Physical Therapy Comparable to Surgery for Non-Traumatic Rotator Cuff Tears

Rotator cuff tears are a common cause of shoulder pain and may occur without traumatic injury. The classic explanation for how a rotator cuff can tear without traumatic injury has been that the supraspinatus tendon impinges on the acromion, but more recently, authors have emphasized the role of intrinsic tendon degeneration. These types of tears are especially prevalent among patients age 60+, with prevalence estimates ranging from 20% to 30%. Both physical therapy and surgery have been considered among first-line treatments, but, for non-traumatic rotator cuff tears there has been little comparative evidence between treatment options. This past January, The Bone & Joint Journal published a randomized, controlled trial testing the hypothesis that rotator cuff repair surgery yields superior results.

J Kukkonen, MD, PhD, Orthopedic Surgeon, and colleagues (two other MD, PhD orthopedic surgeons; an MD, PhD musculoskeletal radiologist; and a biostatistician) included 180 shoulders in their study. All patients had MRI-confirmed supraspinatus tears. Patients were equally divided into three groups: (1) physical therapy only, (2) acromioplasty plus physical therapy, and (3) rotator cuff repair plus acromioplasty plus physical therapy. All operations were performed arthroscopically. The physical therapy group received ten physical therapy visits to teach and supervise a progressive, standardized exercise program aimed at improving glenohumeral motion and active scapular retraction. The acromioplasty group also received subacromial debridement and biceps tenotomy as needed. The rotator cuff repair group received all the same procedures as group 2 as needed plus anatomical repair using standard titanium bone anchors with non-absorbable sutures. To track patient progress, an independent evaluator determined each subject’s Constant Score at baseline, three, six, and twelve months. The Constant Score is an established 100-point scale that measures pain levels and the ability to carry out normal daily activities. Any movement in the score of ten points or greater is considered clinically significant.

At 12 months, each treatment regimen caused clinically significant improvements, but there was no statistically significant difference between the groups (1 - 17.0 points, 2 - 17.5 points, 3 - 19.8 points). Four patients in the physical therapy group chose to cross over to the repair group. The direct cost of physical therapy averaged $3,285 per patient, and the direct cost of care in the repair group averaged $7,760.

For your homebound patients, Care Corp can provide in-home physical therapy as either a first-line treatment or post-surgical care. While Medicare pays 100% of allowable charges from Care Corp, the reimbursement received from Medicare is in line with the costs of physical therapy reported in the study, so cost savings for the patient and healthcare system are likely when in-home physical therapy is ordered as a first-line treatment. The recent findings provide considerable encouragement to offer physical therapy as a first-line treatment in non-traumatic rotator cuff tear. This study adds to a body of evidence demonstrating the efficacy of conservative treatment for rotator cuff tears.

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References


