

Post Operative Care

It is important to wear a sling with a small pillow for six weeks, during which time simple passive range of motion is initiated. Driving a car can start after 1 week.



At six weeks a more active range of motion is initiated. Return to overhead activities usually occurs at between 3 and 4 months.



George Murrell
Shoulders



1. Kurz AZ, Kelly MJ, Hackett L, Murrell GA. Effect of surgeon-sonographer interaction on ultrasound diagnosis of rotator cuff tears: a five-year cohort study in 775 shoulders. *J Shoulder Elbow Surg. Sep 2016;25(9):1385-1394.*
2. Yeo DY, Walton JR, Lam P, Murrell GA. The relationship between intraoperative tear dimensions and postoperative pain in 1624 consecutive arthroscopic rotator cuff repairs. *Am J Sports Med. Mar 2017;45(4):788-793.*
3. Murrell GAC, Walton J. Diagnosis of rotator cuff tears. *Lancet. 2001;357(9258):769-770.*
4. Robinson HA, Lam PH, Walton JR, Murrell GA. The effect of rotator cuff repair on early overhead shoulder function: a study in 1600 consecutive rotator cuff repairs. *J Shoulder Elbow Surg. Jan 2017;26(1):20-29.*
5. Yamaguchi K, Tetro AM, Blam O, Evanoff BA, Teeffey SA, Middleton WD. Natural history of asymptomatic rotator cuff tears: A longitudinal analysis of asymptomatic tears detected sonographically. *Journal of Shoulder and Elbow Surgery. May/June 2001;10(3):199-203.*
6. Seker V, Hackett L, Lam PH, Murrell GAC. Evaluating the outcomes of rotator cuff repairs with polytetrafluoroethylene patches for massive and irreparable rotator cuff tears with a minimum 2-year follow-up. *Am J Sports Med. Oct 11 2018;363546518801014.*

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ROTATOR CUFF TEARS



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The rotator cuff consists of four tendons that surround the humeral head and seat it against the glenoid. When working well, the rotator cuff allows the arm to function overhead.

When not working patients classically present with pain with overhead activities and pain at night.

Diagnosis

The three most useful clinical tests are: weakness on external rotation, weakness on supraspinatus testing and a positive impingement sign³. Rotator cuff tears can be ruled in or ruled out using these tests:



Clinical Tests Positive	Age	Chance of Rotator Cuff Tear
All 3	Any	98%
Any 2	>60	98%
None	Any	5%



Imaging

We have found our on-site ultrasound service to be a fast, accurate and non-invasive way of confirming the diagnosis¹. Xrays are important for ruling out other pathology.

Management

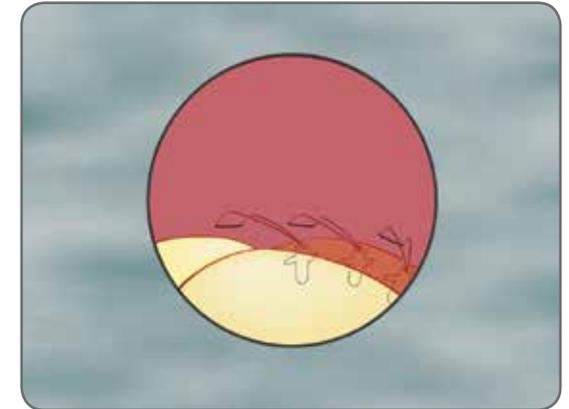
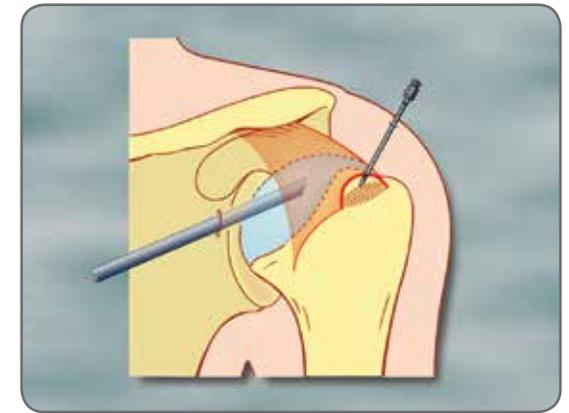
Partial-thickness tears are initially treated as per impingement with a corticosteroid injection in the subacromial space, followed by rehabilitation.

Full-thickness tears enlarge with time⁵, and I recommend early surgical repair.

Arthroscopic Repair

Technological advances are making it easier and easier to repair rotator cuffs as half day cases under regional anaesthesia.

The tear is repaired through keyholes using sutures and suture anchors (small metal anchors that go into bone and stay there permanently).



In our hands the newer techniques^{2,4} give better:

- Pain relief
- Range of motion
- Repair integrity

Sometimes the tear is too big to fix by direct repair, in which case I bridge the defect with a synthetic patch, again though keyholes.⁶

