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### Rotator Cuff Related Shoulder Pain. Advances in understanding & management.

#### Abstract

Rotator cuff related shoulder pain (RCRSP) is an over-arching term that encompasses a spectrum of shoulder conditions that include; subacromial pain (impingement) syndrome, bursitis, rotator cuff tendinopathy, and symptomatic partial and full thickness rotator cuff tears. For those diagnosed with RCRSP one aim of treatment is to achieve symptom free shoulder movement and function. Findings from high quality peer-reviewed research investigations suggest that a graduated and well-constructed exercise approach confers at least equivalent benefit as that derived from surgery for; subacromial pain (impingement) syndrome, rotator cuff tendinopathy, partial thickness rotator cuff (RC) tears and atraumatic full thickness rotator cuff tears. These findings are important for people experiencing rotator cuff related shoulder pain, clinicians, and health funding bodies, as considerable healthcare savings could be achieved if surgery was only considered for those not obtaining satisfactory benefit from non-surgical intervention. However, many people diagnosed with RCRSP may feel that surgery is the only option if clinicians use harmful words in their explanations to patients, such as: 'your acromion must be removed as it is impinging on your tendon', 'your symptoms are coming from your tear', 'if we don't repair your tear it will become irreparable', etc. These explanations are clearly inappropriate as research has suggested that reduction in pain and improvement in function for those diagnosed with impingement, and partial and full thickness rotator cuff tears does not depend upon the 'success' of the surgical intervention. It is possible that perceived benefit may be due to a placebo effect and possibly the enforced relative rest and graduated rehabilitation imposed by the surgical intervention. In addition there appears to be a stronger relationship between psychosocial factors and outcome than many physical factors for both surgical and non-surgical interventions.

Considerable deficits in our understanding of RCRSP persist. These include; (i) cause and source of symptoms, (ii) establishing a definitive diagnosis, (iii) establishing the epidemiology of symptomatic RCRSP, (iv) knowing which tissues or systems to target intervention, and (v) which interventions are most effective.

This lecture will address a number of these areas of uncertainty and will focus on uncertainties related to assessment, posture, imaging, injections, and surgery. It will include a discussion of the importance of psychosocial factors and outcomes, how the shoulder functions, as well as outcomes reported in research that has compared surgical to non-surgical interventions, for the range of RCRSP conditions including; subacromial impingement, partial and full thickness rotator cuff tears.

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