Stiffness with rotator cuff problem

Dept. Orthopaedic Surgery Eulji University Hospital

Kwang-Won Lee, M.D., PhD.

Classification of shoulder stiffness

- Primary / Secondary (Lundberg's)
- Idiopathic / Post-traumatic stiff shoulder(Matsen)

Idiopathic, Primary

- Idiopathic
- Global limitation
- Contracture and loss of compliance of the glenohumeral joint capsule

Post-traumatic, Secondary

- Injury, low level repetitive trauma
- Contracture of structures participating in the glenohumeral or humeroscapular motion interfaces
- # Shoulder stiffness is common in patients with rotator cuff tears. But, there is few reports regarding the management of rotator cuff tears and stiff shoulder. A complete history and P/E of the patient with a stiff and painful shoulder is essential to determine the cause and location of pathology.

Pathophysiology

Loss of E/R with the arm at the side: contracture of the AS aspect of the shoulder,

Loss of E/R and ABD: contracture of the AI capsule

Loss of I/R: contracture of the posterior capsule

Loss of global restriction: rare condition.

Rototor cuff disease alone is highly unlikely to restrict passive E/R.

Obligate translation:

Tightness of capsule (esp. posterior capsule) common in chronic pain syndrome of shoulder Dynamic cephalad migration of head

Impinge of cuff under the coracoacromial arch (Subacromial impingement)

M/C in partial thickness cuff lesions:

- Particularly in flexion, I/R, and cross-body movement owing to selective contracture of the posterior capsule.
- Confused with "impingement syndrome"

Treatment

- A shoulder that is stiff before rotator cuff surgery is likely to remain stiff after repair. The pain the patient hopes to resolve may be unchanged or worse after surgery.
- The stiffness usually does not respond to non-surgical treatment and interferes with the normal recovery after repair.
- If a patient has a rotator cuff tear and shoulder stiffness develops secondarily, it is important to treat the shoulder stiffness as the primary problem to fully recover range of motion before considering a rotator cuff repair.
- A rotator cuff tear may improve with rehabilitation alone, and a repair is often a shoulder-tightening procedure that may result in increased stiffness postoperatively.
- Exercises must specifically address any shoulder stiffness that may cause obligate translation and loss of concentricity on shoulder movement.
- If the stiffness cannot be resolved before surgery, A/S capsular release can be performed before surgery or included with the rotator cuff repair.
 (staged or all-in-one procedure)
- The patients should be warned of a much higher likelihood of postoperative stiffness that may required another procedure.

REFERENCES

- 1. Harryman DT II: Shoulders: Frozen and stiff. Instr Course Lect 42: 247-257, 1993.
- 2. Harryman DT II, Sidles JA, Clark JM, et al: Translation of the humeral head on the glenoid with passive glenohumeral motion. J Bone Joint Surg 71-A: 1334-1343, 1990.
- 3. Harryman DT II, Sidles JA, and Matsen FA III: Arthroscopic management of refractory shoulder stiffness. Arthroscopy 13: 133-147, 1997.
- 4. Matsen FA III, Lippitt SB, Slidles JA, et al: The stiff shoulder. In Practical Evaluation and Management of the shoulder. Philadelphia: WB Saunders, 19-109, 1994.
- 5. Neer CS II: Anterior acromiplasty for the chronic impingement syndrome in the shoulder. J Bone Joint Surg 54-A: 41-50.1972.
- Ticker JB, Warner JJ and Beim GM: Recognition and treatment of refractory capsular contracture of the shoulder. Arthroscopy 16:673-674, 2000.