Rotator Cuff Lesions: A Case Report

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Abstract

Objective: To describe the evaluation, management, and rehabilitation of a multifactorial rotator cuff lesion in an elderly female. **Background:** The reported onset of pain was gradual. No history of fall or trauma. Pain was present on anterolateral aspect of left shoulder. Pain was sharp and deep on abduction and flexion of the left shoulder and reported a VAS of 9.5/10. **Treatment:** The patient was managed conservatively with steroid injections and physiotherapy. The patient underwent a 2-month rehabilitation protocol in preparation for return to normal daily activities. **Uniqueness:** This case involved an elderly female who sustained a multiple causative factors for rotator cuff lesions. **Conclusions:** By presenting this case report, we hope a better understanding of rotator cuff lesions and how to successfully manage and rehabilitate.

Key Words: Rotator Cuff Lesion, Elderly, Shoulder Impingement, Calcification, Physiotherapy.

Introduction

Shoulder pain is a common musculoskeletal complaint in the general population. The elderly population is often afflicted, and rotator cuff problems are among the most common causes of shoulder pain seen in primary care practices. The prevalence of shoulder pain in the elderly has been estimated to range from 21% to 27%, and the prevalence of rotator cuff tear increases with advanced age. The etiology of rotator cuff disease is likely multifactorial, including both extrinsic and intrinsic factors. Rotator cuff dysfunction encompasses a spectrum of pathological changes, ranging from impingement syndrome to rotator cuff tendonitis to rotator cuff tendon tear. In the elderly population, the clinical manifestations from rotator cuff dysfunction can translate into significant morbidity and disabilities, interfering with ability for self care and functional independence. The goals of managing rotator cuff disease are to regain normal shoulder function and biomechanics, and to improve functional abilities in elderly patients (*Lin et al, 1972*). *Neer (1972)* first introduced the concept of rotator cuff impingement to the literature, stating that it resulted from mechanical impingement of the rotator cuff tendon beneath the anteroinferior portion of the acromion, especially when the shoulder is placed in the forward-flexed and internally rotated position. He reported that about 90% of rotator cuff tears are a result of subacromial impingement from supraspinatus outlet narrowing.

There is also an association of rotator cuff disease with abnormal acromions *(Cofeild, 1985)*. Changes in the bone or ligament can cause decreased space for the cuff or abnormal biomechanics. There is also controversy regarding whether subacromial spurs cause rotator cuff disease or whether these are secondary changes caused by a poorly functioning cuff. Several studies have found a strong association between aging, cuff tears, and altered acromial contours. The most