ROTATOR CUFF TEARS IN THE OLDER PATIENT

The Rotator Cuff muscles surround the shoulder joint, providing strength to the shoulder and functioning to lift the arm. As one gets older the muscles degenerate and become thinner. The muscles are also worn down by the Acromion bone which rubs on the Rotator Cuff as one elevates the arm. With years of repeated rubbing the muscle and its tendon eventually tear. It should be noted that more than half of people older than 60 years have torn Rotator Cuffs and yet the majority of these people have no symptoms.

Symptoms vary and depend on both the size and the extent of the tear. In most cases pain is caused by inflammation of the torn muscle. Weakness, loss of power and movement are functions of the size of the tear. In essence, the larger the tear, the poorer the function. Patients complain of pain with movements of the arm but more particularly pain at night. A torn Rotator Cuff can never heal but the symptoms of the tear can be controlled.

Non Surgical Treatment
We know from experience that in most cases (90%) pain can be controlled without an operation. This includes corticosteroid injections (which work to reduce swelling and irritation), anti inflammatory medication and physiotherapy (where the muscles that are not torn are taught to take over the function of those that are torn). If the patient has good function then having a small tear is compatible with pain free function (if the inflammation can be controlled). Many older people have no symptoms of their Rotator Cuff tears. If you are a person who has symptoms then it is unlikely that you will achieve full movement and power because a torn Rotator Cuff never heals.

It can take 3 to 6 months for non operative treatment to work.

Age is itself not a contraindication to surgery and if non operative treatment does not relieve symptoms over a 3 to 6 month period (in about 10% of cases) then surgery can be considered. It is obviously preferable to pursue non operative treatment measures (if these control the symptoms) and the patient will get a good result.

Large Tears
If the patient has considerable loss of function then it usually means that the tear is very large. In these cases surgery is generally the best option. Without surgery there is a risk of extending the tear and developing arthritis over many years (so younger people should undergo surgery regardless of the size of the tear).
If surgery is required
The operative procedure is a large one with a 12 month rehabilitation period. In addition surgery is not always successful - especially in the elderly (who have very thin and friable Rotator Cuff tendons). In some cases muscle transfers may be possible but this is extensive surgery.

May 2004

D. SHER          knee shoulder and elbow surgery
P. WALKER        knee & hip surgery
A. LOEFLER        hip, knee & spines
A. TURNBULL       hip & knee surgery
J. GOLDBERG       shoulder surgery
C. WALLER         hip & knee surgery
J. NEGRINE        foot & ankle surgery
I. POPOFF         shoulder, elbow and knee
R. PATTINSON      paediatric & general
W. BRUCE          hip & knee surgery
S. MYERS          hand & wrist surgery

160 Belmore Road, Randwick 2031    Phone 93995333    Fax 93988673
47-49 Burwood Road, Concord 2137   Phone 97442666    Fax 97443706
1st Floor Easts Tower, 9 Bronte Road Bondi Junction Phone 93892766

www.orthosports.com.au