

THE PAINFUL SHOULDER :

DIFFERENTIATING ROTATOR CUFF TEARS FROM MIMICKERS



TJ FRANCE, MD

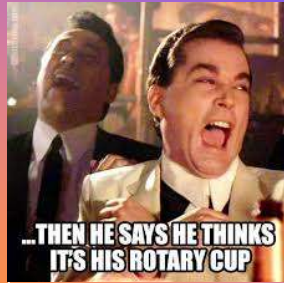
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FACTORY OF SADNESS BACKGROUND



- Cleveland native; Browns fan
- Undergraduate: University of Denver (2012)
- US Peace Corps, Burkina Faso
- Medical school: THE Ohio State University (2019)
- Orthopedic Residency: University of Colorado (2024)
- Fellowship: Indiana Hand to Shoulder Center (2025)
- Hand to Shoulder Center of Wisconsin

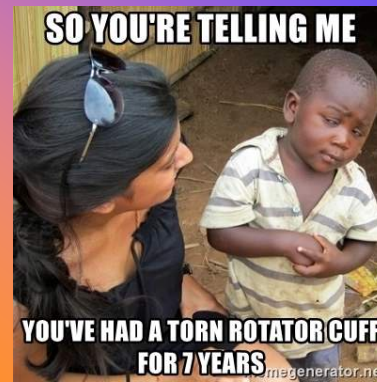
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WHY ROTATOR CUFF?

COMMON

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WHY ROTATOR CUFF?

VARIABLE

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THE MIMICKERS?

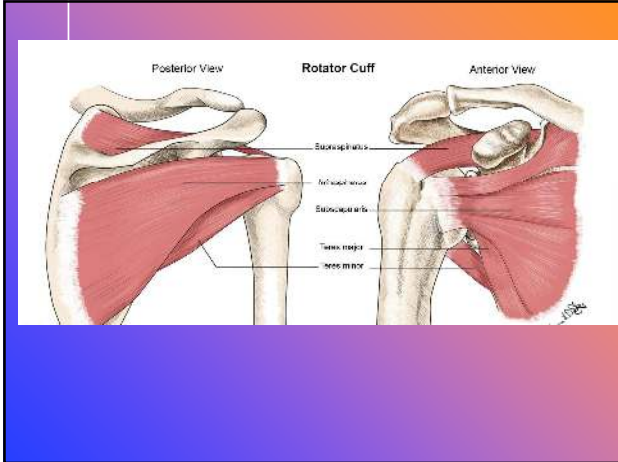
- Impingement
- Biceps tendinitis
- Frozen shoulder
- Arthritis
- Labral tear

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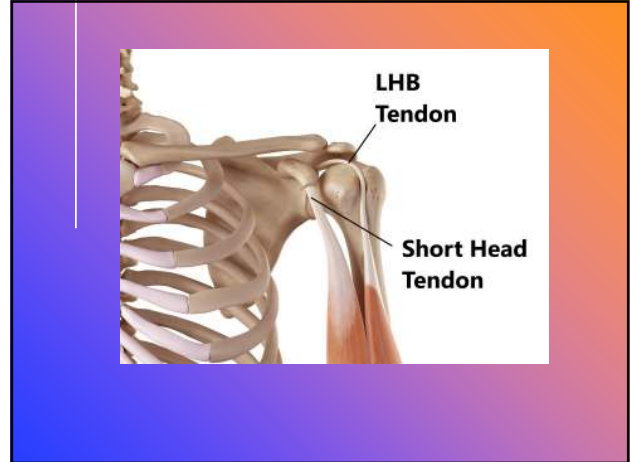


PERTINENT SHOULDER ANATOMY

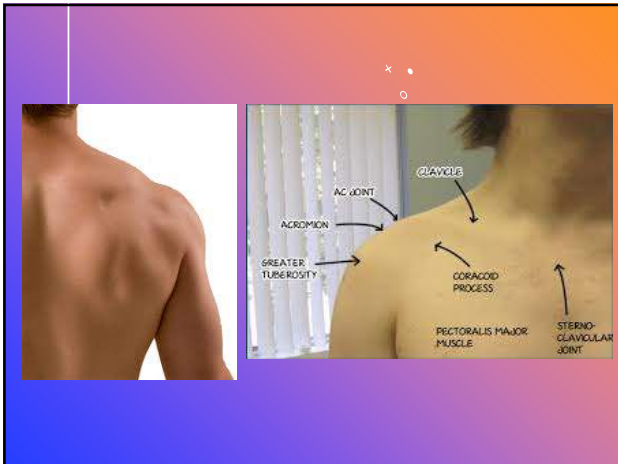
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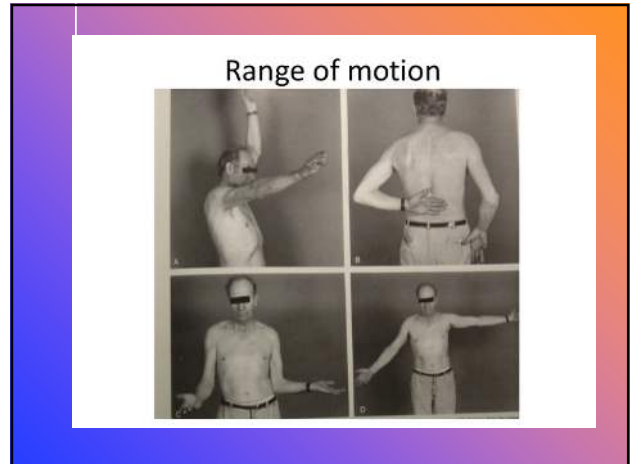
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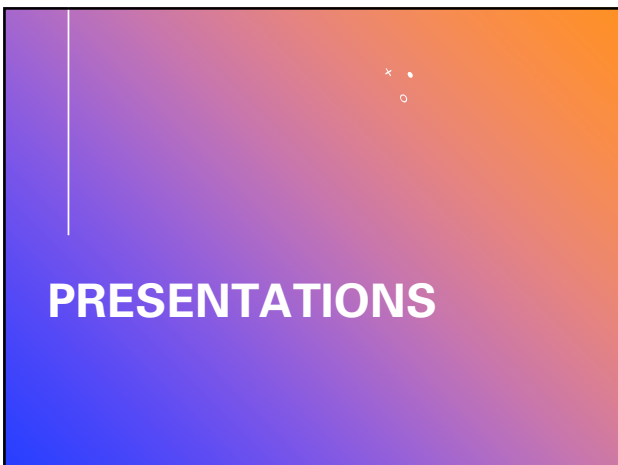
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Chronic:
"I've had this shoulder pain for a while and it's been getting worse. It feels deep inside the shoulder; I can't really get to it with a finger. It's particularly bad when I'm lifting, like putting boxes on shelves, or pulling things down off of pallets."

Acute on chronic:
"This shoulder has always given me trouble, but I've been able to work around it. It wasn't much of a problem until I slipped on the ice outside work. Now I can hardly raise my arm up."

Acute:
"I fell off the ladder right onto my shoulder and it's been killing me. I can't even move my arm, I can't wash my hair, I can't sleep."

ROTATOR CUFF TEARS



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Chronic → PT

Acute on chronic → PT


Acute → Surgery (maybe)



ROTATOR CUFF TEARS

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PHYSICAL THERAPY: HATED BY PATIENTS, LOVED BY OUTCOMES



MOON's large, prospective cohort studies have clearly shown that a structured physical therapy program results in good outcomes for many *atraumatic full-thickness* rotator cuff tears


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Standard PT for 6–12 weeks improved patient-reported outcomes and reduced pain



70–75% of patients successfully avoided surgery through PT alone over long-term follow-up.


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Who needed surgery?

1. low expectations for PT effectiveness
2. activity level
3. workers' compensation status



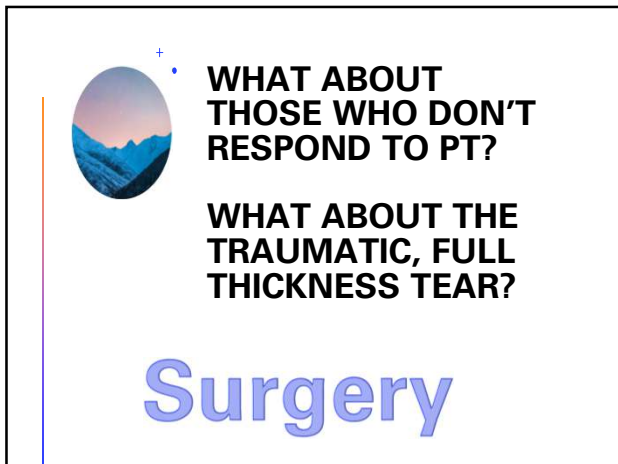
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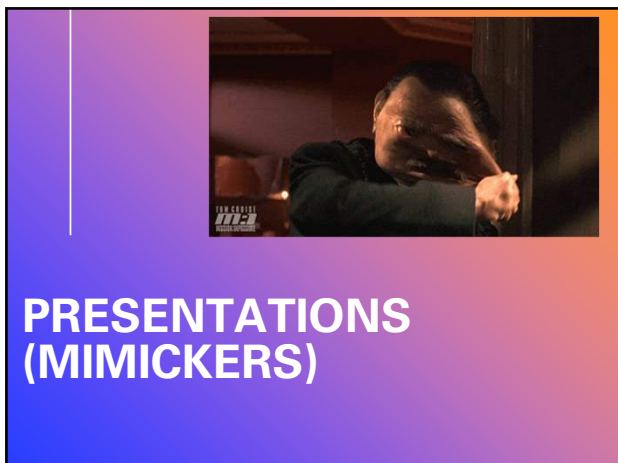
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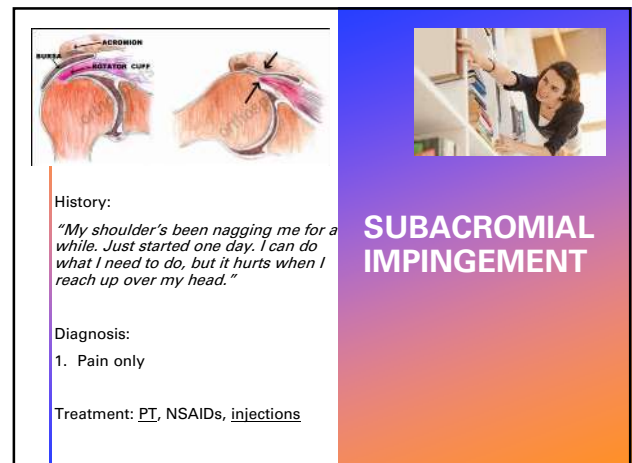
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BICEPS TENDINITIS


History:
"There's this pain in the front of my shoulder. Right here...ouch! Reaching behind me and lifting really bother me."

Diagnosis:
 1. Localized pain to the anterior shoulder, often palpable

Treatment: PT, NSAIDs, injections

25

frozen shoulder



FROZEN SHOULDER



Diagnosis:
 1. Pain, pain, pain
 2. Limited *active & passive* motion

Treatment: PT, NSAIDs, injections

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Diagnosis:
 XRAYs

AC – pain, crepitus, prominence at the top of the shoulder
 Glenohumeral – pain, crepitus






ARTHRITIS

Treatment:
 1. Activity modification
 2. Topical & oral NSAIDs
 3. Injections
 4. Surgery

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1. Acute
2. Traumatic
3. Young

LABRAL TEAR

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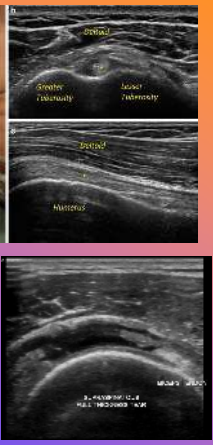
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Imaging

ULTRASOUND & MRI

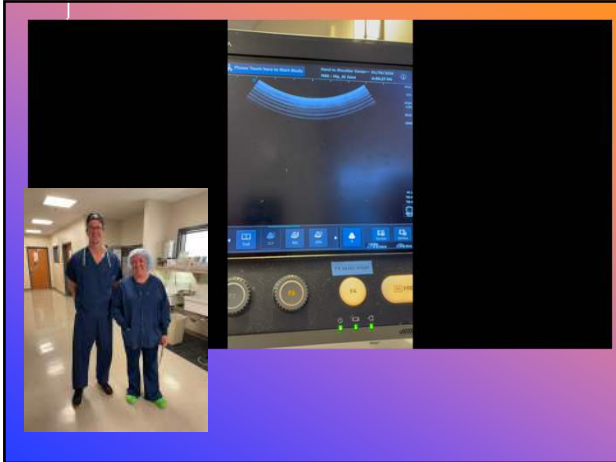
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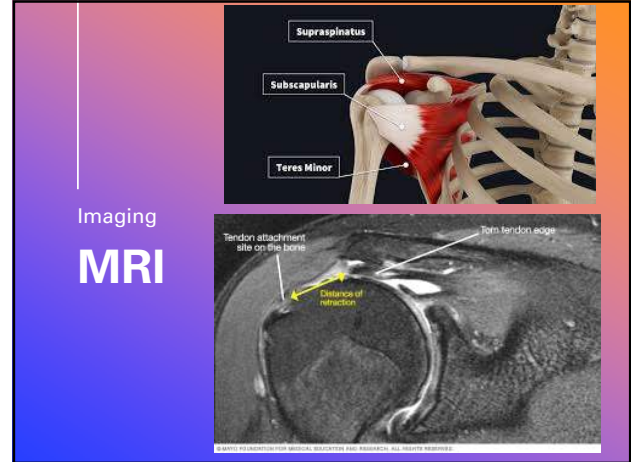
Imaging

ULTRASOUND

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TAKE HOME POINTS

1. Pain is common, weakness is not
2. History is usually very helpful
3. Ultrasound is readily available
4. Most diagnoses can be treated non-operatively

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THANK YOU

TJ France
216-219-4053
tfrance@newhands.net

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