

SMALL CUFF TEAR: CASE STUDY TWO

A 61-year-old lady presented to her GP with a six-month history of right-sided upper lateral arm pain since she fell onto outstretched arms.

She experienced some pain immediately after she fell but this increased gradually over two to three days. X-rays revealed no bony injury and minor degenerative changes in the acromioclavicular joint.

Her pain was aggravated by reaching forwards, reaching to the side, quick movements and lying on the right side. She is able to get some ease at night by supporting her arm with a pillow.

SOCIAL HISTORY

She was struggling to continue to work as a carer.
Managing all activities of daily living with minor adjustments.

PAST MEDICAL HISTORY

Hypertension
Gastric reflux

ON EXAMINATION

Poor posture, increased thoracic kyphosis and poor scapular position. No wasting, heat, redness or swelling.

RANGE OF MOVEMENT

Full range of movement in all directions with some stiffness at the end of range.

RESISTED TESTS

Pain on resisted abduction and lateral rotation. No weakness.

Lag tests negative.

IMPINGEMENT TESTS

- Hawkins Kennedy test positive
- Neer's test positive

Palpation stiff and sore ACJ with local thickening.

CLINICAL IMPRESSION

Subacromial impingement with possible cuff tear.

TREATMENT

- Pain management
- Postural correction
- Gentle rotator cuff rehab including scapular thoracic movement control correction, cuff strengthening, capsular stretches, functional rehab, general conditioning
- Advice re: activity modification

INVESTIGATIONS

- X-ray
- Ultrasound scan of the rotator cuff (to exclude rotator cuff tear)

INVESTIGATION FINDINGS

- No bony injury and minor degenerative changes in the AC joint.
- USS “small partial thickness undersurface tear at the point of attachment of the anterior supraspinatus tendon with marked cortical irregularity of the underlying bone, no thickening of the subacromial bursa.”

OUTCOME

- Pain resolved
- Improvement in posture
- Good movement control
- Returned to full activity at work

LEARNING

It is possible to get good results with conservative management of small cuff tears.

Injection was not offered due to the small tear and her improvement with pain management and physiotherapy.

It was not necessary to refer her for a surgical opinion.