



Shoulder Rotator Cuff Injuries.

The shoulder is comprised of four articulating joints allowing for a large degree of movement. The increased range available on the shoulder depends therefore to a greater degree on support supplied mostly a group of four muscles, commonly termed the rotator cuff. The four muscles are: the subscapularis, teres major, infraspinatus and supraspinatus muscles.

Impingement can be primary – the result of anatomical (bony) differences that cause compression from above. Secondary impingement differs in that the compression is as a result of a change in the space available by either swelling or a change in the alignment of the different shoulder component through postural changes.

Whether primary or secondary, the impingement is caused by a reduction of the sub acromial space through which the tendons pass. Constant pressure results in swelling of the rotator cuff which over time, if left untreated may develop into chronic long standing tendon pathology.

Symptoms:

Localised pain, dependant on the cause – can be anterior, posterior (back) or on the side of the shoulder/ arm. Pain usually occurs and is aggravated by overhead activities.

Treatment:

Identification of the cause is important. If primary impingement is suspected an X ray may be required. Alternatively addressing biomechanical factors that are causing impingement is crucial. Rest is also occasionally required for longstanding tendon pain.

Treatment therefore will entail modalities for pain reduction and addressing the biomechanics through mobilisation and massage techniques as well as an individualised exercise programme.

Technique modification and coaching may be required for elite sports persons.

If pain fails to improve, corticosteroid injection may also be required to reduce pain levels therefore allowing greater ability to continue with an exercise programme.