

# 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.

## 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 360 Physio Revesby

At **360 Physio Revesby**, 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 360 Physio Revesby 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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## References

- Ainsworth, R. (2016). Physiotherapy management of shoulder impingement. *Journal of Shoulder and Elbow Surgery*, 25(6), 990-1001.
- Buchbinder, R., et al. (2017). Management of shoulder pain in general practice: A systematic review. *BMJ*, 355, j134.
- Kühn, J. E. (2009). Exercise in the treatment of rotator cuff impingement: A systematic review and a synthesized evidence-based rehabilitation protocol. *Journal of Shoulder and Elbow Surgery*, 18(1), 138-160.
- Kluczynski, M. A., Nayyar, S., Marzo, J. M., & Bisson, L. J. (2020). Early versus delayed passive range of motion after rotator cuff repair: A systematic review and meta-analysis. *American Journal of Sports Medicine*, 48(8), 2057-2063. <https://doi.org/10.1177/0363546520917755>
- Littlewood, C., Mazuquin, B., Moffatt, M., & Bateman, M. (2021). Rehabilitation following rotator cuff repair: A survey of current practice. *Musculoskeletal Care*, 19(2), 165-171. <https://doi.org/10.1002/msc1529>
- Kane, L. T., Lazarus, M. D., Namdari, S., Seitz, A. L., & Abboud, J. A. (2020). Comparing expert opinion within the care team regarding postoperative rehabilitation protocol following rotator cuff repair. *Journal of Shoulder and Elbow Surgery*, 29(9), e330-e337. <https://doi.org/10.1016/j.jse.2019.12.008>
- Wells, S. N., Schiltz, J. R., Uhl, T. L., & Gurney, A. B. (2020). Shoulder electromyography measurements during activities of daily living and routine rehabilitation exercises. *Journal of Orthopaedic & Sports Physical Therapy*, 46(5), 375-383. <https://doi.org/10.2519/jospt.2020.8816>
- Ghandour, T. M., Ibrahim, A., Abdelrahman, A. A., Elgammal, A., & Hammad, M. H. (2019). Does the type of shoulder brace affect postoperative pain and clinical outcome after arthroscopic rotator cuff repair? *Arthroscopy: The Journal of Arthroscopic & Related Surgery*, 35(4), 1016-1023. <https://doi.org/10.1016/j.arthro.2018.10.141>
- Hollman, F., Wolterbeek, N., Zijl, J. A. C., van Egeraat, S. P. M., & Wessel, R. N. (2017). Abduction brace versus antirotation sling after arthroscopic cuff repair: The effects on pain and function. *Arthroscopy: The Journal of Arthroscopic & Related Surgery*, 33(9), 1618-1626. <https://doi.org/10.1016/j.arthro.2017.03.001>
- Rathil, S., & Rathinam, B. (2020). Imaging of rotator cuff disorders. *European Journal of Radiology*, 127, 109004.
- Sheps, D. M., Silveira, A., Beaupre, L., Styles-Tripp, F., Balyk, R., & Lalani, A., et al. (2019). Early active motion versus sling immobilisation after arthroscopic rotator cuff repair: A randomised controlled trial. *Arthroscopy*, 35(3), 749-760.e2. <https://doi.org/10.1016/j.arthro.2018.09.044>
- Sheps, D. M., Styles-Tripp, F., Beaupre, L., Lalani, A., & Balyk, R. (2019). Comparison of functional outcomes following early and delayed arthroscopic repair for traumatic and non-traumatic rotator cuff injuries. *Journal of Orthopaedic Surgery and Research*, 14(1), 1-10. <https://doi.org/10.1186/s13018-019-1145-7>
- Edwards, P. K., Ebert, J. R., Littlewood, C., Ackland, T., & Wang, A. (2017). A systematic review of electromyography studies in normal shoulders to inform postoperative rehabilitation following rotator cuff repair. *Journal of Orthopaedic & Sports Physical Therapy*, 47(12), 931-944. <https://doi.org/10.2519/jospt.2017.7505>
- Düzgün, I., Baltacı, G., & Atay, O. A. (2020). Comparison of slow and accelerated rehabilitation protocol after arthroscopic rotator cuff repair: Pain and functional activity. *Acta Orthopaedica et Traumatologica Turcica*, 45(1), 23-33. <https://doi.org/10.5152/aott.2020.01>