

Rotator cuff injuries common but easily remedied, says expert

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Most rotator cuff injuries are easily remedied and many are even preventable, according to a University of Alberta rehabilitation medicine researcher.

"Over time, the [rotator cuff](#) tissue wears out, so the longer you can kind of keep everything mobile and strong, the better," said physical therapy professor Judy Chepeha. "For that to happen, we need to look at overall shoulder health and a really good balance of muscles."

Chepeha likens the rotator cuff to a hand coming from the shoulder blade to the front and grabbing onto the ball at the top of the upper arm.

"Four muscles converge together to form this common attachment really deep within the shoulder joint, to stabilize the joint while allowing the arm to rotate," she said. "You can see why, when it goes down, there are some pretty big consequences."

Before anyone finds their way onto the rotator cuff injury spectrum, Chepeha said strengthening the

muscles along the shoulder blade, as well as the trapezius—a set of three postural muscles that span the entirety of the upper back—can help.

"The rotator cuff lives on the shoulder blade, so the two are absolutely partners in this," she said. "Strong shoulder blade muscles equal a good environment for a strong cuff."

Chepeha's suggested exercises for strengthening the shoulder and back complex include movements and exercises along the lines of shrugs, rowing and lat pulldowns.

"Anything where you squeeze your shoulder blades together is great," she said.

Most people think rotator cuff injuries are a result of a major episode, such as a "fall on an outstretched hand"—known as a FOOSH injury—where the joint gets compressed and torn. But Chepeha said more often than not, injury comes as a result of repetitive strain. People whose vocation includes tasks done above shoulder height, such as carpenters and painters, are particularly vulnerable, as are athletes.

"We see that one-mechanism rotator cuff injury for sure, but mostly when we put the puzzle pieces together, we realize there's been a lot of stress on that tissue," she explained.

Repetitive motion over time can result in inflammation and even minor partial thickness tears, which Chepeha said sound terrible but can be remedied quite well with time and exercise, and rarely require surgery.

In rehabbing such injuries, she said patients will want to follow the same guidelines as for any other [injury](#)—modified rest followed by activity.

"What we really try and get people to do is to move within their pain-free range as soon as they can,"

she said. "If you do nothing because you're scared to move your shoulder, it will adhere or stiffen up, and can lead to a frozen shoulder."

She explained a favorite rehab exercise of most physiotherapists involves the patient holding their arm at their side with a 90-degree bend at the elbow. They then simply rotate their forearm and wrist inwards and out.

Chepeha noted that shoulder management is very active and doesn't involve a lot of the physio machines patients may come to expect with other injuries. She added she likens shoulder rehabilitation to strengthening your core.

"I always talk about that area as the upper core of your trunk: the [shoulder blade](#) muscles help bring you out of that rounded forward position and the cuff helps stabilize the [shoulder joint](#) so we can move our arms efficiently."

Provided by University of Alberta

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