With PhysioTools you can create high quality personalised exercise and information handouts. Select from the world’s largest professional exercise library and print in multiple languages.

This module is of benefit to general practitioners, occupational health doctors, phsyiatrists, orthopaedic physicians, and occupational physical therapists, physical therapists, occupational health nurses and other health care professionals.

It contains 55 musculo-skeletal diagnoses for example: tennis elbow and frozen shoulder. It helps the patient/client to understand, in plain language, the background to the musculo-skeletal problem, its frequency, typical symptoms, recommendations for treatment and self-help measures.

The content of this module can be sorted as follows:


Sort 3: Advice Note.

The Centre for Orthopaedic Manual Therapy is a physiotherapy clinic focused on research and treatment of musculoskeletal disorders and providing post-graduate and continuing medical education and training for healthcare professionals.

Combine individual PhysioTools modules to create your own resource library of exercises and information
HISTORY: The rotator cuff consists of the tendons of 4 adjacent muscles blended with the joint capsule. Rotator cuff syndrome is caused by injury or inflammation of the tendon. It is more common after the age of 35. Damage usually occurs in the front of the supraspinatus muscle tendon near the bone attachment point where the blood supply is minimal. Damage is more likely if arms are repeatedly raised or rotated when the humeral head and upper shoulder blade rub against the front edge of the acromion (extreme tip of shoulder blade). The space between the humeral head and the acromion constricts or swells.

SYMPTOMS: In the first stage of inflammation the tendon is swollen and red. In the second stage the tendon fluid degenerates and becomes fibrous. Calcification may develop within the tendon. In the third stage lesions may appear that are partial, internal or under the tendon. The symptoms of rotator cuff inflammation are aching at night and pain in the front outer side of the joint from where it radiates around the upper arm. Movement is painful and restricted, especially during abduction. The affected area is pressure sensitive. The condition is relieved in the first stage by avoiding repeated raising and rotation of the arms, ice packs and anti-inflammatory drugs. Heat worsens the condition (eg. sauna).

TESTS: A doctor's clinical examination with X-rays and scans if necessary.

TREATMENT: An injection of hydrocortisone is usually effective. After the first stage physiotherapy helps to normalise joint mobility. Surgery can be considered if symptoms have lasted for over a year or have caused more than six months of sick leave.

SELF CARE: Anti-inflammatories and cold packs to alleviate inflammation and pain. Avoid painful movements. Maintain mobility through pain free exercises that also improve the general metabolism.

PROGNOSIS: Rotator cuff syndrome usually heals well. Recovery depends on the degree of severity and the quality of treatment.