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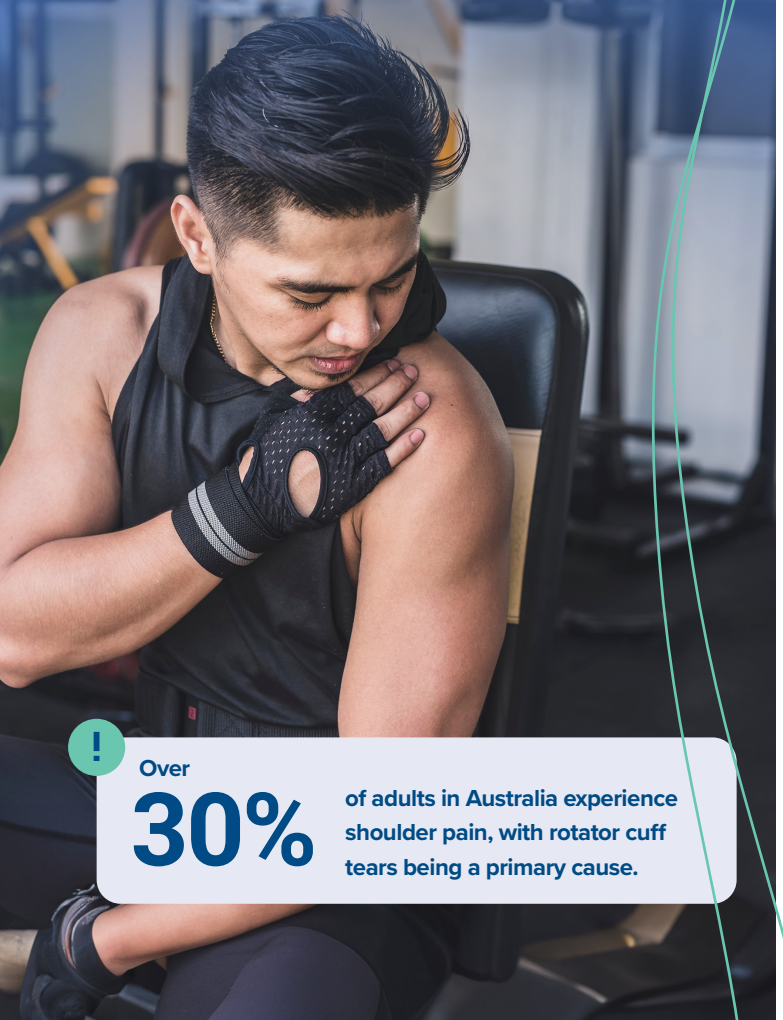
Diagnosing Shoulder Tears:

An Integrated GP-Physiotherapist Strategy



! Over **30%** of adults in Australia experience shoulder pain, with rotator cuff tears being a primary cause.

Understanding Rotator Cuff Tears

Rotator cuff tears often stem from repetitive strain, trauma, or age-related degeneration. This muscle-tendon complex stabilises the shoulder joint and allows extensive range of motion. Damage here can cause pain and restrict movement.

! **In Australia, shoulder injuries make up around 12% of all musculoskeletal conditions presented in GP practices.**

Types of Shoulder Tears

- **Partial Thickness Tear:** Involves fraying or partial tearing, causing pain but retaining some function.
- **Full-Thickness Tear:** Complete rupture, usually with marked weakness and restricted movement.
- **Labral Tear:** Affects the shoulder socket's fibrocartilage ring, causing instability, mechanical symptoms, and pain, especially in overhead movements.

Clinical Presentation and Key Indicators

GPs play a critical role in recognising RC tears, which can enable early intervention and reduce surgery likelihood.

- **Pain During Overhead Activities:** Pain is often noted with activities above shoulder level.
- **Weakness on Empty Can and External Rotation Tests:** Weakness in these tests can indicate a rotator cuff tear.
- **Night Pain:** Commonly a deep, dull ache that disturbs sleep, particularly when lying on the affected side.
- **Restricted Range of Motion:** Limited movement, especially with abduction and flexion above 90 degrees.

Diagnostic Approach and Imaging Recommendations

GPs should perform a thorough history and physical exam, including tests like the empty can or Hawkins-Kennedy test. Imaging may be considered for suspected large tears.

- **Ultrasound:** Beneficial for assessing RC pathology; cost-effective but operator-dependent.
- **MRI:** Preferred for complex or labral tears due to its detailed imaging capability.

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Collaborative Care: Roles of GPs and Physiotherapists

A collaborative approach between GPs and physiotherapists can optimise treatment and reduce the need for invasive procedures.

GP's Role in RC Tear Management:

- Initial assessment, referrals for imaging and physiotherapy, educating patients on activity modification, and pain management (NSAIDs or corticosteroid injections).

Physiotherapist's Role in Rehabilitation

- **Manual Therapy and Neuromuscular Training:** A variety of glenohumeral and acromioclavicular mobilisation techniques combined with proprioceptive exercises enhance shoulder ROM, and function and contribute to long-term functional improvement.
- **Targeted Exercise Prescription For Shoulder Stability:** Physiotherapists design individualised programs focusing on rotator cuff and scapular strengthening to rebuild stability.
- **Education on Injury Prevention:** Post-recovery, patient education on workplace ergonomics and shoulder health reduces the risk of re-injury.

Advanced Treatment Options

For full-thickness tears or ongoing symptoms, surgery may be necessary, with post-op physiotherapy crucial to restore function.

Physiotherapy-led rehabilitation can reduce shoulder injury recovery time by up to

30%

Refer to Benchmark Physiotherapy

At **Benchmark Physiotherapy**, we specialise in treating rotator cuff tears with evidence-based, tailored rehabilitation programs focused on strength, mobility, and pain relief. Partnering with us, GPs can ensure their patients receive holistic, long-term care.

Visit the Benchmark Physiotherapy General Practitioners Hub for more resources to empower your patient for better outcomes with physiotherapy.

Contact us to find out more about how we can help your patients reach their potential.

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