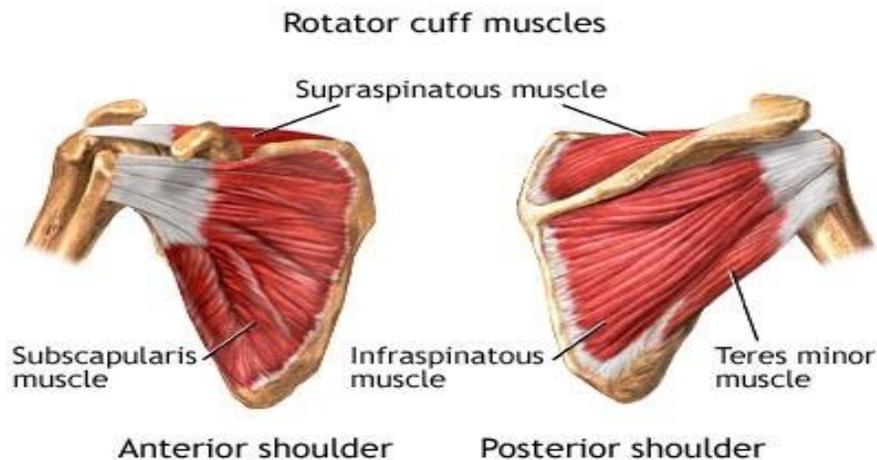


Rotator Cuff Sprain and Strains

Description: The rotator cuff is made up of four muscles (supraspinatus, infraspinatus, subscapularis, and teres minor) and their tendons. It provides stability and strength for the shoulder joint, anchoring the humerus (upper arm bone) to the scapula (shoulder blade) so that movements of the arm can occur in a smooth and coordinated fashion.

Shoulder pain may be caused by inflammation or injury to the rotator cuff tendons resulting from trauma, overuse, weakness, poor posture, or a faulty movement pattern. In the early stages pain may be caused by “impingement syndrome”. The rotator cuff can become irritated or inflamed when it becomes pinched between the acromion (the roof portion of the shoulder) and the humeral head (the ball portion of the shoulder joint). Some common causes of impingement syndrome are repetitive throwing, lifting, or overhead activities such as painting. Impingement syndrome may cause shoulder aching or sharp pain when trying to reach behind your back. If you are experiencing shoulder pain, it is important to treat the injury early to prevent it from becoming a chronic condition.



ADAM

Treatment: If you have a rotator cuff injury, the following treatment may be helpful.

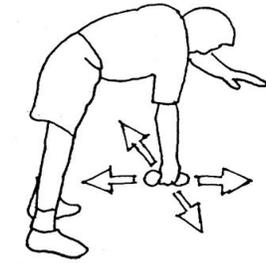
- **Rest:** Take a break from activities or sports that may be aggravating your shoulder symptoms.
- **Inflammation and pain management:** Use a bag of crushed ice or frozen peas for 15-20 minutes. Place something thin like a paper towel or pillowcase between exposed skin and the ice. Consult with your medical clinician if you are considering taking anti-inflammatory medication.
- **Encourage pain free movement:** After an injury your shoulder may become stiff. Early movement will help regain your motion and promote healing (Figures 1 & 2).
- **Stretching and strengthening the muscles of the shoulder and scapula:** When your symptoms are less acute you can begin strengthening the rotator cuff and the muscles that provide stability for the scapula (Figures 3-5). You may use an elastic band or light weights to provide resistance as you gain strength. Perform stretching exercises to restore flexibility (Figure 6). You will need to build and maintain flexibility and strength prior to resuming sports or activities that may aggravate your shoulder. Discontinue any exercises that cause pain.

If your symptoms do not resolve within 2-4 weeks please contact your clinician.



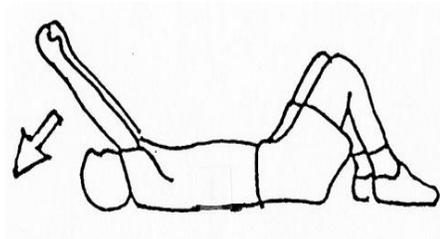
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>PHYSICAL THERAPY

Pendulum Swings (Fig. 1)



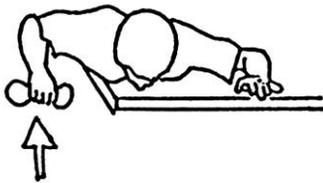
Lean over bending at the hips. Use tabletop for support. Perform easy movements with your arm in all directions. A light weight may be used to provide gentle traction. Perform movement for 1-2 minutes

Flexion Stretch (Fig. 2)



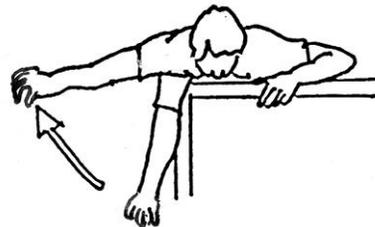
Clasp hands or hold onto a cane or broomstick. Keep knees bent. Stretch arms overhead. Repeat 10 times.

Prone Rowing (Fig. 3)



Lie on your stomach with your arm hanging straight down. Bending elbow, lift hand towards armpit while squeezing the shoulder blade. A light weight can be used to provide resistance. Do 2-3 sets of 10 repetitions.

Prone Horizontal Abduction (Fig. 4)



Lie on your stomach with your arm hanging straight down. Raise arm straight out to the side so that it is parallel to the floor and perpendicular to the body. The palm should face the floor. Do 2-3 sets of 10 repetitions.

Side lying External Rotation (Fig. 5)



Lie on uninvolved side. Place a rolled-up towel in your armpit. Keep your elbow at your side while lifting your forearm away from your abdomen. Let hand down slowly when returning to start position. A light weight may be used for resistance. Do 2-3 sets of 10 repetitions.

Posterior Capsule Stretch (Fig. 6)



Grasp the elbow of the involved arm. Gradually pull it across the chest to stretch the back of the shoulder. Keep shoulder blade depressed to avoid pinching the front of the shoulder. Hold 10-30 seconds and repeat three times.