DR. WILLIAM PENNINGTON
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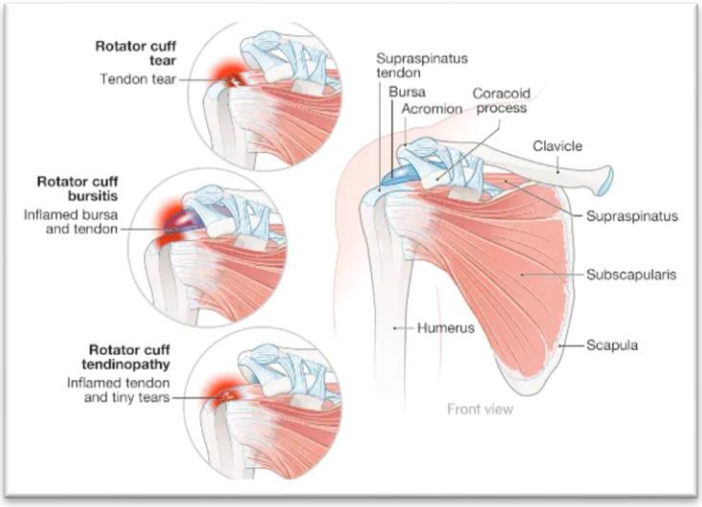
Shoulder Injuries

Non-Operative Management

Shoulder/Rotator Cuff Anatomy: The rotator cuff is a set of four muscles and tendons that stabilize the shoulder joint and allow for a wide range of arm movements. These muscles - the supraspinatus, infraspinatus, subscapularis, and teres minor - work together to keep the ball of the upper arm bone (humerus) securely within the shallow shoulder socket (cup). When functioning normally, they help facilitate actions like lifting, rotating, and controlling arm movement. Proper rotator cuff function is essential for shoulder stability, function, and strength.

What Hurts? Most shoulder pain comes from irritated tendons, bursitis, or scar/stiffness. The bicep attaches directly beneath the rotator cuff. The rotator cuff bursa also extends to the side of your shoulder underneath the deltoid muscle. It's common for rotator cuff pain to radiate to these areas. All these tissues can be easily irritated, but usually improve without surgery - with the right plan.



Good News: If these structures are irritated, or even torn, large long-term studies show most people get better without surgery using a focused physical therapy (PT) program and simple home strategies.

What Does the Research Say? The MOON study is an important study looking at treatment of patients with non-traumatic *full* rotator cuff tears. In a large, multi-center evaluation of over 450 patients:

- Over 70% did well without surgery for over 10 years.
- Fewer than 30% chose surgery by 10 years; most who did elected it in the first ~6 months.
- Expectations matter: Believing PT could work was linked with avoiding early surgery.
- Those who stayed non-operative maintained their improvements over the decade.

Takeaway: A committed 6–12-week PT trial is very likely to help and is often the recommended first step for most atraumatic rotator cuff–type shoulder pain.

Scan for a video overview of rotator cuff injuries and treatment options

What Can I Do For the Pain? Ice or heat 15-20 minutes, 2–4×/day. Ice tends to work best for more acute flare-ups, and heat better for generalized soreness. For medicines, consider over-the-counter acetaminophen (Tylenol) for pain and NSAIDs (ibuprofen/naproxen) for inflammation. This combination can be helpful for pain and symptoms. Diclofenac gel is also available over the counter and can be helpful for point-specific areas of pain. This is similar to applying ibuprofen directly to the affected area.

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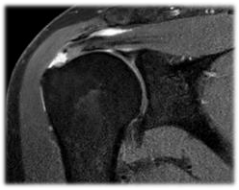
Should I Consider a Cortisone Injection? Cortisone typically provides a pain "window" to allow progression in PT. This is a very *targeted* anti-inflammatory treatment, placed directly into the area causing the problem. The effect of this drug is typically about 12 weeks, but generally by the time this "wears off" the problem has been corrected. Many patients don't notice the injection has worn off as their symptoms have resolved. We can repeat these injections at 12 weeks (or more) if needed on rare occasions. There are risks and benefits to any injection, and this can be discussed during your clinic visit. There may be a temporary 2-3 day flare of pain following the injection. This is normal and can be treated with the pain treatment recommendations above. If you are diabetic, this may also cause a temporary spike in your blood sugar.



Do I need an MRI? If you had a traumatic injury with sudden weakness and inability to lift your arm, you may qualify for an immediate MRI scan. Without a trauma or conservative care, most insurance companies will not cover immediate MRI imaging. We generally reserve scans for patients who have no meaningful improvement after a 6–12-week PT course. The MRI is used for setting up a "surgical road map" for Dr. Pennington to plan surgical options to discuss with you further.

What Can I Do Now? Confirm specifics with your PT. Perform these exercises within pain tolerance. Continue to use your shoulder as normally as possible. Doing activities within your pain tolerance will not worsen your rotator cuff problem. In fact, prolonged disuse or sling use can lead to stiffness and frozen shoulder which can complicate healing and prolong recovery.

- Pendulum circles: 30–60 seconds each direction, 2–3×/day.
- Table slides (flexion/scaption): 10 reps, 2–3 sets, 1–2×/day.
- Isometric ER/IR at doorway: 5-second holds, 10 reps each, 1–2×/day.
- Scapular retraction: 10–15 reps, 2–3 sets, daily.
- Band rows: 10–15 reps, 2–3 sets, 3–4×/week when pain allows.
- External rotation with band at side: 10–15 reps, 2–3 sets, 3×/week as tolerated.
- Sleeper stretch (gentle): 20–30-second holds, 3 reps, daily if posterior tightness.

Follow Up: Dr Pennington's team will check in at 6 weeks to ensure you're heading the right direction. If the progress isn't as expected, we may discuss imaging and next steps to assure your shoulder can return to good health and function.

Ortho Lazer is a recommended, FDA approved treatment that can expedite healing and decrease pain, inflammation, and stiffness. It is a series of 6 (for acute pain) or 12 (for chronic pain) 10-minute treatments available at Franklin and Brookfield facilities.

To arrange Ortho Lazer treatment, please contact our coordinator
Sheila: 414-643-4002 -or- ssullivan@theorthoinstitute.com

ORTHO LAZER
Orthopedic Laser Center

Thanks for choosing Dr. Pennington to care for your painful shoulder.

He and his team are dedicated to helping you improve your pain, function, and quality of life.