

Rotator Cuff Tears and Impingement - Management Guidelines for General Practitioners

These guidelines were initially presented by Dr Ken Yamaguchi, Washington Uni. Orthopaedics, USA. They are a resource for clinicians. I stress that they are only guidelines and are not applicable to every clinical situation.

GROUP ONE

DIAGNOSIS:

- Cuff is intact.
- Partial thickness tears.
- Cuff tendinosis.

MANAGEMENT:

- High success rate.
- Physiotherapy.
- NSAIDs.
- Sub-acromial injections.

Err towards non-operative management.

GROUP TWO

DIAGNOSIS:

- Small, medium-sized tears.
- Tears in younger patients (<60 yo).
- Acute tears:
 - Any size.
 - Distinct injury, <3 months.

MANAGEMENT:

- High risk of irreversible damage.
- Surgery

Err towards early surgery.

GROUP THREE

DIAGNOSIS:

- Large, chronic tears.
- Tears in elderly (>70 yo).
- MRI—chronic changes within cuff.

MANAGEMENT:

- Irreversible damage has already occurred.
- Physiotherapy.
- NSAIDs.
- Sub-acromial injections.

Err towards non-operative management.

These notes have been prepared by orthopaedic surgeons at OrthoSport Victoria. They are general overviews and information aimed for use by their specific patients and reflects their views, opinions and recommendations. This does not constitute medical advice. The contents are provided for information and education purposes only and not for the purpose of rendering medical advice. Please seek the advice of your specific surgeon or other health care provider with any questions regarding medical conditions and treatment.