

SHIP8 Clinical Commissioning Groups Priorities Committee

No. 41

Policy Recommendation: Management of rotator cuff tears and rotator cuff syndrome

Date of issue: September 2018

The SHIP Clinical Commissioning Groups (CCGs) reviewed the evidence and received consultant advice on the management of rotator cuff tears and syndrome and considered this according to the ethical framework. The current policy statement on sub-acromial decompression (Policy 014) was noted and was outside the scope of this policy.

The place of surgery for rotator cuff syndrome is limited and rarely a first line treatment. However traumatic tears are less common and occur in a predominantly younger population. Consideration for surgery without delay is recommended in such patients.

The majority of tears are degenerative and often relatively asymptomatic. The committee heard that 25% of the population would have a demonstrable tear by the age of 60 and more than 50% of those in their eighties.

First line options should begin with

- Physiotherapy and analgesia for 6 weeks is recommended as the first line of treatment, with a further 6 weeks of physiotherapy if there has been incomplete resolution, at which point the patient, if not already managed under MSK services, should be referred
- Imaging with MRI is no better than ultrasound. Ultrasound should not be used as a diagnostic investigation in primary care but should be reserved for confirmation of diagnosis and assist management plans and only by referral from MSK services.
- Whilst the Committee considered longer term issues related to injection of corticosteroids it was considered reasonable to inject once, repeating once more only if there had been considerable but temporary relief in symptoms.

It was noted that poorer outcomes were associated with older patients and those with diabetes, multiple tendon involvement, larger tears, or tears with fatty infiltration. Conservative options should always be considered and discussed with patients.

Statement Review Date: September 2023

Notes:

Whilst the panel recognised the considered expert advice of NICE in their recommendation the panel also had a duty to prioritise spending of a finite resource locally and made a decision which it felt gave the most equitable and effective use of investment.