# Recommendations for

# ROTATOR CUFF TENDINOPATHY

From Physio Edge podcast 47 with Dr Chris Littlewood

## 1 Rotator cuff tendinopathy

Patients with rotator cuff tendinopathy will present with:

Insidious onset of pain in the shoulder


Often be older than 40

A pattern of getting worse AND better, not progressively worse

Lying on the painful shoulder may be painful.

## 2 Imaging

Findings on ultrasound are often normal age related changes, particularly in patients over 40, and can be thought of as "wrinkles".

## 3

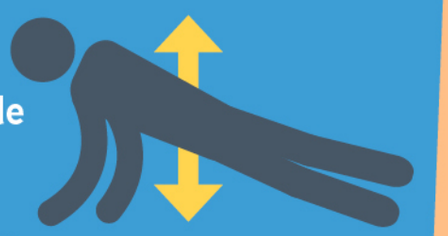
Bursal thickness or effusion is not associated with clinical outcomes, and does not necessarily influence a patient's pain.

## 4

Stiff painful shoulders include OA or frozen shoulder. Use lateral rotation as a test - identifying if they have at least 50% ROM of the unaffected side, or if it is obviously restricted. This can be compared to a passive lateral rotation.


## 5 Meaningful assessment of the rotator cuff

Your assessment should include the activities that reproduce the patients pain, identifying their meaningful "baseline test" eg reaching for something, a pushup, a boxer might punch etc







## 6 Cervical referred pain

Clues that the cervical spine could be referring pain to the shoulder include pain in the neck or trapezius pain, and aggravating activities such as sitting, sustained positions or neck movements.

## 7 Treatment

Use the most painful resisted movement for the therapeutic exercise. Test the response in your clinic to 3 sets of 10 or 15 into the painful direction, and check that pain levels return to baseline afterwards.






## 8

Pressure on, then pressure off can be compared to isometric holds for 30-45 seconds in your individual patients.

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