



YOUR GUIDE TO

ROTATOR CUFF (R/C) LESIONS

Contents

What is the Rotator Cuff?	3
What causes an Rotator Cuff lesion?	4
What treatment can I receive?	5
How long will it take to get better?	6
What exercises should I do?	7
Exercises	7
Phase 1	7
Phase 2	13

Introduction

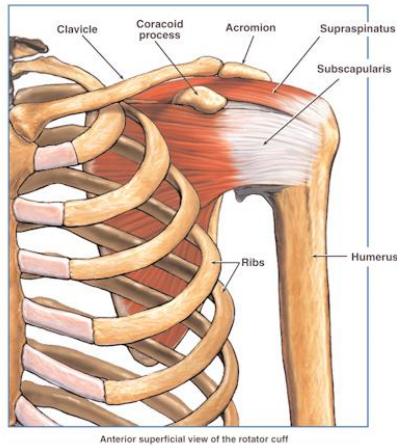
Please take note of the following before starting any of the exercises in this guide:

- The information contained in this guide is intended to assist in managing your recovery.
- This guide is based on the latest medical research in the field and contains the best advice available to the best of our knowledge.
- This guide is complimentary to other medical services and is not intended as a substitute for a health care provider's consultation. Never disregard medical advice or delay in seeking advice because of something you have read in this guide.

● Many people have found quick and lasting relief from their pain by acting upon the information provided, but everyone decides for themselves what to do with this information. Should you doubt a particular exercise in your situation, please consult your health professional.

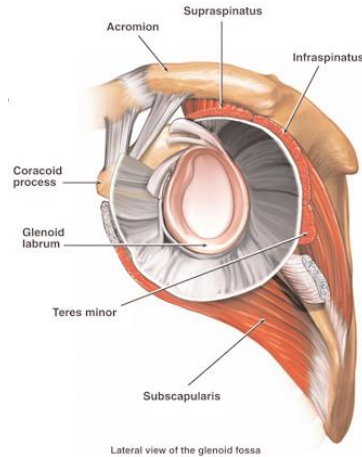
When consulting your health professional, it is wise to take this guide with you to show them.

What is the Rotator Cuff?

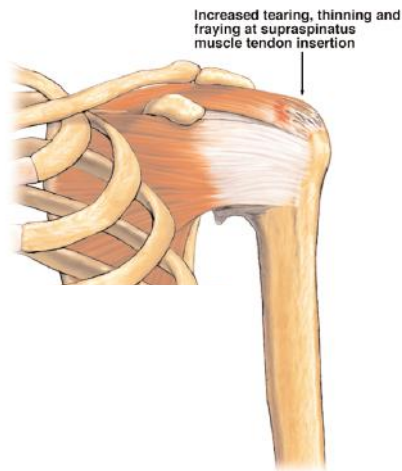


The rotator cuff comprises a group of four muscle-tendon units that wrap around the front, top, and back of the shoulder joint, namely supraspinatus, infraspinatus, subscapularis and teres minor. These muscles, which are connected to the bones by tendons, move the shoulder in many directions and hold the humeral head (ball) and the glenoid fossa (socket) together. A bursa (fat pad), which lies over the tendons, reduces tension between the tendons and bone, and protects the tendons from excessive pressure.

If you overuse or injure your rotator cuff, you can develop lesions (changes in the tissue). There are many degrees of rotator cuff lesions. You may have a minor lesion, such as inflammation or tendinitis (inflammation of the tendons), or you may have a more



severe injury, such as a partial tear of the muscle and tendon fibres or a complete tear of the tendon that causes the muscle to pull away from the bone.



What causes a Rotator Cuff lesion?

There are many things that can cause the rotator cuff to tear. Constant stress and wear from doing the same activity over and over can cause the tendons to fray from the bone. The rotator cuff tendons often tear in people who are about 40 years of age or older because their tendons have been worn down slowly over time from the stresses of everyday work and activities, especially when the work or activities were done with their arms over their head. The rotator cuff tendons of a person with an abnormally loose or unstable shoulder can get sandwiched between the humeral head and acromion (roof of bone above the tendons that is part of the shoulder blade) and eventually can tear. Sometimes, natural variations in the way the shoulder joint is built causes abnormal wear on the tendons that can also cause a tear.

AN ACUTE TEAR

Acute tearing of the RC tends to happen as a result of a sudden, powerful movement. This might include falling over onto an outstretched hand at speed, making a sudden thrust with the paddle in kayaking, or following a powerful pitch/throw.

The symptoms will usually include:

- A sudden tearing feeling in the shoulder, followed by severe pain through the arm
- Limited movement of the shoulder due to pain or muscle spasm
- Severe pain for a few days (due to bleeding and muscle spasm) which usually resolves quickly
- Specific tenderness over the point of rupture/tear
- If there is a severe tear, you will not be able to abduct your arm (raise it out to the side) without assistance

What treatment can I receive?

WHAT CAN I DO TO HELP MY ROTATOR CUFF MUSCLES RECOVER?

- Rest the shoulder
- Ice can be used at least 3 times a day and is useful for the first couple of days following an injury. Apply ice for no more than 15-20 minutes ensuring you use an appropriate ice bag, or wrap the ice in a towel to prevent an ice burn
- Warmth may be useful after the first few days to help with the pain
- Medication may be used to help control the pain. Speak to your doctor if you think you require stronger medication than what you might usually take

TREATMENT FOR AN ACUTE ROTATOR CUFF TEAR

- Apply ice to reduce swelling as above
- Control the pain with appropriate medications
- Rest the arm. A sling can sometimes be quite useful if you still need to go to work/school, and can be removed at night
- You may require imaging studies (x-ray, MRI, CT Scan) to identify what the problem is and rule out any fractures
- Consider consulting a physiotherapist who can assist you with rehabilitating the injury

If the injury is quite severe and you are young and active, you might require surgery to fix the tear.

Indications include:

- Under 60 years old
- Complete tears of the tendon/muscle
- Failure of other treatments to show any improvements after 6 weeks
- Professional/keen sports people
- If your job requires constant shoulder use

TREATMENT FOR A CHRONIC ROTATOR CUFF TEAR

- Control pain
- Apply ice as above, heat may also be beneficial
- Sometimes you might be referred for an injection of steroid medication directly into the site of the problem to help reduce any inflammation and allow you to proceed with rehabilitation
- Shoulder exercises which can be provided by a physiotherapist

TREATMENT FOR ROTATOR CUFF INFLAMMATION

- Apply ice initially as above
- Rest the arm for short periods, but it is important to keep the shoulder moving to prevent stiffness and further reduced movement.
- You may benefit from a course of anti-inflammatory medications
- You may need to have an injection of steroid medications directly to the site of the inflammation, as explained above.
- Heat and massage may help once things start to improve a bit

- Small pendular movements when leaning forwards may provide some relief and help to improve the shoulder movement (See exercises later in leaflet). Consult with a physiotherapist for a personalised exercise plan.
- Walking your fingers up a wall or door can help to improve shoulder movement. Also, holding a stick with both hands and using the better shoulder to move in a circular fashion can help, as this moves the painful shoulder, with minimal stress on the rotator cuff muscles

How long will it take to get better?

Depending on several factors, conservative treatment has a 40-90% success rate at fixing the problem. Surgery often has good results, with some studies citing a 94% success rate with the surgery, resulting in lasting pain relief and

improved function. Very extensive tears often have a poor surgical outcome however this injury is thankfully quite rare. If you are older, it will take you longer to heal due to differences in your physiology.

What exercises should I do?

Before starting these exercises, be sure to consult with your physiotherapist or allied health professional to ensure that they are right for you. It is important that you work within a pain free range of motion at all times. If you are

experiencing pain or excessive discomfort with any of these exercises, it is important that you consult with your physiotherapist before continuing. Make sure you are able to do all the exercises in phase 1 before progressing to phase 2

Exercises phase 1

STRETCHES

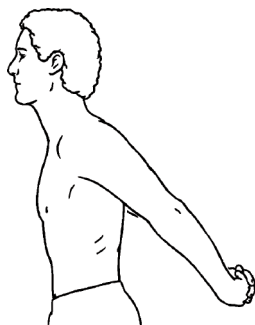
● Perform each exercise **2-3 times**, holding the stretch for **30 seconds**.

● There should not be any pain when performing a stretch it should be a comfortable pull.



POSTERIOR CUFF

Take one arm across your chest, taking care to keep your shoulders level. Use the other hand to pull your arm across your body. You may find this too painful to do initially. Be guided by your pain and if it makes it worse then **don't do it!**



ANTERIOR CUFF

Grasp your hands together behind your back, keeping your arms straight as you raise them. Be careful not to drop your head forward.



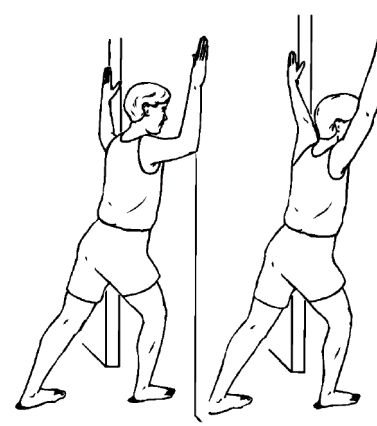
UNDER CUFF

Take one arm up and behind your head, so that your hand is against your upper back. Gently push down on the raised elbow with your other hand.



LEVATOR SCAPULAE

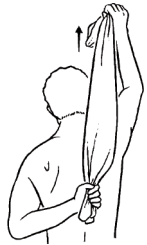
Sitting on the end of a bed or on a chair, place your left hand behind your back, fingers facing inwards and the palm of your hand flat on the surface. Now stretch your neck to the opposite side, i.e. turn your right ear towards your right shoulder.



DOOR STRETCH

Stand in a walking position, side on to a doorway or corner. Bend your elbow and support the forearm against the doorframe. Gently rotate your upper trunk away from the arm until the stretching can be felt in the chest muscles.

Exercises phase 1 (continued)



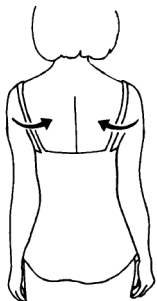
MEDIAL/LATERAL ROT STRETCH

Holding a towel, take one hand over your head and one hand behind your back, firstly pull down with the bottom hand and hold, and then pull up with the top hand and hold. Now change hands and repeat.

STABILITY AND MOBILITY

● Perform each exercise 10 times aim to repeat this 4-5 times a day.

● These exercises should not make your pain worse. They should be undertaken within a pain-free range.

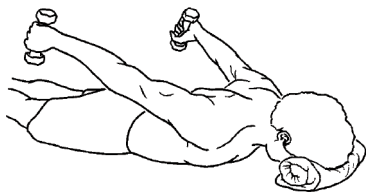


STABILIZING

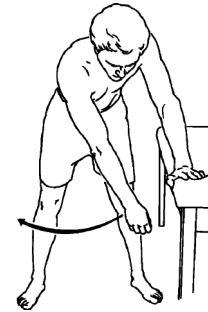
Sitting on the edge of a chair or bed, both feet flat on the floor, your shoulders back, your stomach in, your posture good. Keeping your shoulders level and down, retract them, by crunching your shoulder blades together. Hold this position for 10 seconds and then relax the retraction. Repeat 10 times.

PRONE FLIES 1

Lying face down, arms against your sides with your hands turned



outwards i.e. thumbs pointing upwards. Bring your shoulder blades down your back, and slightly in towards each other. Now lift your arms off the floor while maintaining your shoulder blade position. Look down at the floor while doing the exercise. Hold for 10 seconds and repeat 10 times. This can be progressed by holding small weights in your hands



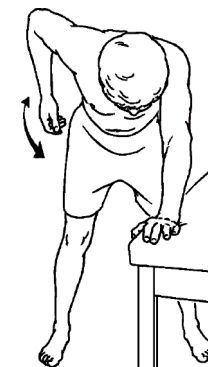
PENDULUM FORWARDS AND BACKWARDS

Supporting body weight with opposite hand on table, gently move arm forwards and backwards, by rocking body weight forwards and backwards. Let arm swing freely.



PENDULUM CLOCK / ANTI-CLOCK

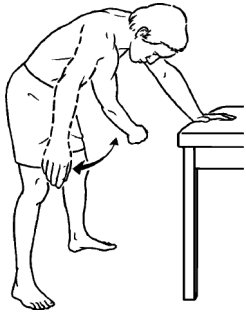
Let arm move in a circle clockwise, then anti-clockwise by rocking body weight in a circular pattern.



SAWS

Supporting body weight with hand on table, reach out in front of you. Pull arm back pinching shoulder blades together.

Exercises phase 1 (continued)



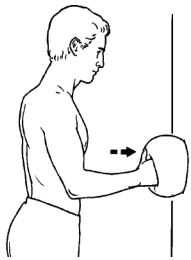
PENDULUM SIDE TO SIDE

Supporting body weight with opposite hand on table, gently move arm from side to side by rocking body weight from side to side. Let arm swing freely.

STRENGTHENING

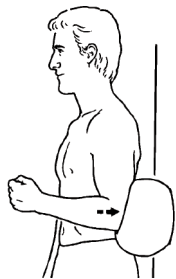
● You should be aiming to hold these contractions for 10 seconds. If you can only manage 5 seconds to begin with that's fine, aim to build it up to 10 slowly.

● Repeat each exercise 10 times, again aiming to do this 4-5 times a day.



STATIC FLEXION

Using a wall to provide resistance, press fist into wall as shown, using light / moderate resistance (place pillow between you and the wall).



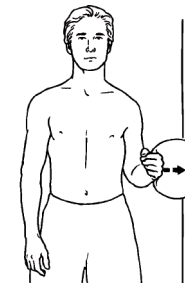
STATIC EXTENSION

Place pillow between your arm and the wall. Press back of arm into wall using light / moderate resistance.



STATIC INTERNAL ROTATION

Stand with your arm close to your side, with a towel placed between your side and your elbow, and your elbow at a right angle. Push the palm of your hand against the wall (place a pillow between your hand and the wall). Hold for 10 sec. Repeat 10 times on each arm.



STATIC EXTERNAL ROTATION

Stand with your arm close to your side, with a towel placed between your side and your elbow, and your elbow at a right angle. Push the back of your hand against a wall (place a pillow between your hand and the wall). Hold for 10 sec. Repeat 10 times on each arm.

Exercises phase 2

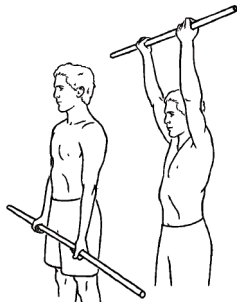
Phase 2 exercises can be started when you are able to do all the Mobility and Strengthening exercises in Phase 1 with no adverse effects. Make sure you do not start any

progressions within an exercise until you are able to do the first part of the exercise (a) pain free and with control. Continue with the stretches of phase 1

MOBILITY

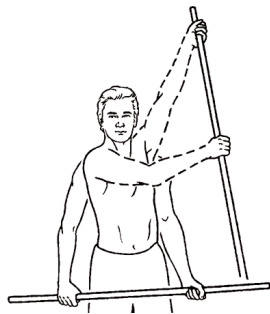
- Perform each exercise 10 times aim to repeat this 4-5 times a day.

- These exercises should not make your pain worse. They should be undertaken within a pain-free range, although you may push into your pain provided it eases when you move your arm back again.



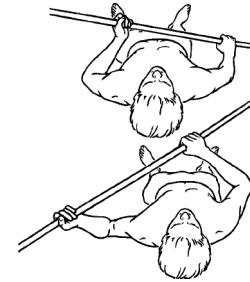
FLEXION WITH STICK

Bring stick up as far as you can, leading with your uninvolved side, until you feel a stretch. The movement should be slow, controlled and pain free.



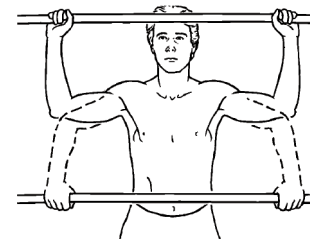
ABDUCTION WITH STICK

Holding stick with involved side palm up, push stick directly out from your side with uninvolved side (palm down) until you feel a stretch.



EXT. / INT. ROTATION WITH STICK

Hold stick with involved side palm up, push with uninvolved side (palm down) out from body while keeping elbow at side until you feel a stretch. Then pull back across body leading with uninvolved side. Be sure to keep elbows bent. The movement should be slow, controlled and pain free.



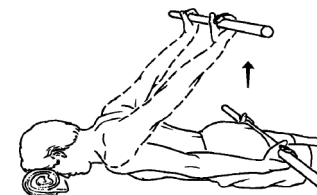
EXT. / INT. ROTATION AT 90° WITH STICK

Starting with elbows in line with shoulders and elbows bent to 90°. Move the stick upward towards your head and then down towards waistline. The movement should be slow, controlled and pain free.



HORIZONTAL ABDUCTION WITH STICK

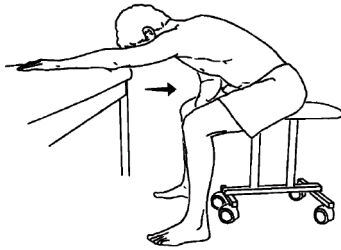
Keeping both palms down, push stick across body with uninvolved side. Then pull back across body, keeping arms parallel to floor. Do not allow your trunk to twist.



EXTENSION WITH STICK

Lift backward from buttocks until a stretch is felt. This can be performed while lying on your front or in a standing position.

Exercises phase 2 (continued)



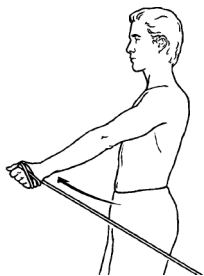
FLEXION STRETCH

Sitting upright, slide forearm forward along table as you bend from the waist until a stretch is felt.

STRENGTHENING

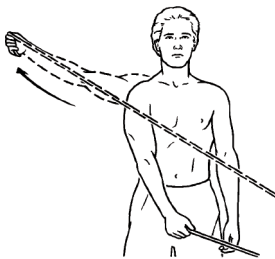
● You should be aiming to perform these exercises slowly, concentrating on controlling the movement. Try counting to 5 as you perform the movement, it should take you this long to do one repetition of one exercise!

● Repeat each exercise 10 times, again aiming to do this 4-5 times a day.



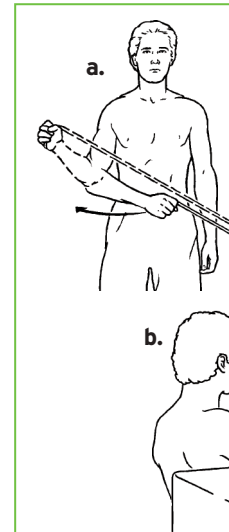
RESISTED FLEXION

Using elastic tubing / band start with arm at side and pull arm forward and upward. Move shoulder through pain free range of motion.



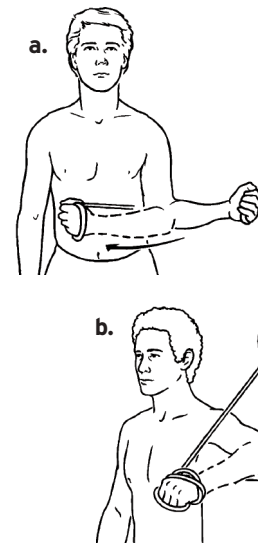
RESISTED ABDUCTION

Using elastic tubing / band start with arm across body and pull away from side. Move through pain free range of motion.



RESISTED EXTERNAL ROTATION

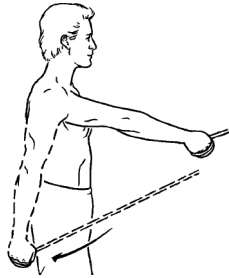
a. Using elastic tubing / band and keeping elbow in at side, rotate arm outward away from body. Be sure to keep forearm parallel to floor.
b. This can be progressed (when pain free) by raising your elbow to shoulder height and keeping it at right angles (90/90 position). Holding on to the band, starting with your forearm facing the floor, rotate your arm backwards until your forearm is in line with your head. Ensure that your elbow stays in line with your shoulder at all times and the movement is slow and controlled within a pain free range.



RESISTED INTERNAL ROTATION

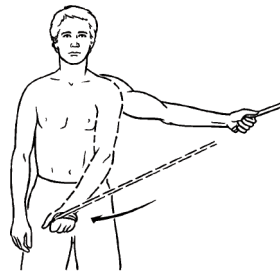
a. Using elastic tubing / band and keeping elbow in at side, rotate arm inward across body. Be sure to keep forearm parallel to floor.
b. This can be progressed (when pain free) with your arm in the 90/90 position. This time start with your forearm in a position parallel to your head and bring it down until your forearm is parallel to the floor. Ensure that your elbow stays in line with your shoulder at all times and the movement is slow and controlled. Don't progress to this position too quickly

Exercises phase 2 (continued)



RESISTED EXTENSION

Using elastic tubing / band pull arm back. Be sure to keep elbow straight.



RESISTED ADDUCTION

Using elastic tubing / band pull arm in toward buttock. Do not twist or rotate trunk.

Contact us

This guide is designed to assist you in the self-management of your injury/condition.

We are here to assist your recovery in the shortest but safest possible time. If you have any uncertainties or queries

regarding the information, please do not hesitate to contact us on:

Phone 017890400999 / 07870166861

www.mdphysiotherapy.co.uk