ensure that there is no neurological deficit and that the symptoms are not arising from the neck.
- 2) Differential diagnosis for frozen shoulder i.e. decreased active range of movements but possible passive range of movements.
- 3) Weakness of flexion and extension rotation.
- 4) X-ray of shoulder – to exclude other pathology.
- 5) Conservative treatment.
  - i) Physiotherapy
  - ii) Analgesia or NSAID

### **When to refer**

Main indication is weakness and pain:

- 1) Failed conservative treatment.
- 2) Night pains.
- 3) Restricted activity.
- 4) Restricted movements and function.
- 5) Refer early if suspected acute rupture.

### **When not to refer**

- 1) Painless low demand shoulders
- 2) Chronic sepsis.

**Aim of treatment**

Reduce pain and restore power range of motion to previous level of activity.

Ultra-sound assessment or MRI and had Anaesthetic tests are essential in pre-operative assessment of the rotator cuff. This is followed by either shoulder arthroscopy and repair.

**Advice to patient**

Patient should be advised that following the repair, the arm is immobilised for 4-6 weeks.

**Peri-operative procedure**

- 1) Patient will be assessed in pre-admission ward
- 2) Admission on day of surgery.
- 3) Inpatient for 48 hours.

**Risks**

- 1) Anaesthetic risk
- 2) Failure of repair / unrepairable.
- 3) Loss of full range of movement.
- 4) Infection.
- 6) Nerve injury.
- 7) Vessels injury.

If you are interested in making an appointment to discuss a treatment, please click here to [contact us](#), or telephone 01215807406

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