



**QUESTION |** I HAVE A PATIENT THAT HAS A FULL THICKNESS TEAR OF THE SUPRASPINATUS, 9 MONTHS DOWN THE TRACK. HE HAS NEAR FULL RANGE BUT COMPLAINS OF SHOULDER SORENESS WITH CERTAIN REPETITIVE MOVEMENTS. I WAS WONDERING WHAT IS THE WINDOW FOR SURGERY FOR A FULL ROTATOR CUFF TEAR?

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**ANSWER |**

This is a very common situation and it is difficult to recommend surgery to a patient with full function and mild symptoms.

There are a number of issues to consider

- Over 50% of 60 year old patients have Rotator Cuff Tears and most are asymptomatic
- Tears tend to increase in size with time especially if the patient has a high demand on his/her shoulder (Yamaguchi, 2001)
- The surgical results are far better and more predictable in smaller tears and in tears where there is little atrophy of the Rotator Cuff.

When I see a patient with a Cuff Tear I assess the symptoms to determine the disability. Clinical examination is critical. As a general rule the larger the tear, the more loss of active movement and, in particular, the more loss of External Rotation power. If a patient has significant loss of movement and/or power I tend to consider surgery rather than non operative treatment. The younger and more active the patient the more I lean towards surgery.

If I am considering surgery or if I feel I need to assess the size of the tear I order an MR/Arthrogram. These tests are very accurate and not only do they reveal the size of the tear but they give a very accurate picture of the atrophy of the remaining cuff which may determine the likely outcome of surgery. I never use ultrasound as the accuracy rate is so poor, approximately 40% (Goldberg, 2003).

Thus in the case in question, after 9 months of conservative management, and with some ongoing symptoms I would get an MR/Arthrogram. If the tear is large and the patient is young, I would have no hesitation in recommending surgery. If the tear is small and the patient is older and not too active I would suggest ongoing physical therapy, some subacromial cortisone injections and NSAIDs.

So in answer to the question, if surgery is considered necessary it should be done as soon as possible because the longer the delay, the larger the tear becomes and the more atrophic the rotator cuff becomes, and the result will be compromised.

Finally, Arthroscopic and Open Rotator Cuff surgery is not benign surgery and recovery periods are often in the vicinity of six to twelve months.

**- Dr Jerome Goldberg**

#### REFERENCES

Goldberg, J. (2003). Role of Community diagnostic Ultrasound examination in the diagnosis of Full thickness Rotator Cuff tears. ANZ J Surg , 73; 797 -799.

Yamaguchi. (2001). Natural history of asymptomatic rotator cuff tears. J Shoulder & Elbow Surgery , 10; 3,199-203.

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