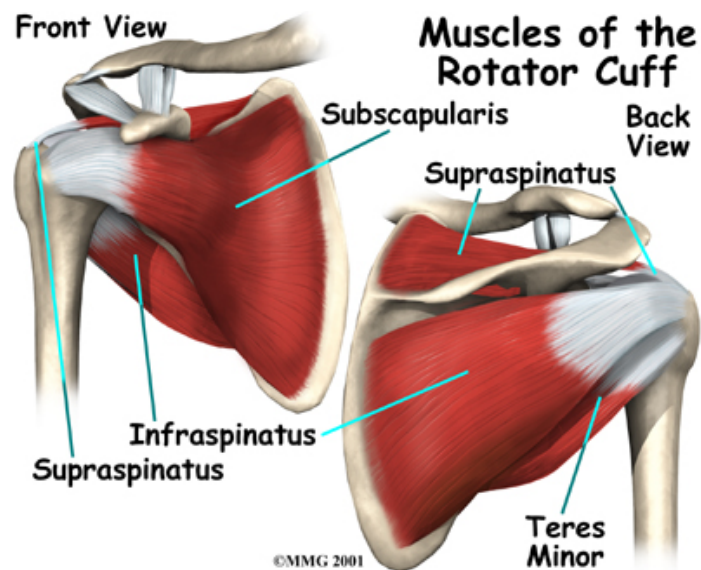


**Dr. Edward Kelly**  
[www.edwardkellymd.com](http://www.edwardkellymd.com)

The rotator cuff is made of four tendons that start on the shoulder blade and attach on the head of the humerus, or upper arm bone. There is one tendon in the front (subscapularis), one on the top (supraspinatus) and two in the back (infraspinatus and teres minor).



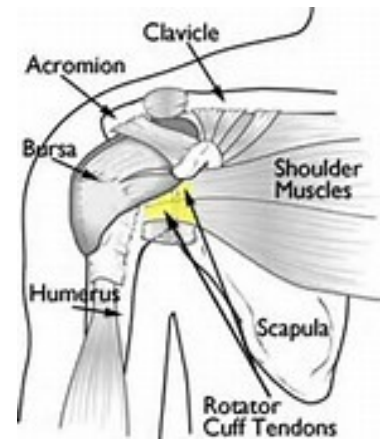
Their job is to push the ball of the humerus down and against the socket so you can raise your arm up and over your head. When the rotator cuff becomes injured, it no longer works properly to push the ball down and the rotator cuff rubs against the undersurface of the acromion, the small bone on the top of your shoulder, which causes pain.

It is very common to have pain through the shoulder and radiating into the arm due to rotator cuff pathology. The majority of patients with rotator cuff injuries describe pain in their upper arm more than their shoulder itself. This is because the bursa (a thin, fluid-filled sac) can become inflamed and also be a source of pain.

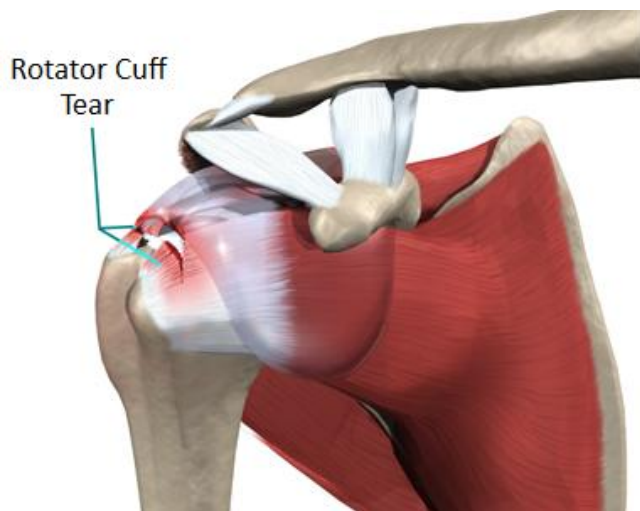
Patients can injure their rotator cuff acutely during a slip and fall event or lifting a heavy object, or their pain can appear gradually, without any specific injury.

Diagnosis of a rotator cuff injury involves x-rays, physical exam and, if needed, an ultrasound or MRI scan to further assess the tendons. For patients with rotator cuff tendonitis, the treatment includes icing the shoulder 2-3 times per day for 15-20 minutes each time, modifying activities to

avoid repetitive overhead activities or other actions that aggravate the shoulder, anti-inflammatory medications as needed for pain, a referral to physical therapy for a focused rotator cuff strengthening program, and an injection of cortisone to help decrease the pain and inflammation. The injection, should you decide to proceed, is to help you do your exercises and is not meant to cure your rotator cuff tendonitis. Most patients will have a recurrence of their shoulder pain if they do not follow through with the rotator cuff strengthening program with physical therapy. The therapy will be a program you can do at home, 3-4 times per week. The therapy should not cause increased pain. If you continue to have pain, despite the rotator cuff strengthening program, an MRI scan of your shoulder can then be ordered.



If you do have a tear in your rotator cuff, operative and non-operative treatment will be discussed. Many factors go into the decision to operate on rotator cuff tears including the size and nature of the tear, previous treatment, as well as the patient and their medical and social situation. Not every tear requires surgery and some can be treated non-operatively. If non-operative treatment is planned, an injection of Toradol (an anti-inflammatory medication different from cortisone) will be offered as well as a physical therapy order for a rotator cuff strengthening program, just as for rotator cuff tendonitis. Rotator cuff tears can get larger over time and can become irreparable. This happens at a different rate for every patient so it is impossible to judge exactly how fast it will occur. For patients who may eventually have their rotator cuff repaired, we will follow their rotator cuff tear with a repeat MRI scan every 6-12 months to reassess the tear.



For operative rotator cuff tears, surgery is scheduled as an outpatient, meaning you will go home the same day. Your arm will be in a sling for 6 weeks. The sling can come off to shower and get dressed but will otherwise stay on full time. Formal therapy will begin at 6 weeks and will continue for as long as needed. Most patients are released to a home exercise program around 4-5 months but will continue to do the exercises on their own. You will have lifting restrictions for your operative arm for at least 6 months post-operatively. Following the 6 months point, most patients will be released to return to activities without restrictions. Please keep this in mind and

put it into context to your own daily activities and job duties.

The post-operative appointment schedule is 1 week, 6 weeks, 3 months, 4 ½ months, 6 months, and 1 year post op.