Kalyani's Knee & Shoulder Clinic

कल्याणी घुटना एवम कंधा क्लिनिक

Rotator Cuff Tear

Shoulder Injury

Patient Awareness | Shoulder Function & Sports Injury Care

Appointments: 9554066663 | 9554066664 | 9219200378

Address: Umaraha Market, Varanasi

What is a rotator cuff tear? The rotator cuff is a group of four tendons and muscles around the shoulder. It keeps the ball of the shoulder centred in the socket and helps lift, rotate and control the arm. A tear can cause pain, weakness and difficulty with overhead work, dressing, lifting and sleep.

Shoulder function focus: The rotator cuff is essential for shoulder stability and smooth movement. Early diagnosis, physiotherapy, tendon protection and timely repair in selected cases can preserve strength, motion and long-term shoulder function.

Mode of injury

- Fall on the outstretched hand or directly on the shoulder.
- Sudden lifting, pulling or jerking injury.
- Shoulder dislocation, especially in older patients.
- Repetitive overhead work or sports such as cricket, badminton, tennis or swimming.
- Gradual age-related tendon wear, impingement or poor tendon quality.
- May occur with biceps tendon, labrum, AC joint or stiffness problems.

Common symptoms

- Pain over the outer shoulder or upper arm, often worse at night.
- Pain while lifting the arm, reaching overhead or reaching behind the back.
- Weakness while lifting, combing hair, wearing clothes or carrying objects.
- Clicking, catching, painful arc or difficulty lying on the affected side.
- Loss of confidence in the shoulder and reduced sports/work function.
- Acute large tears may cause sudden inability to raise the arm.

When to seek early consultation

- Sudden weakness after fall, accident or shoulder dislocation.
- Pain persisting despite rest, medicines or physiotherapy.
- Night pain, repeated swelling/stiffness or progressive loss of function.
- Difficulty lifting the arm above shoulder level.
- Young/active patient or manual worker with traumatic shoulder weakness.

Examination and diagnosis

History: injury mechanism, pain location, night pain, weakness, work/sports demand and previous shoulder problems are reviewed.

Inspection: posture, muscle wasting, shoulder height, scapular movement and painful guarding are assessed.

Range of motion: active and passive movement are compared to identify stiffness, pain inhibition or true weakness.

Strength tests: supraspinatus, infraspinatus, subscapularis and teres minor are assessed using resisted elevation and rotation tests.

Associated problems: impingement signs, biceps tests, AC joint assessment, instability and neck screening may be required.

Imaging: X-rays look for arthritis, spurs or fracture. Ultrasound or MRI confirms tear size, tendon retraction, muscle quality and associated pathology.

Technical details

Tear pattern: tears may be partial-thickness or full-thickness, acute or chronic, small, medium, large or massive.

Tendon quality: retraction, fatty degeneration, muscle atrophy and tissue quality influence repairability and prognosis.

Arthroscopic repair: keyhole portals allow visualisation, preparation of the footprint, anchor placement and tendon fixation to bone.

Additional procedures: biceps tenodesis/tenotomy, subacromial decompression, distal clavicle excision or capsular release may be added when indicated.

Rehabilitation principle: the repaired tendon needs protection while motion, strength and shoulder control are restored step by step.

Rotator Cuff Tear - Treatment, Recovery and Shoulder Function

Non-surgical / rehabilitation-based care

- Activity modification: avoid painful heavy lifting and repeated overhead loading initially.
- Pain control with medicines, ice/heat and lifestyle modification as advised.
- Physiotherapy to restore posture, scapular control, range of motion and rotator cuff/deltoid strength.
- Injection may be considered for selected patients with severe pain or bursitis to allow rehabilitation.
- Best suited for small/partial tears, degenerative tears, lower-demand patients or medically unfit patients.
- Regular review is important if weakness progresses or function remains poor.

Surgical treatment / cuff repair

- Considered for acute traumatic tears, repairable full-thickness tears, persistent weakness or failed conservative treatment.
- Commonly performed arthroscopically using small keyhole incisions.
- The torn tendon is mobilised and fixed back to the bone using suture anchors.
- Associated biceps, impingement, AC joint, labrum or stiffness problems may be addressed when clinically appropriate.
- Massive irreparable tears may need debridement, partial repair, tendon transfer, superior capsular reconstruction or reverse shoulder replacement in selected cases.
- Return to work/sport depends on healing, strength recovery and surgeon/physio clearance.

Useful classification for patient understanding

Type / Pattern	Meaning	Usual approach
Tendinopathy / bursitis	Painful tendon irritation without major tear.	Physiotherapy, posture correction, activity modification; injection in selected cases.
Partial-thickness tear	Part of tendon thickness is torn; strength may be preserved or mildly reduced.	Rehabilitation first in many cases; arthroscopy if persistent symptoms or high demand.
Full-thickness repairable tear	Tendon detached through full thickness, often with weakness.	Repair considered if symptomatic, traumatic, active patient or progressive weakness.
Massive / retracted tear	Large tear with tendon retraction or muscle changes.	Individualised plan: repair if possible, partial repair, tendon transfer, SCR or replacement options.
Cuff tear + stiffness/arthritis	Tear with frozen shoulder or joint wear.	Treat stiffness/arthritis alongside cuff problem; treatment may differ from simple repair.

How rotator cuff care helps shoulder function

A painful or weak rotator cuff can disturb shoulder mechanics and overload the deltoid, biceps, scapular muscles and remaining cuff tendons. The aim of treatment is pain relief, restoration of controlled movement, protection of repairable tissue and prevention of avoidable stiffness or chronic weakness.

Rehabilitation and return to activity: key milestones

Phase	Main goals	Progression depends on
Early phase	Pain control, sling/protection if operated, safe passive/assisted movement.	Pain, repair type, tear size and surgeon protocol.
Motion phase	Regain range of motion, prevent stiffness and restore scapular control.	Healing, stiffness and movement quality.
Strength phase	Gradual rotator cuff, deltoid and scapular strengthening.	Strength symmetry and absence of pain flare.
Return phase	Work/sport-specific lifting, throwing or overhead progression.	Functional testing and surgeon/physio clearance.

Note: This handout is for patient education only. Final diagnosis and treatment should be individualised after shoulder specialist consultation, clinical examination and appropriate imaging. Sources reviewed: AAOS OrthoInfo and NHS/orthopaedic patient guidance.