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Rotator Cuff Tear Progression in Professional Contact Athletes

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Background

- Full-thickness rotator cuff tears are rare injuries in contact athletes, accounting for 1.8% of all shoulder injuries at the NFL Combine.¹
- Most tears result from acute trauma and cause significant pain and dysfunction, necessitating acute surgical repair.²
- Paucity of data regarding the management of minimally symptomatic full-thickness rotator cuff tears in professional contact athletes.
- Progression of minimally symptomatic full-thickness rotator cuff tears in contact athletes has not been studied.

Purpose

To highlight the risk of rotator cuff tear progression in professional contact athletes by presenting the cases of 2 athletes (1 NHL & 1 NFL player) with minimally symptomatic, small full-thickness rotator cuff tears whose tears rapidly progressed in size once they returned to regular season play.

Case #1

A 32 year-old male professional football player presented with intermittent shoulder pain throughout the season. An MRI obtained during exit physicals demonstrated a small, full-thickness rotator cuff tear. Exam demonstrated full symmetric AROM and 5/5 rotator cuff strength. The player opted for non-operative management, a rotator cuff rehab program, and full-participation in offseason football activities with a modified lifting program. He also underwent treatment with intermittent NSAIDs and 1 steroid injection in the offseason.

Player was a full participant in training camp and preseason games. However, during the first regular season game, the player re-injured his shoulder. Repeat MRI demonstrated significant rotator cuff tear progression with moderate retraction. He then underwent arthroscopic rotator cuff repair and was placed on IR for the remainder of the season.

Case #2

A 37 year-old male professional hockey player presented with intermittent shoulder pain throughout the season; however, there were no games lost due to shoulder pain. An MRI obtained during exit physicals demonstrated a small, full-thickness rotator cuff tear of the supraspinatus with mild extension into the upper border of the subscapularis. Exam demonstrated full, symmetric AROM and 5/5 rotator cuff strength. After considering all options, player opted for conservative management. He also underwent treatment with intermittent NSAIDs and 1 steroid injection in the offseason.

Player was a full participant in training camp and preseason games. However, during the first regular season game, the player re-injured his shoulder when he checked a player into the boards. Repeat MRI demonstrated significant supraspinatus rotator cuff tear progression with moderate to severe retraction, full thickness tearing of the upper border of the subscapularis tendon and medial subluxation of the biceps tendon. He then underwent arthroscopic rotator cuff repair, open subscapularis tendon repair, and biceps tenodesis and was placed on IR for the remainder of the season.

References