

Dr. Myeroff's Rotator Cuff Tear Arthropathy Information Sheet

Please scan these codes with your camera phone to learn more from Dr. Myeroff's website as you go!

What is Rotator Cuff Tear Arthropathy?

twincitiesshoulderandelbow.com/rotatorcufftearthropathy/

- **Rotator Cuff Tear Arthropathy** –In the case of a longstanding large rotator cuff tear, the shoulder does not function properly. This can result in a unique combination of pain (arthritis), and weakness (called pseudoparalysis). Some patients do well despite this condition, while others are quite unsatisfied by pain, weakness and dysfunction.

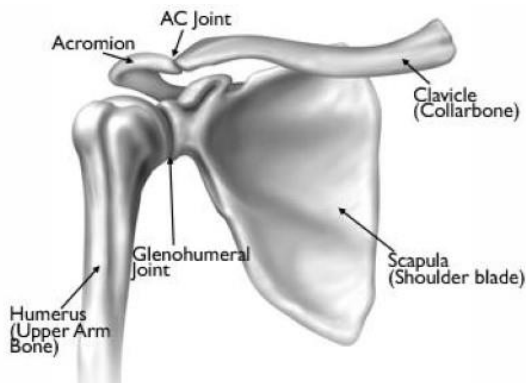


Figure 1 Normal Shoulder Bony Anatomy.
<https://orthoinfo.aaos.org/en/diseases--conditions/arthritis-of-the-shoulder>



Figure 2 This x-ray of the left shoulder of a 70-year-old male shows rotator cuff tear arthropathy noted by the humeral head (ball) riding up into the acromion (shoulder blade). This patient was not able to lift their arm (pseudoparalysis).

How is rotator cuff tear arthropathy diagnosed?

- The first thing I do is listen to your story, which usually includes a period of increasing pain, stiffness and weakness.
- Exam: I will examine your shoulder carefully looking at your strength, motion, site of pain. This is where I rule out any additional source of your pain.
- Imaging: If you haven't had them recently, I will obtain X-rays.
 - In rotator cuff tear arthropathy, the ball is unusually high compared to the socket (figure 2). This tells me the rotator cuff has not been functional for a long time. In more advanced stages, some patients also develop a similar cartilage loss and spurs found in osteoarthritis.

What are your treatment options?

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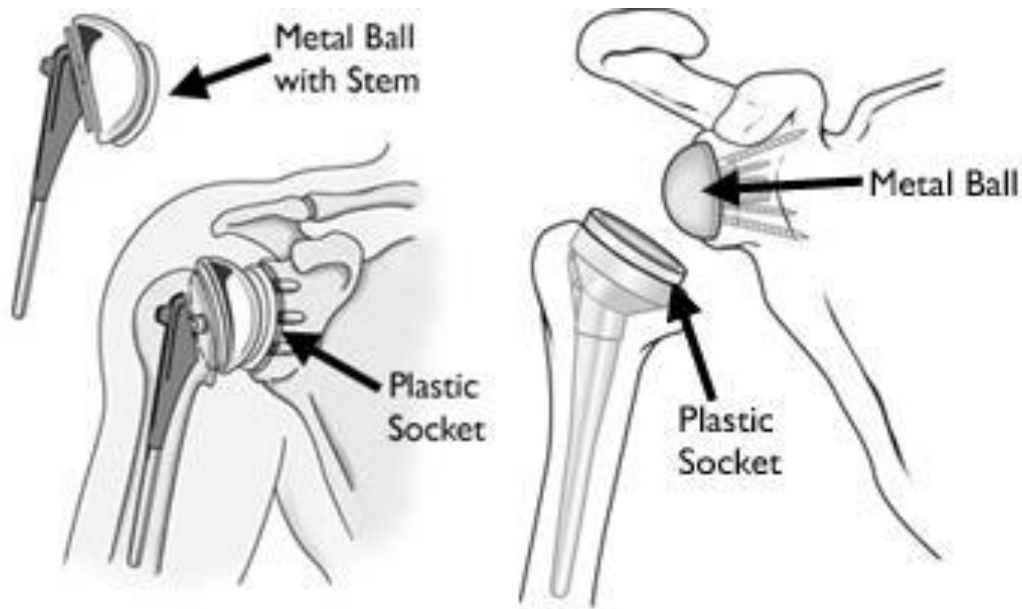
- Since your rotator cuff is severely torn and arthritis causes progressive pain and stiffness, I see little benefit to physical therapy in most cases. It will likely increase your pain and waste your time and money.
- Ice, anti-inflammatories and activity modification are the first line treatment.
 - If tolerated by your kidneys and stomach, I recommend 600mg Ibuprofen up to three times per day as needed.
 - Since this is a progressive process, it is in your interest to work on ways to limit future wear and tear on your shoulder by modifying your hobbies, work, exercise, and activities as much as possible. However, my goal is to keep you active!
- Steroid Injections twincitiesshoulderandelbow.com/injectionvideo/
 - I am happy to provide steroid injections in clinic. If it is more convenient, I will place an order for injections to be performed by one of my colleagues with image guidance (slightly more accurate, may be more convenient).
 - I sterilize the skin and use a cold spray that can decrease the pain.
 - I use 2 medications
 - Marcaine – A local anesthetic that will numb the inside of the shoulder for up to 8 hours. Make sure not to “over-do it” that day.
 - Depomedrol – A steroid (acts like a high dose ibuprofen inside your joint) that will start working about 2 days later.
 - Hence, a 2-day gap where your pain may be worse.
 - Injections can provide anywhere from 0-3 months of pain relief. Repeat injections can be performed depending on how beneficial they are.
 - Please keep a log for your next appointment:
 - How long did the injection help? What % relief did you have?
 - These can be repeated up to 4 times per year.
 - What are the risks?
 - Injections can buy you months of pain relief but do tend to be less and less helpful over time.
 - While it is slightly uncomfortable, I use a thin needle and most of my patients find it quite tolerable.
 - If you have diabetes, the steroid can increase your blood sugars for several days, you will need to monitor them closely.
 - There is roughly a 1:10,000 risk of infection
 - Injections are forbidden within 3 months of a shoulder replacement due to the risk of a post-operative infection.
- Surgery twincitiesshoulderandelbow.com/preparingforsurgery/
 - When all other options fail, a reverse shoulder replacement offers the most predictable and long-lasting improvement in pain, range of motion and function. This has been shown in many studies.



- Shoulder replacement for rotator cuff tear arthropathy is never urgent or mandatory. Some patients can put it off for years or even forever while others are simply too painful and wish to return to their work and activities.
- Indications for replacement:
 - End stage rotator cuff tear arthropathy where:
 - Non-operative treatments are no longer worthwhile
 - You have more bad days than good
 - You are unable to perform the activities you enjoy in comfort
 - Severe rotator cuff tears that are not repairable
 - Persistent pain and weakness
 - Severe proximal humerus or glenoid fractures
 - Age
 - Ideally patients can reach the age of 50 before this surgery is needed.
 - Good result can be obtained in younger patients, however, younger and more active patients do wear out the parts more quickly.
- **What is a Reverse Total Shoulder Arthroplasty?**
twincitiesshoulderandelbow.com/RSAvideo/
 - Like a total knee or hip, I replace your shoulder with metal and plastic.
 - This implant is used when
 - There is severe erosion of instability to you shoulder bones
 - The rotator cuff is not functional.
 - massive irreparable rotator cuff tear, rotator cuff tear arthropathy, inflammatory arthropathy, proximal humerus fractures
 - Your socket is replaced with a ball, and you ball is replaced with a socket (hence “reverse”) (Figure 3,4). This allows your deltoid (the biggest, outer muscle, of the shoulder) to do more of the work!
 - The reverse shoulder arthroplasty was FDA approved in 2003. While long term data is limited, it has quickly become the most common type of shoulder replacement worldwide due to such predictable results even in severe cases.
 - Risks (in decreasing order of frequency)
 - Instability (dislocation), implant loosening, nerve or vascular injury, bone fracture, blood loss or blood clot, infection.
 - Overall you have a 16% risk of a complications
 - You have a 7% risk of needing another surgery within the next 10 years.



Figure 3 Post-operative AP X-ray of a reverse shoulder arthroplasty resulting in restoration of shoulder motion and strength.



Conventional Shoulder Replacement

Reverse Total Shoulder Replacement

Figure 4(Left) A conventional total shoulder replacement (arthroplasty) mimics the normal anatomy of the shoulder. (Right) In a reverse total shoulder replacement, the plastic cup inserts on the humerus, and the metal ball screws into the shoulder socket. Available: <https://orthoinfo.aaos.org/en/diseases--conditions/arthritis-of-the-shoulder>

- **Recovery** twincitiesshoulderandelbow.com/recovery/
 - Either done outpatient or a 1-night hospital stay
 - 0-6 weeks: You will wear your sling for comfort. You can return to desk work.
 - Formal outpatient physical therapy will start on the day of your first post-operative visit in clinic.
 - 6-12 weeks: Your sling is removed, therapy increases, you can drive if I deem it safe. You can return to 'light duty'.
 - 3 months: You will begin strengthening, you will begin full duty work when you are cleared by your therapist as being safe.



Want More information?

- Please visit:
 - twincitiesshoulderandelbow.com/rotatorcuffteararthropathy/
 - <https://orthoinfo.aaos.org/en/diseases--conditions/arthritis-of-the-shoulder>
- Regions Hospital / Health Partners Specialty Center
 - Clinical questions: 651-254-8300 option 2
 - To schedule appointments: 651-254-8300 option 1
 - To schedule surgery: 651-254-8399 or 651-254-8338
 - Fax employer or insurance related paperwork ASAP to 651-254-8127.
- TRIA Orthopaedic Center
 - Clinical questions: 952-977-3301
 - To schedule an appointment: 952-831-8742
 - To schedule surgery: 952-977-3414
 - Fax employer or insurance related paperwork ASAP to 952-977-3459.

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