



Professor Bijay Singh

Upper Limb, Trauma & Sports Medicine

FRCS (T&O), MS, DNB, PG Dip

Visiting Professor, Canterbury Christchurch University

Visiting Professor, AIIMS Raipur

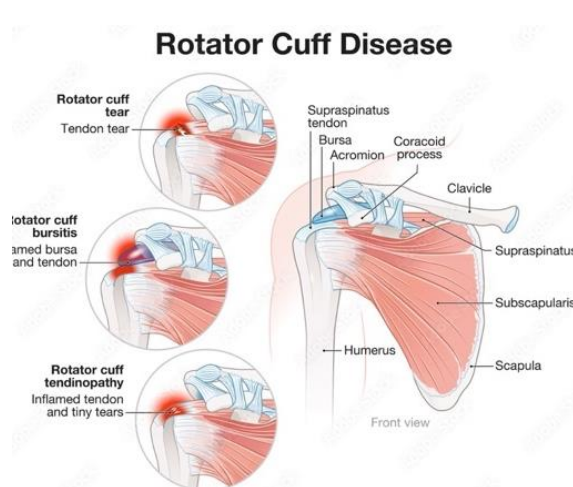
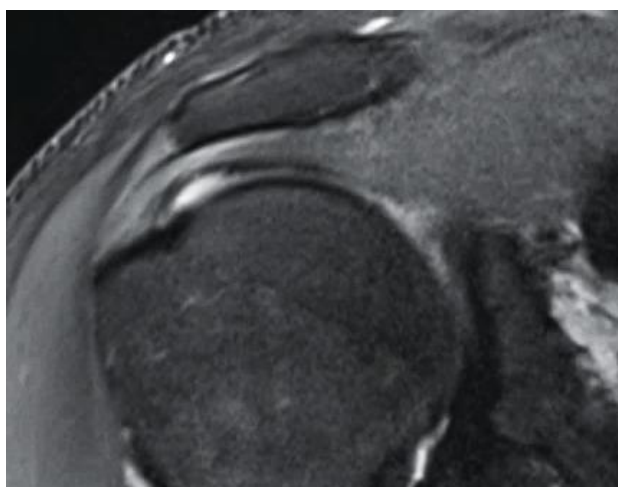
Personal • Precise • Proven • Shoulder to Finger

ROTATOR CUFF TEARS

This leaflet provides general information to help you understand rotator cuff tears and the available treatment options.

Not everyone with a rotator cuff tear needs surgery.

At the heart of my practice is **Shared Decision-Making**. Whether we pursue conservative management (Plan A) or surgical intervention (Plan B), the goal is to create a tailored treatment plan that aligns with your lifestyle, values, and functional goals.



This leaflet provides general information and does not replace individual medical advice.

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- 📍 LIPS Healthcare London
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Practice Manager

Kim White

☎ 07361 895875

✉ secretary@kentorthopaedicpractice.co.uk

🌐 www.kentorthopaedicpractice.co.uk



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The Anatomy of the Shoulder Joint

The shoulder is one of the most complex joints in the body, relying on several structures working together:

How the Shoulder Works

Three main bones form the joint:

- Humerus (upper arm bone)
- Clavicle (collarbone)
- Scapula (shoulder blade)

The Four Key Joints

- Glenohumeral Joint – the main ball-and-socket joint
- Acromioclavicular (AC) Joint – collarbone meets shoulder blade
- Subacromial Space – tunnel above the rotator cuff
- Scapulothoracic Joint – shoulder blade glides over rib cage

The “Cushioning” (Articular Cartilage)

A smooth, slippery coating on the ball and socket surfaces that lets the bones glide over each other without friction, for pain-free movement.

The Labrum (Stabilising Ring)

A rim of rubbery tissue that deepens the shallow shoulder socket — like a “bumper” or suction cup that keeps the joint stable and prevents dislocation.



The Rotator Cuff

Four deep muscles keep the ball centred in the socket and let you lift and rotate your arm:

- Supraspinatus
- Infraspinatus
- Subscapularis
- Teres Minor

What Is a Rotator Cuff Tear?

A rotator cuff tear occurs when one or more of the tendons that keep the ball centred in the socket becomes damaged or torn. Many people have rotator cuff tears without pain or symptoms, especially as they get older — the size of a tear does not always match the symptoms.

Types of Tear

Tears vary in size and severity:

- Partial – the tendon is damaged but not fully torn
- Full-thickness – the tendon is completely torn
- The size of a tear does not always match symptoms

What Causes It?

Two main patterns, and often both contribute:

- Degenerative – gradual wear, more common after 40
- Traumatic – after a fall or sudden injury
- Injuries can cause larger tears in older adults
- Overhead work and sport can contribute

Symptoms and Examination

Symptoms

- Pain lifting or lowering the arm
- Night pain – difficulty sleeping on that side
- Weakness lifting or rotating the arm

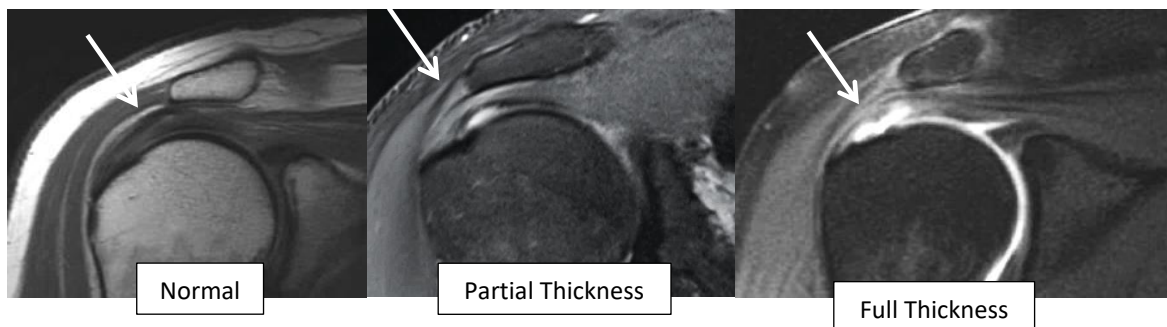
Diagnosis

- X-ray for bone; ultrasound for the tendon
- MRI – tear size, location, retraction and tendon quality

Examination

- Strength of each cuff muscle tested
- Movement and painful arcs assessed
- Muscle wasting checked around the shoulder

Example MRI images of the shoulder:



Treatment Options: A Shared Decision

I will discuss all available treatment options with you, explaining the benefits and risks of each. Your preferences, values, and lifestyle will be considered as we work together to create a treatment plan best suited to your needs — **this shared decision-making process ensures you are fully informed and involved in your care.**

Treatment Depends On

- Tear size, type and cause
- Your symptoms – not just the scan
- Tendon quality and retraction
- Your activity level and goals

Good News

Many rotator cuff tears do not require surgery — symptoms matter more than scan findings, and doing nothing is always an option.

Plan A — Non-Surgical

Many people improve with

Physiotherapy: the cornerstone – strengthening the cuff makes more room for the shoulder to move

Pain Control: regular painkillers or prescribed pain relief

Injections: steroid for pain relief; PRP to support natural tendon healing

Activity: modifying aggravating tasks

Plan B — Surgical

Considered when...

Persistent Symptoms: despite appropriate non-surgical care

Daily Life: the tear is painful and limits activities

Injury: the tear followed significant trauma

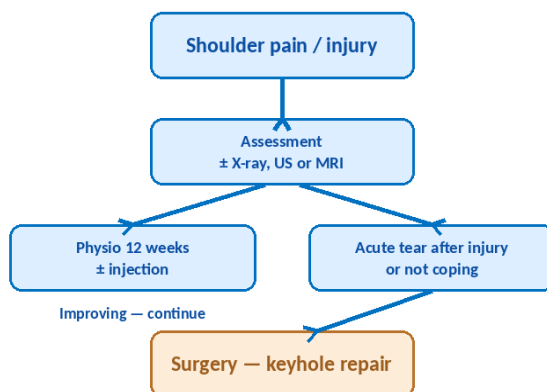
Acute Tears: early repair can matter after injury

Approach: usually keyhole (arthroscopic) repair

Feature	Steroid Injection	PRP Injection
Primary Goal	Fast pain & inflammation relief.	Supporting natural tissue healing.
Source	Synthetic medication (Cortisone)	Your own blood (Biological).
Typical Use	Early-stage "flare-ups."	Persistent pain or tendon wear.
Longevity	Often temporary (weeks/months)	Longer-term potential for repair.

The Procedure: known as **Arthroscopic Rotator Cuff Repair**, this keyhole operation re-attaches the torn tendon to the bone using **small anchors**. A separate leaflet will be provided for the surgery.

Management Pathway



Red Flags — When to Seek Urgent Help

Sudden weakness or inability to lift the arm after an injury — seek prompt assessment, as early repair of an acute tear can matter. If you experience any of the above, contact the practice, your GP, NHS 111, or attend your nearest Emergency Department.

Important Things to Remember

- Rotator cuff tears are common
- Many tears do not require surgery
- Symptoms matter more than scan findings
- Doing nothing is always an option

Questions You May Wish to Ask

- What treatments should I try first?
- How long should I try them for?
- What improvement can I expect?
- What happens if I don't have surgery?

Book or Enquire Directly at Each Site

 **LIPS Healthcare London**  **02038709996**

 **singh.admin@lips.org.uk**

 **Spire Alexandra Chatham**  **01634 662866**

 **alexandraselfpaypsc@spirehealthcare.com**

 **Practice Plus Gillingham**  **01634 969045**

 **Private.gillingham@practiceplusgroup.com**