

## Rotator cuff disease

### What is rotator cuff (RC) disease?

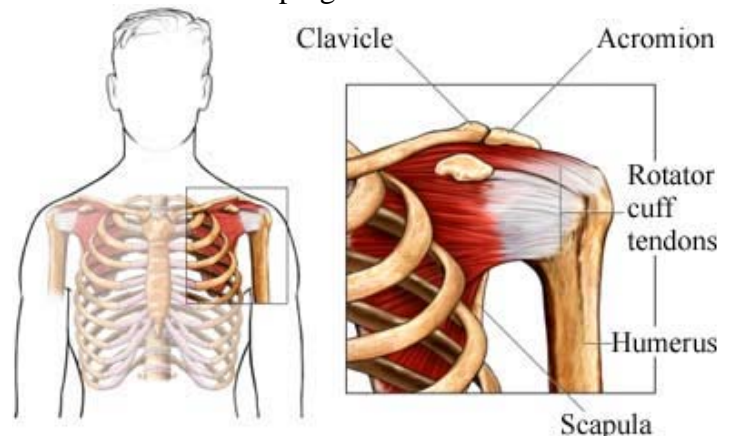
The RC is a group of four muscles that control the position of the head of the humerus bone in the shoulder joint. The shoulder joint is very mobile and requires good muscular function for healthy movement. 'Rotator cuff disease' is an umbrella term that refers to three separate injuries of the RC. These conditions are RC strain, RC tendinopathy and sub-acromial impingement of the RC.

### What is a rotator cuff strain?

Like all muscles, the rotator cuff can be acutely strained. RC strains are most likely to occur with throwing or overhead activities and are felt as a sharp grabbing at the moment of injury.

### What is rotator cuff tendinopathy?

RC tendinopathy is an overuse condition where the RC muscles progressively deteriorate. RC tendinopathy is usually seen in middle-aged people with poor upper limb biomechanics and posture (especially rounded upper back and forward sitting shoulders). As RC tendinopathy progresses and the RC weaken, they are predisposed to strains.



### What is sub-acromial AC impingement?

The head of humerus, sits in the shoulder joint rather like a ball in a socket. Above the socket is a bony prominence, the acromion. When your upper limb biomechanics are not ideal, the RC can be compressed, or impinged (the point of your shoulder), between the head of humerus and the acromion. Repetitive RC impingement can cause inflammation and swelling.

### How is RC disease managed?

Initially, your therapist will focus on decreasing any inflammation with appropriate prescription of ice, manual therapy, taping, anti-inflammatory medication and ultrasound therapy. You may be asked to decrease your activity levels to avoid aggravating the injury. Once your inflammation has settled, the focus of therapy will move to correcting any upper limb biomechanical deficiency you have.

Ideal upper limb function requires good function of your thoracic spine (upper back), shoulder blade and shoulder joint. Your physiotherapist may apply manual therapy to mobilise the joints of your thoracic spine/cervical spine and shoulder to improve their range of motion. Massage and stretch techniques may be applied to muscles limiting shoulder blade and shoulder joint movement. Exercises may be prescribed to optimise control and movement of your shoulder blade and shoulder joint. Correction of upper limb biomechanics decreases the stress placed on the RC and decreases chance they will be injured again.

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