

Rotator Cuff Arthropathy Treatment Handout

Conservative treatments

Activity modification

- Avoid heavy lifting and repetitive overhead movements.

NSAIDs

- Reduce pain and inflammation.

Subacromial corticosteroid injections

- Temporary pain relief (weeks to months).
- Repeated use is discouraged.

Physical therapy

- Strengthens anterior deltoid, pectoralis major, and latissimus dorsi.
 - Effective across disease spectrum.
 - Surgical intervention may be needed for patients with three or more tendon tears or anterior cuff involvement.
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Arthroscopic treatments

Rotator cuff repair

- Aims for anatomic restoration.
- Infrequent due to high risk of retear.

Arthroscopic debridement or partial repairs

- Used in earlier RCA stages to prevent further degeneration.
- Indications and efficacy are controversial.

Superior capsular reconstruction (SCR)

- Uses tensor fascia lata autograft.
- Prevents humeral head migration, relieves pain, restores motion.
- Effective up to 2 years post-surgery.

Lower trapezius transfer

- For irreparable posterior-superior rotator cuff tears.
- Improves external rotation strength.
- Effective in early RCA stages (Hamada grade 1 and 2).

Combined latissimus dorsi and teres major tendon transfer

- For irreparable anterosuperior rotator cuff tears.
 - Restores joint kinematics and provides shoulder stability.
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Arthroplasty

Reverse total shoulder arthroplasty (RTSA)

- Standard of care for RCA.
 - Allows shoulder elevation through deltoid muscle.
 - Produces stable, semi-constrained environment.
 - Increases ROM with less medialization of glenoid prosthesis.
 - Suitable for patients of all ages, including under 65.
 - Can be combined with tendon transfers for external or internal rotation pseudo paralysis.
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Additional notes