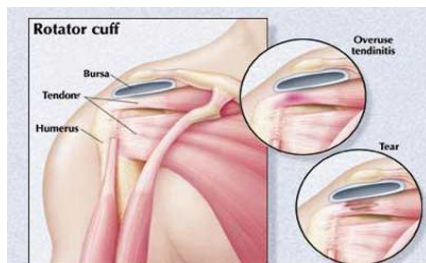


Rotator Cuff Tendinitis



The rotator cuff is comprised of four muscles: supraspinatus, infraspinatus, teres minor and subscapularis. Collectively these muscles support the glenohumeral joint by holding the humeral head centrally on the glenoid fossa of the scapula. Loss of mobility at the shoulder girdle, as well as imbalances in muscular strength – produced by repetitive occupational or sports activities – can alter the mechanics of the shoulder girdle. Commonly, anterior and superior migration of the humeral head is observed relative to the glenoid fossa. This produces impingement of supraspinatus between the humerus and the acromion process – particularly in arm elevation

Individuals who are experiencing rotator cuff tendinitis may experience:

- Pain at the lateral shoulder
- Weakness/inhibition of the shoulder musculature
- Loss of mobility at the shoulder girdle
- Difficulty performing overhead activities such as reaching or throwing
- “Clicking” or catching that occurs with shoulder movements

Physiotherapists who specialize in the treatment of shoulder injuries have participated in post-graduate training to understand the biomechanics of the shoulder girdle. They are able to assess the mobility of the glenohumeral and scapulothoracic joints. Additionally, the muscles of the shoulder girdle are assessed in terms of their strength - acting to move the arm - as well as their ability to stabilize and support the scapulae and glenohumeral joints.

As part of a comprehensive physiotherapy examination, the mobility and mechanics of the cervical and thoracic spine are also evaluated. Decreased mobility and postural muscle imbalances at these regions have been demonstrated to affect the resting position of the scapulae, and further contribute to faulty mechanics at the shoulder girdle.

Physiotherapy treatment for rotator cuff tendinitis has been demonstrated by the research literature to reduce pain, and improve physical function. Physiotherapy care may include:

- Pain relieving modalities such as soft tissue massage, acupuncture, ultrasound, electrotherapy
- Manual therapy to increase mobility at the cervicothoracic spine and glenohumeral joints
- Strengthening exercise for the rotator cuff to restore optimal alignment of the humeral head relative to the glenoid fossa
- Strength and flexibility exercise to restore optimal scapular positioning and mobility
- Work and sport-specific conditioning exercise

References

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For further information about physiotherapy treatment for shoulder girdle dysfunction, or to book an appointment with a registered physiotherapist who specializes in the assessment and treatment of shoulder injuries please contact

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