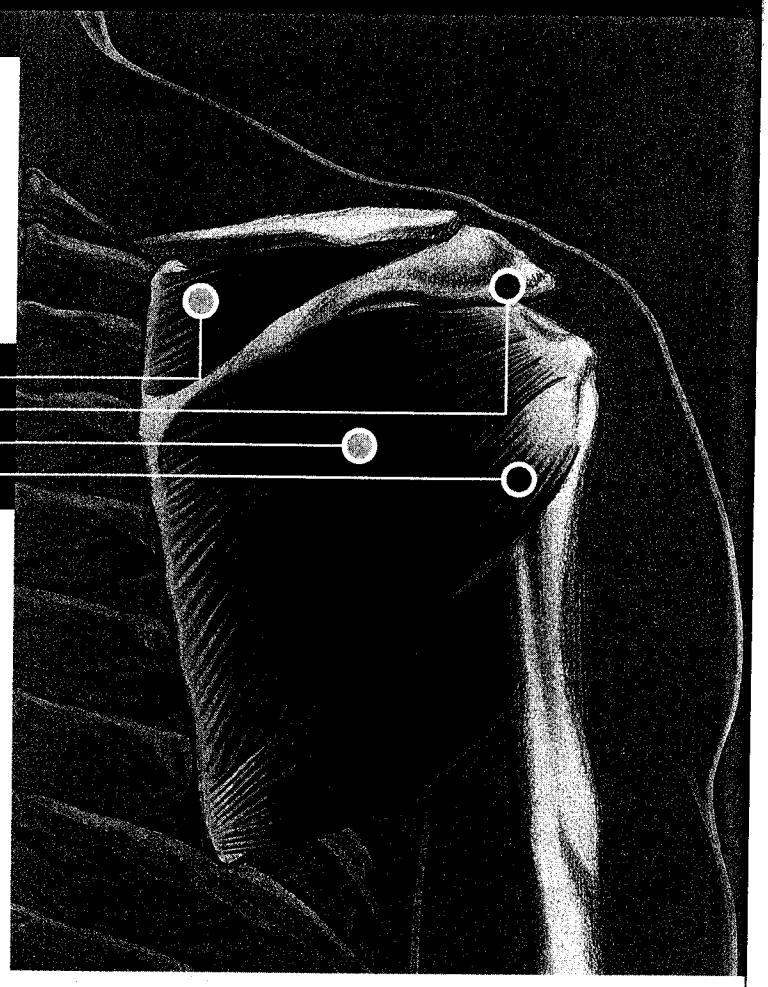
ROTATOR-CUFF TENDINITIS OF THE SHOULDER

BY ROBERT MARX, MD, MSC, FRCSC



The rotator cuff is a group of muscles forming the common tendon that helps stabilize your shoulder so bigger muscles, such as the deltoid and the pectoralis major, can move your arm. Rotator-cuff tendinitis — also known as bursitis, impingement syndrome and tendinopathy — involves inflammation of the subacromial bursa, which lies between the acromion bone and the rotator-cuff muscles (supraspinatus, infraspinatus, teres minor and subscapularis).

How It Happens:

Rotator-cuff tendinitis can be initiated by injury, overuse or possibly no inciting event at all. **Overuse problems may relate to an increase in the frequency or intensity of weightlifting,** particularly involving pressing movements, or a recent increase in overhead activity, such as painting the walls at home.

How It Feels:

This condition causes pain around the shoulder, most frequently on the outside (or lateral) part. Pain often runs down the arm, even as far as the elbow or below. Less commonly, people have pain in the front or back of the shoulder itself. If pain is present during day-to-day activities, such as getting dressed, performing household chores or lifting light objects, or if it causes sleeping difficulties, consult a healthcare professional.

How It's Fixed:

If your symptoms have only been present for a few days, this problem will often go away on its own. **After several weeks or months of pain, however, patients generally require anti-inflammatory medication, physical therapy and, unfortunately, time away from lifting to allow for recovery.** If this course of treatment doesn't work, a cortisone injection in the subacromial space often relieves symptoms. In patients for whom none of these measures eases the pain, surgery may be considered to achieve relief. Arthroscopic surgery is often performed to take out inflamed bursal tissue and create more room for the rotator-cuff tendons by using a burr to remove some of the underside of the acromion bone.

How It Recovers:

After the pain goes away, patients can gradually return to regular activities, including lifting and sports, though they must be cautious to avoid recurrence. All lifters should do some rotator-cuff strengthening to avoid this injury. Light external rotation, either performed with a cable or a dumbbell while lying on your side (also know as the L-flye), is effective. Prevention is the best cure, and by maintaining a strong rotator cuff, you can avoid this problem before it begins.

L-FLYE FOR THE SMART GUY

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