

# Beware Rotator Cuff Tear After Direct Blow to Shoulder

## Physical Therapy in Greenville for Shoulder

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Have you suffered a direct blow to your shoulder in football? If so, you may find this article of interest. It is a case report of a football player who sustained a serious shoulder injury, and stresses the importance of early diagnosis, and surgical repair of a rotator cuff tear in a "young" athlete. Check with your Physical Therapist at "client\_company" for expert diagnosis of your injuries.

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Young athletes rarely develop rotator cuff tears (RCTs). That's because most rotator cuff tears occur as a result of chronic, repetitive microtrauma causing a gradual degeneration of the tissue and eventual tear. In this case report, one 16-year-old football player's rotator cuff injury is presented and discussed.

The rotator cuff refers to four tendons (and their attached muscles) that surround the shoulder. They hold the head of the humerus (upper arm bone) in the shoulder socket. The muscles of the rotator cuff help move the shoulder in all directions while the tendons keep it stable in the joint.

There have only been a handful of cases of traumatic rotator cuff tears reported in the orthopedic and sports literature. All were in contact athletes who were hit while playing football. A direct blow to the shoulder was also the cause of this patient's rotator cuff tear.

The authors present this case to show other sports specialists the importance of considering a rotator cuff tear in the diagnosis. Even when it looks like something else (e.g., contusion, burner, stinger), there could be an underlying cuff tear as well.

An early diagnosis and treatment can save the athlete's arm and career. A delayed diagnosis and waiting too long to repair the damage could result in further damage to the soft tissues. Worst case scenario is that too long of a delay in treatment could mean the soft tissues can't be repaired. A loss of motion, strength, and function could leave the athlete out of the game.

The excellent tendon quality in young (adolescent) athletes is what makes a complete recovery possible. Before inflammation and excessive swelling fill the area, the surgeon can clean up the damage, repair the tear(s), and send the athlete along to rehab.

Making the correct diagnosis requires a careful patient interview. The surgeon must consider all aspects of what happened to avoid missing important details. In this case, the high school quarterback was tackled from behind. At the time of the injury, he had his arm raised overhead. The force of the contact from the other player against the back of his shoulder was enough to dislocate the shoulder and tear four tendons (three of the rotator cuff tendons, plus the biceps tendon along the front of the arm).

Several days after the game, the player was in pain and unable to raise his arm. X-rays, MRIs, and a clinical exam all pointed to a shoulder dislocation that had partially reduced (the head of the humerus slipped back in to the joint). Partial reduction means the shoulder was not completely back in the joint -- there was too much swelling and blood from hemorrhaging to make room for the bone just yet.

Surgery was scheduled immediately and the surgeons repaired the damage. At first, an arthroscope was used to examine the extent of the damage. As suspected, there were major tears of tendons and of the posterior joint capsule. Fortunately, the labrum (a fibrous rim of cartilage around the shoulder joint) was not

damaged. The labrum helps form a deeper socket for the shoulder joint. Labral tears can be difficult to treat successfully.

After surgery, the swelling gradually went down enough for the head of the humerus to slip back into the joint fully. The patient started on a rehab program under the direction and supervision of a Physical Therapist. The therapist guided the player through four to five months of movement and exercise to restore joint motion, muscle strength, and joint stability. The therapist helped the athlete prepare to return to full sports participation, which was possible by the sixth month postop.

This case demonstrates the need for careful examination in any athlete who suffers a direct blow to the shoulder. Imaging studies can be followed by arthroscopic exam whenever athletes present with shoulder pain, weakness, and loss of motion that doesn't go away quickly after the injury. With early intervention, young athletes have an excellent chance of recovery and return to sports.

Reference:

Reference: Kimberly A. Turman, MD, et al. Massive Rotator Cuff Tear in an Adolescent Athlete: A Case Report. In *Sports Health*. January/February 2010. Vol. 2. No. 1. Pp. 51-55.