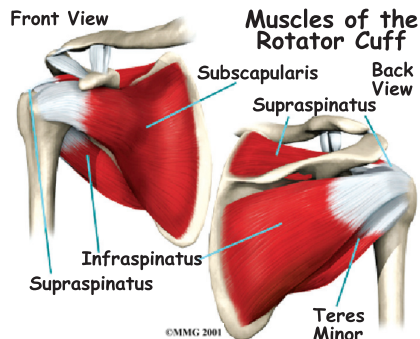
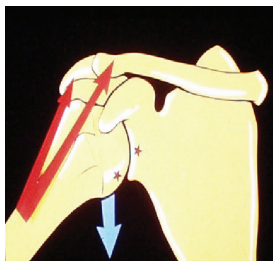
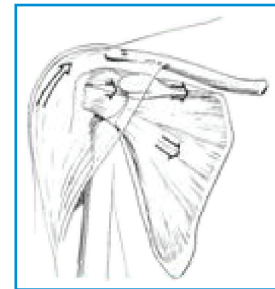


# Rotator Cuff Arthropathy



The rotator cuff is needed for normal shoulder function. The rotator cuff consists of four muscles that become tendons as they attach to the shoulder.

A key function of the rotator cuff is to **stabilize** the shoulder by pulling the ball (humeral head) into the socket (glenoid).



In some shoulders with rotator cuff tears, the stability of the shoulder is lost. Powered by the deltoid muscle, the humeral head begins to migrate upwards. Normal motion is lost. In the presence of a posterior rotator cuff tear, movement of the arm across the body can drive the humeral head backwards. Similarly, lack of anterior rotator cuff stability can also allow the humeral head to slip forward in activities such as over-arm throwing, bowling and swimming. Sometimes, people report an 'empty' feeling in the arm in such cases. Regardless of pathology, pain can radiate into the arm. The presence of spinal pathology can also lead to rotator cuff dysfunction.

## Assessment & Treatment

Assessing the direction of instability is important to determine the correct exercise regime for the rotator cuff muscles. Additionally, exercises that optimize the placement of the shoulder blade on the thorax as well as those which involve diaphragm function and neck stability & mobility are frequently required. Differential diagnosis of spinal contributing factors will also be made by the physiotherapist.

Since exercise and rehabilitation are the mainstay of treatment, client – therapist interaction are crucial in order to determine the goals of treatment based on the precise discrimination of pathology as well as establishing the time lines of healing and repair. Generally, rotator cuff dysfunction can take anywhere between 6 weeks and 6 months to repair.

Besides exercises, the therapist will use 'hands-on' techniques such as 'dry needling', soft tissue massage, joint mobilizations, electrotherapy and taping to assist in the rehabilitation process.

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