



Putting people's lives in motion

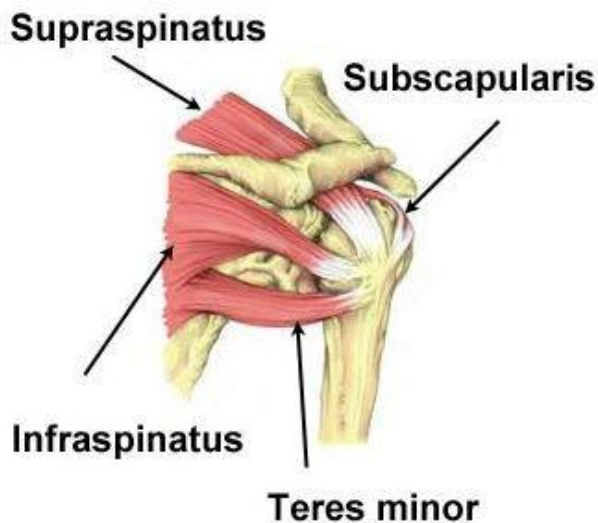
---

Caroline E. Dessens, PT, DPT  
1646 Military Hwy, Pineville, LA 71360  
www.RedRiverRehab.com  
Phone: (318) 443-9305  
Fax: (318) 443-3143

## Rotator Cuff Anatomy

The rotator cuff is a group of four muscles that originate from the scapula (shoulder blade) and come together as tendons to attach over the head of the humerus (upper arm bone).

- Stabilize the ball of the shoulder within the joint.
- Assists with raising and rotating the arm.



- **Supraspinatus** is responsible for holding the upper arm bone (humerus) in place to assist in keeping your upper arm stable. This assists in lifting your arm away from your side.
  - **Infraspinatus** is the main muscle responsible for outward rotation of your arm away from your body and assists with extension of the shoulder. It's a thick triangular muscle. It covers the back of your shoulder blade deep below the skin and close to the bone.
  - **Teres minor** is a small, narrow muscle on the back of your shoulder blade just below the infraspinatus. It also contributes to rotation of your arm away from your body (external rotation).
  - **Subscapularis** is a large triangular-shaped muscle that lies below the other three. It's the strongest, largest, and most used of the four rotator cuff muscles. It participates in most shoulder motions but is especially important for rotation of your arm toward your body (medial rotation). Unlike the other three muscles, the subscapularis attaches to the front, not the back, of your upper arm.



Caroline E. Dessens, PT, DPT  
1646 Military Hwy, Pineville, LA 71360  
www.RedRiverRehab.com  
Phone: (318) 443-9305  
Fax: (318) 443-3143

Putting people's lives in motion

---

## Rotator Cuff Injury

Rotator cuff tears occur due to overuse, wear and tear caused by repetitive motion, and injuries such as: falls, heavy lifting, sudden jerking motion, or shoulder dislocation.

**Tendonitis:** “Impingement syndrome” inflammation/irritation of the tendon and tendon lining.

**Partial tear:** A tear that does not completely separate the soft tissue.

**Full thickness tear:** “Complete” tear that splits the soft tissue into two, with potential detachment of the tendon from the bone.

## Treatment

- Once diagnosed by your doctor, through testing and imaging (x-rays, MRI), they will discuss possible treatment plans.
  - Rest
  - Non-steroidal anti-inflammatory medication
  - Steroid injection
  - Surgical intervention
  - Physical Therapy

## Physical Therapy

The PT will perform an initial evaluation to test your range of motion, strength, and pain level. The physical therapist will develop a plan of care and establish goals to assist you in:

- Improving range of motion and flexibility
- Increasing strength
- Decreasing pain
- Learning proper body mechanics, lifting, and carrying techniques to prevent re-injury