## **HKSH Orthopaedic & Sports Medicine Centre**

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#### **Service Hours**

Monday to Friday: 10:00 am - 6:00 pm

Saturday: 11:00 am - 3:00 pm

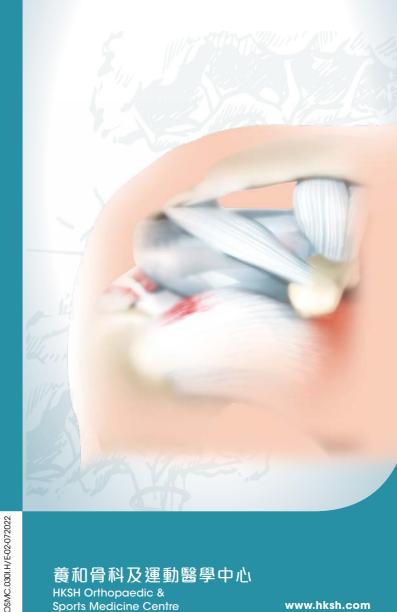
Closed on Sundays and Public Holidays

by Appointment





# **Rotator Cuff**



養和骨科及運動醫學中心

The rotator cuff comprises 4 muscles and tendons (supraspinatus, subscapularis, infraspinatus and teres minor) which wrap around the upper arm at the shoulder joint. It holds the head of the humerus or the arm bone in the shoulder joint and provides stability to the shoulder joint and power to the arm in rotation.

## What Causes the Tear?

It is often a wear and tear process. It may be associated with overuse of the muscles and tendons. People undertaking repetitive overhead activities such as tennis and weight lifting are particularly at risk. However, a single injury can also cause the tear, e.g. from a major fall. It can also be associated with fracture or dislocation of the shoulder. Most patients have recurrent episodes of shoulder pain for months. People over 40 years old are more commonly affected.

## What Happens When It Is Torn?

When it is torn, it can often cause pain and disability. Most tears are in the supraspinatus tendon, although other parts of the rotator cuff can be affected. The pain may be aggravated when lifting the arm or lowering the arm from a raised position. There may be a crackling sensation in the shoulder joint when the arm is moved. Some may feel weakness when moving the arm. When it is severe, there may be pain at night or when lying on the affected shoulder.

# How Is It Diagnosed?

Rotator cuff tear is diagnosed clinically with investigations such as X-ray, MRI and ultrasound.

Your doctor will take your medical history and perform a physical examination on your shoulder, neck and abdomen to confirm the diagnosis and exclude other causes. X-ray examinations can sometimes show bone spur, while MRI is best for examining the soft tissue and the extent of rotator cuff tear.

#### **How Is It Treated?**

## **Non-Operative Treatment**

Non-operative treatment can relieve pain and improve the function of the shoulder and may include:

- · Painkiller and anti-inflammatory medications
- Rest
- Physiotherapy
- · Local steroid injection

#### **Operative Treatment**

Operative treatment is recommended if:

- the symptoms are not relieved by non-operative treatments;
- the rotator cuff tear is acute and caused by a recent trauma, resulting in significant symptoms;
- there is a high demand of shoulder function.

Operative treatment can:

- remove the bone spur and prevent rubbing against the underlying cuff tendon;
- · repair the torn tendon.

These procedures can usually be performed arthroscopically. In some cases, surgeons may recommend a mini-open or open technique to achieve the most optimal outcome.

# **Rehabilitation after Surgery**

After the tendon is repaired, the shoulder is held in place with a shoulder immobiliser until the tear is healed. The duration of immobilisation depends on the size and extent of the tear. Motion is allowed and exercise is encouraged to regain function. Recovery may take several months.