

Non-surgical treatment is a good option for people with RCD



Non-surgical treatment is equivalent to surgical treatment even after unsuccessful initial rehabilitation in people with RCD without full-thickness tendon tear.

INTRODUCTION

The rotator cuff is a group of muscles and tendons that surrounds the shoulder joint. Rotator cuff disease (shortened to RCD) is very common and is usually caused by tendon degeneration. RCD may also be associated with an injury. In either case, it causes prolonged shoulder pain and disability in adults. There is a spectrum of RCD, ranging from tendinopathy to full-thickness tendon tear.

Recent studies show that a type of surgery called *subacromial decompression* and non-surgical treatments provide the same results in people with RCD without full-thickness tendon lesion. The importance of surgery for full-thickness tendon tears remains unclear.

WHAT DID THE AUTHORS HOPE TO FIND?

The authors wanted to answer a question frequently asked by GPs, rheumatologists and orthopaedic surgeons: how should I treat a person with RCD?

WHO WAS STUDIED?

The study looked at 417 people with long-term shoulder pain lasting more than 3 months. Everyone was referred from primary and occupational healthcare centres and private clinics to the one of two study hospitals in Finland.

HOW WAS THE STUDY CONDUCTED?

This was a pragmatic, randomised, controlled trial. Everyone with subacromial pain had an MRI image done to confirm the diagnosis of RCD and underwent a 3-month initial rehabilitation. After this time, 190 shoulders still had symptoms, and these people were randomised to non-surgical or surgical treatments. The primary outcome was the mean change in shoulder pain and function after 2 years.

WHAT WERE THE MAIN FINDINGS OF THE STUDY?

The main finding was that non-surgical and surgical treatments for RCD provided equivalent improvements in pain and function.

ARE THESE FINDINGS NEW?

Yes. There have been previous studies, but none have looked at the same thing. This study focused on surgery after adequately performed – but unsuccessful – non-surgical treatment of RCD including both non-full-thickness and full-thickness tendon lesions. In this trial, all potential participants underwent a structured, 3-month rehabilitation before randomisation to ensure that only symptomatic patients were included.

WHAT ARE THE LIMITATIONS OF THE STUDY?

The two main limitations are that this study did not have a placebo surgery group, and the study physiotherapists were not blinded – meaning they knew which treatment people had received. Also, 26% of people were not treated as planned. This is because some people were randomised then decided not to undergo surgery, and some were randomised to non-surgical treatment but later wanted surgery due to severe pain.

WHAT DO THE AUTHORS PLAN ON DOING WITH THIS INFORMATION?

The authors plan to do a longer follow-up to clarify whether non-surgical or surgical treatment is the best option for RCD. Their 5-year follow-up results will be reported later.

WHAT DOES THIS MEAN FOR ME?

If you have RCD, the best choice will be made in discussion with your doctor. The authors of this paper recommend non-surgical treatment as the primary choice. However, surgery can give superior improvement in pain and function for people with a full-thickness rotator cuff rupture. Therefore, rotator cuff tendon repair may be suggested if non-surgical treatment does not work for you.

If you have any concerns about your disease or its treatment, you should talk to your doctor.

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