ROBERT PETTIT, MD

Restoring Function. Maximizing Performance.

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SHOULDER CONDITION

Rotator Cuff Arthropathy

Cuff Tear Arthropathy — Patient Condition Guide

Rotator cuff arthropathy · the humeral head migrates upward and wears the joint · for education; your anatomy may differ

OVERVIEW

Rotator cuff arthropathy is a specific pattern of shoulder arthritis that develops after a large, long-standing rotator cuff tear. Without the cuff to center it, the ball of the shoulder rides upward and wears abnormally against the socket and the undersurface of the acromion, producing both weakness and arthritis.

SYMPTOMS

- Deep shoulder ache with progressive loss of strength
- Difficulty raising the arm overhead — sometimes a 'pseudoparalytic' shoulder
- Grinding and swelling
- Night pain that disrupts sleep

DIAGNOSIS

X-rays show the characteristic upward position of the humeral head with arthritic change. MRI or CT confirms the size of the cuff tear, muscle quality, and bone anatomy for surgical planning.

TREATMENT OPTIONS

Milder cases are managed with activity modification, gentle therapy that trains the deltoid, and judicious injections. When pain and loss of function progress, reverse total shoulder replacement — which Dr. Pettit performs and has published research on — is the definitive solution: it re-centers the mechanics so the deltoid can power the arm without a functioning cuff.

RECOVERY OUTLOOK

Reverse shoulder replacement reliably relieves pain and restores overhead function for most patients, with the majority resuming daily activities within 6 weeks and continuing to gain strength over 6–12 months.

SCAN FOR THE LATEST VERSION ONLINE

robertpettitmd.com/handouts/rotator-cuff-arthropathy.pdf

This handout is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.

ROTATOR CUFF ARTHROPATHY
(CUFF TEAR ARTHROPATHY)

Rotator cuff arthropathy occurs when a chronic, massive rotator cuff tear leads to loss of normal shoulder mechanics. Over time, the head of the humerus (upper arm bone) rises upward, causing wear of the shoulder joint (arthritis), pain, weakness, and loss of function.

HOW IT DEVELOPS

1. MASSIVE ROTATOR CUFF TEAR
Large or irreparable tear leads to loss of tendon function.

2. SUPERIOR MIGRATION
The humeral head moves upward because the cuff can no longer hold it down.

3. JOINT WEAR
The abutment of the humeral head on the acromion wears away cartilage and bone.

4. ARTHROPATHY
Arthritis develops in the glenohumeral joint, causing pain, stiffness, and loss of function.

RISK FACTORS

- Age over 60 (most common)
- Chronic, massive rotator cuff tear (not repaired or irreparable)
- Poor shoulder mechanics or long-standing impingement
- Diabetes, thyroid disease, or inflammatory conditions
- Smoking
- Heavy manual labor or repetitive overhead activity

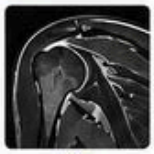
COMMON SYMPTOMS

- Deep, aching pain in the shoulder, especially with overhead activity
- Pain at night and with daily activities
- Weakness, especially with lifting or reaching
- Stiffness and decreased range of motion
- Difficulty with tasks like dressing, grooming, or reaching overhead

DIAGNOSIS

Your doctor will perform a physical exam and order imaging tests to confirm the diagnosis.

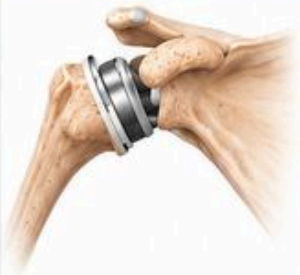
X-RAY
Shows superior migration and arthritis.



MRI
Evaluates rotator cuff tears and muscle atrophy.

CT SCAN (IF NEEDED)
Provides detailed bone and joint information.

REVERSE SHOULDER REPLACEMENT (MOST COMMON SURGICAL OPTION)



A reverse shoulder replacement uses a special implant to restore shoulder function by relying on the deltoid muscle instead of the rotator cuff.

Provides reliable pain relief and improvement in function for most patients with rotator cuff arthropathy.

TREATMENT OPTIONS

1. NON-SURGICAL TREATMENT (First Line)
- Activity modification
- Physical therapy
- Anti-inflammatory medications
- Corticosteroid injections

Helps reduce pain and maintain function but does not reverse arthritis.

2. INJECTIONS (IF NEEDED)
- Corticosteroid injections
- Platelet-rich plasma (PRP) (limited evidence)

May provide temporary pain relief, but results vary.

3. SURGICAL TREATMENT
REVERSE SHOULDER REPLACEMENT (Most Common)

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EXERCISES THAT CAN HELP

Perform 3–5 times per week. Stop if pain increases.

PENDULUM SWING
Lean forward and let your arm hang down. Gently swing in small circles.

TABLE SLIDE (FLEXION)
Place hands on table and slowly slide forward to stretch shoulder.

WAND FLEXION
Use a stick or cane to help lift your arm forward as comfortable.

EXTERNAL ROTATION
Keep elbow at your side and use a band or stick to gently rotate arm outward.

SCAPULAR RETRACTION
Squeeze shoulder blades together and hold.

PREVENTION TIPS

- Treat rotator cuff tears early
- Maintain good shoulder strength and flexibility
- Use proper technique in sports and at work
- Take breaks and rest when shoulder becomes fatigued

WHEN TO SEE A DOCTOR

- Pain lasts more than a few weeks
- Pain interferes with sleep or daily activities
- Increasing weakness or loss of motion
- Conservative treatments are not helping

Scan for exercise videos and more information about rotator cuff arthropathy.

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