



Contending with Rotator Cuff Injuries

Shoulder pain can be such a drag. It can make some of the simplest tasks in your daily routine miserable. The pain can nag at you when you reach out the car window at the drive-thru or up in the cupboard for a dish. It can disrupt your sleep, wreak havoc on your tennis or golf game and even prevent you from doing something as simple as reaching behind your back. Does this sound familiar? If so, you may have injured your rotator cuff.

Four rotator cuff muscles (the supraspinatus, infraspinatus, teres minor and subscapularis) surround the “ball and socket” or the glenohumeral joint. These muscles become tendons and collectively attach to the greater tuberosity on the humeral head. In layman’s terms, imagine your humeral head (the ball) is a golf ball and the glenoid (the socket) is a golf tee. The ball is much larger than the tee and in order for the ball to spin in the socket and stay on the tee, the ball needs support.

The glenohumeral joint gets this support from the joint capsule, ligaments (which connect bone to bone) and the muscles and tendons of the rotator cuff. If you were to grip that golf ball in the palm of your hand, your fingers wrap around the golf ball the way the rotator cuff wraps around the glenohumeral joint. The rotator cuff acts as a dynamic stabilizer of the glenohumeral joint at rest and while in motion. When you move your arm, contraction of the rotator cuff pulls the humeral head down to keep the ball aligned while it spins in the socket.

There are several ways you can injure your rotator cuff. It may occur traumatically (i.e. bracing a fall with an outstretched arm), develop over time with overuse or repetitive movements at work or during sports, or may be caused by a weekend of throwing a ball, especially if that is not an activity regularly performed. Poor posture may predispose one to injury because it changes the position of the ball in the socket, altering the alignment. Anyone can potentially injure their rotator cuff, but individuals in their 40’s are more susceptible to rotator cuff injuries than adolescents and younger adults.

If you damage any of the muscles that comprise the rotator cuff, most often you will experience pain that persists for longer than a few days. Initially, certain movements may cause pain (like reaching out to the side). Eventually, you may lose range of motion and strength, significantly impairing your functional mobility. It is often painful to sleep on the involved shoulder and the pain may disrupt your sleep.

How do you know when it’s necessary to seek the advice of a medical doctor? As a general rule, if rest, ice and use of over-the-counter nonsteroidal anti-inflammatories (NSAIDs) do not alleviate your symptoms, it would be a good idea to see a med-



ical doctor who specializes in the shoulder. The doctor will develop a plan of care appropriate for your situation and depending on the severity of the injury, may prescribe a stronger NSAID or inject the shoulder with cortisone to help reduce the pain and inflammation. You may be referred to physical therapy to regain range of motion, strength, proper posture and pain-free movement strategies. When conservative measures fail, an MRI is useful to determine the specific structures injured. Surgery to repair a rotator cuff tear may be the appropriate intervention when your lifestyle is significantly impaired. **HB**

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