Identification of 117 patients presenting to the senior author with a symptomatic non-repairable rotator cuff tear (defined as a fixed high-riding humeral head, narrowed or absent subacromial space or atrophy of >50% of rotator cuff musculature on MRI).

66 men, 51 females, mean age 73.1 (56-90); mean forward elevation 122 (90-165); mean pain score 6.7 (5-10); mean UCLA score 16.3 (8-25).

All patients underwent injection of corticosteroid, referral to physical therapy with emphasis on anterior deltoid strengthening, over the counter analgesics.

Patient response and results of patients with symptomatic chronic massive rotator cuff tears to non-operative management.

METHODS

87 patients reported improvement in symptoms and requested no further treatment and were instructed to continue their home program.

RESULTS

Pain scores for this group improved from pretreatment mean of 6.1 (3-10) to 2.6 (0-5) at follow-up. Forward elevation improved from pretreatment mean of 114 degrees (40-170) to a post-treatment mean of 137 degrees (70-170). UCLA scores improved from a pretreatment mean of 17 (11-23) to a post-treatment mean of 31 (17-42). Patients continued to improve irrespective of conservative management and underwent reversal shoulder arthroplasty.

Pain scores pre-treatment in this group were 8.2 (5-10) and post-treatment 6.3 (5-9). Forward elevation improved from pretreatment mean of 114 degrees (90-165) to a post-treatment mean of 114 degrees (70-170). UCLA scores improved from a pretreatment mean of 17 (11-23) to a post-treatment mean of 27 (17-32). 25% of patients did not respond to nonoperative treatment and eventually received a RSA. These patients exhibited:

- Statistically significant younger age
- Significantly higher initial pain scores
- Statistically significant difference in pretreatment forward elevation or gender

Conclusions: Non-operative management of symptomatic chronic massive rotator cuff tears yielded patient satisfaction in 87% of the study group. Forward elevation, pain scores and UCLA shoulder scores improved dramatically in this group of individuals. This study indicates the durability of nonoperative results in massive rotator cuff tears. Patients with notable pain and functional issues greater than Goutallier stage three. The range of motion and UCLA shoulder score was recorded for each patient prior and after completion of treatment. Treatment consisted of a subacromial steroid injection, oral nonsteroidal anti-inflammatory medication, and a physical therapy program emphasizing anterior deltoid strengthening.

REFERENCES


5. Statistically significant difference in pretreatment forward elevation or gender.