



## Enfield Health & Wellness Center

Phone: 860-763-2225  
Fax: 860-763-3161

143 Hazard Avenue  
Enfield, CT 06082

[www.EnfieldHealth.com](http://www.EnfieldHealth.com)

## Suffield Health & Wellness Center

Phone: 860-668-5222  
Fax: 860-763-3161

162 Mountain Rd, Suite 203  
Suffield, CT 06078

[www.SuffieldHealth.com](http://www.SuffieldHealth.com)

*One-to-One Treatment Always  
with a Licensed Professional*

### Your Therapy Team

Carla Fleck, PTA  
Katie Myers, DPT  
Melissa Doten, MPT  
Jennifer Meier, MPT, CLT, CKTP  
Jennifer Cavanaugh, PTA  
Kevin Sadowski, BSN, RN, DC,  
Cert. MDT

*Two Modern Locations for  
Your Convenience*

### Providing Physical Therapy for:

Orthopedic Complaints  
Post Surgical Rehab  
Work Injuries  
Auto Injuries  
Back Pain  
Neck Pain  
Vertigo / Vestibular Rehab  
Lymphedema  
Headaches  
Functional Capacity Evaluations

### Specially Certified In:

McKenzie Technique  
Lymphedema Management  
Vestibular Therapy  
Graston Technique  
Mulligan Technique  
Dry Needling  
Kinesio Taping®  
Functional Capacity Evaluations

### Payment

Accepting Medicare and most  
major insurance. Letters of  
protection accepted.

## Physical Therapy Comparable to Surgery for Non-Traumatic Rotator Cuff Tears

Rotator cuff tears are a common cause of shoulder pain and may occur without traumatic injury. The classic explanation for how a rotator cuff can tear without traumatic injury has been that the cuff impinges on the acromion,<sup>1</sup> but more recently, authors have emphasized the role of intrinsic tendon degeneration.<sup>2-4</sup> These types of tears are especially prevalent among patients age 60+, with prevalence estimates ranging from 20% to 30%.<sup>5</sup> Both physical therapy and surgery have been considered among first line treatments, but, for non-traumatic rotator cuff tears there has been little comparative evidence between treatment options. This past January, *The Bone & Joint Journal* published a randomized, controlled trial testing the hypothesis that rotator cuff repair surgery yields superior results.



J Kukkonen, MD, PhD, Orthopedic Surgeon, and colleagues (two other MD, PhD orthopedic surgeons; an MD, PhD musculoskeletal radiologist; and a biostatistician) included 180 shoulders in their study. All patients had MRI-confirmed supraspinatus tears. Patients were equally divided into three groups: (1) physical therapy only, (2) acromioplasty plus physical therapy, and (3) rotator cuff repair plus acromioplasty plus physical therapy. All operations were performed arthroscopically. The physical therapy group received ten physical therapy visits to teach and supervise a progressive, standardized exercise program aimed at improving glenohumeral motion and active scapular retraction. The acromioplasty group also received subacromial debridement and biceps tenotomy as needed. The rotator cuff repair group received all the same procedures as group 2 as needed plus anatomical repair using standard titanium bone anchors with non-absorbable sutures. To track patient progress, an independent evaluator determined each subject's Constant Score at baseline, three months, six months, and twelve months. The Constant Score is an established 100-point scale that measures pain levels and the ability to carry out normal daily activities. Any movement in the score of ten points or greater is considered clinically significant.

At 12 months, each treatment regimen caused clinically significant improvements, but there was no statistically significant difference between the groups (1 - 17.0 points, 2 - 17.5 points, 3 - 19.8 points). The repair group did trend toward a slightly greater improvement, but the difference was not clinically significant or statistically significant. Four patients in the physical therapy group chose to cross over to the repair group. The direct cost of care in the physical therapy group averaged \$3,285 per patient, and the direct cost of care in the repair group averaged \$7,760.

These findings provide considerable encouragement to offer physical therapy as a first line treatment in non-traumatic rotator cuff tear. This study adds to a body of evidence demonstrating the efficacy of conservative treatment for rotator cuff tears.<sup>6-9</sup> The results of the current study may not be fully applicable to traumatic rotator cuff tears.<sup>10</sup>

## One-to-One Care by a Licensed Professional

At Enfield Health & Wellness Center, all scheduled time with your patient is one-to-one time with a licensed therapy professional. We do not use aides or trainers with your patients. We do not attempt to assess your patient while simultaneously monitoring other patients. We feel this difference results in physical therapy programs that progress more efficiently and in better-satisfied patients.

## REFERENCES

1. Neer CS 2nd. Impingement lesions. *Clin Orthop Relat Res.* 1983; 173:70-77.
2. Operatively treated traumatic versus non-traumatic rotator cuff ruptures: a registry study. *Ups J med Sci.* 2013; 118: 29-34.
3. Kim H, Dahiya N, Teefey S, et al. Location and initiation of degenerative rotator cuff tears: an analysis of three hundred and sicky shoulders. *J Bone Joint Surg [Am].* 2010; 92-A: 1088-1096.
4. Moosmayer S, Tariq R, Stiris M, Smith H. MRI of symptomatic and asymptomatic full-thickness cuff tears: a comparison of findings in 100 subjects. *Acta Orthop.* 2010; 81: 361-366.
5. Fehring E, Sun J, VanOveren L, et al. Full-thickness rotator cuff tear prevalence and correlation with function and co-morbidities in patients sixty-five years and older. *J Shoulder Elbow Surg.* 2008; 17: 881-885.
6. Kuhn J, dunn W, Sanders R, et al. Effectiveness of physical therapy in treating atraumatic full-thickness rotator cuff tears: a multicenter prospective cohort study. *J Shoulder Elbow Surg.* 2013 Oct; 22 (10): 1371 - 9.
7. Longo U, Franceshi F, Berton A, et al. Conservative treatment and rotator cuff tear progression. *Med Sport Sci.* 2012; 57: 90-99.
8. Kijima H, Minagawa H, Nishi T, et al. Long-term follow-up of cases of rotator cuff tear treated conservatively. *J Shoulder Elbow Surg.* 2012; 21: 491-494.
9. Pegreff F, Paladini P, Campi F, Porcellini G. Conservative management of rotator cuff tear. *Sports Med Arthrosc.* 2011; 19: 348-353.
10. Moosmayer S, Lund G, Deljom U, et al. Comparison between surgery and physiotherapy in the treatment of small and medium-sized tears of the rotator cuff: a randomised controlled study of 103 patients with one-year follow-up. *J Bone Joint Surg [Br].* 2010; 93-B: 83-91.