

Rotator Cuff Tears

Shoulder pain that wakes you at night and weakness lifting your arm — the rotator cuff is the usual suspect after 40.

Night pain is typical · Many tears respond to physio · Repairs need 4–6 months rehab

What is it?

The rotator cuff is a group of four muscles whose tendons wrap around the ball of the shoulder, powering and stabilising it. With age or injury, these tendons can fray (tendinopathy), partially tear, or tear completely.

Tears range from small and well-tolerated to large tears that significantly weaken the arm. Importantly, many people over 60 have painless cuff tears — symptoms, not just scans, guide treatment.

Causes & risk factors

Most tears are degenerative — decades of use gradually weaken the tendon, sometimes aggravated by a bone spur rubbing above it. Acute tears occur with falls on the outstretched arm, lifting heavy weights, or shoulder dislocations (especially over 40).

Smoking, diabetes and overhead occupations increase risk.

Symptoms

Aching over the outer shoulder and upper arm, characteristically worse at night and when lying on that side; pain reaching overhead, behind the back or into a rear pocket; and weakness — difficulty lifting objects to shelves or combing hair.

Sudden weakness after an injury suggests an acute tear and deserves prompt assessment.

Diagnosis & investigations

Examination identifies which tendon is involved and how weak it is. X-rays show bone spurs and joint condition; ultrasound or MRI confirms the tear's size, thickness and muscle quality — key factors in deciding between rehab and repair.

Non-surgical treatment

First-line for most degenerative and partial tears: activity modification, a structured physiotherapy program strengthening the remaining cuff and shoulder-blade muscles, simple analgesics and sometimes a corticosteroid injection for pain control.

Around 70% of degenerative tears become comfortable and functional with 3 months of good rehab.

When surgery helps

Arthroscopic (keyhole) rotator cuff repair reattaches the tendon to bone with anchors. It's recommended for acute tears in active people, complete tears with significant weakness, and tears that stay painful despite proper rehab.

Delaying too long risks the tear enlarging and the muscle degenerating (fatty atrophy), which makes repair less successful — so persistent symptoms warrant timely specialist review.

Recovery & rehabilitation

Repaired tendons heal slowly. Expect a sling for 4–6 weeks, passive motion first, active motion from about 6 weeks, strengthening from 10–12 weeks, and return to heavy lifting or overhead sport around 5–6 months.

Pushing too fast is the main cause of re-tear; patience pays.

Prevention tips

Keep the cuff strong with resistance-band exercises, maintain good posture, avoid repeated overhead strain without conditioning, don't smoke, and control diabetes.

Frequently asked questions

Is my shoulder pain a cuff tear or frozen shoulder?

Cuff problems cause pain with preserved passive motion (someone else can move your arm fully); frozen shoulder blocks motion in every direction, even passively. Examination distinguishes them — and treatment differs completely.

Can a torn rotator cuff heal without surgery?

The tendon doesn't reattach itself, but many tears become pain-free and strong enough for daily life with rehab. 'Healed symptoms' rather than 'healed tendon' is a perfectly good outcome for many patients.

How successful is rotator cuff repair?

For appropriately selected tears, 85–95% of patients get good to excellent pain relief and function. Large, chronic tears with poor muscle quality have higher re-tear rates — early assessment protects your options.

How long before I can sleep on that shoulder?

Usually 2–3 months after repair. Night comfort is often one of the first improvements patients notice once healing is underway.

What happens if a large tear is left alone?

Some remain manageable, but large tears can enlarge, weaken the arm progressively, and over years lead to a specific arthritis pattern (cuff tear arthropathy). Monitoring with a specialist is wise.

Questions about your specific case? Book a video, audio or in-clinic consultation with an OssifiDE orthopaedic surgeon: visit ossifide.com/consultation.html, WhatsApp **+91 90760 79000**, or email ossifide@gmail.com.