

# Exploring Recent Advancements in Rotator Cuff Injury Rehabilitation: A Narrative Review

BRAJESH KUMAR<sup>1</sup>, PRIYANKA RISHI<sup>2</sup>, NEHA REYALCH<sup>3</sup>

## ABSTRACT

Rotator cuff injuries are prevalent musculoskeletal injuries that may impair quality of life and function. This narrative review covers current rotator cuff injury rehabilitation breakthroughs and provides insights into evidence-based techniques that improve patient outcomes. Recent advances in evaluation and rehabilitation are the topic of this narrative review. It covers the newest diagnostic techniques and imaging modalities for better diagnosis and patient stratification. It also examines how wearable gadgets and tele-rehabilitation might improve recovery. Recent exercise prescription and progression advances include eccentric training, isometric movements, and neuromuscular re-education for rotator cuff repair and function. It emphasises patient-specific rehabilitation procedures and the growing significance of regenerative treatments and biologics in rotator cuff injury treatment. This evaluation also stresses patient education and collaborative decision-making for rehabilitation success. Managing rotator cuff injuries psychologically involves treating pain, fear avoidance, and psychosocial concerns. In conclusion, this narrative review summarises the latest rotator cuff injury rehabilitation techniques and modalities. Rotator cuff injury patients may benefit from these advances in outcomes, recurrence rates, and quality of life. This narrative review helps physicians, researchers, and healthcare workers treating rotator cuff injuries keep current.

**Keywords:** Advancements, Eccentric training, Ultrasound guided electrical stimulation

## INTRODUCTION

Rotator cuff injuries represent a prevalent and debilitating musculoskeletal condition that significantly impacts the daily lives and functional capabilities of individuals across the globe [1]. The rotator cuff, a group of four critical tendons and muscles surrounding the shoulder joint, plays a pivotal role in stabilising and facilitating a wide range of arm movements, such as lifting, reaching, and rotating [2]. When these tendons or muscles are damaged, individuals may experience pain, weakness, and limited shoulder mobility, affecting their overall quality of life and ability to perform even the simplest of tasks. As a result, the rehabilitation of rotator cuff injuries has long been a subject of great interest and importance in the fields of orthopaedics, sports medicine, and physical therapy. This narrative review is dedicated to exploring recent advances in the rehabilitation of rotator cuff injuries, shedding light on the evolving paradigms, strategies, and techniques that have emerged in the past few years [2]. The goal of this review is to provide a comprehensive and up-to-date understanding of the subject, offering insights into how the treatment landscape has transformed and how these advancements are improving patient outcomes [3]. Over the years, rotator cuff injuries have proven to be multifaceted, with a range of contributing factors, both intrinsic and extrinsic [4]. Understanding the anatomy and biomechanics of the shoulder is crucial in this context, as it lays the foundation for effective rehabilitation strategies. Recent developments in imaging technologies, such as Magnetic Resonance Imaging (MRI) and ultrasound, have allowed for more accurate diagnosis and a better understanding of the extent of the injury, thereby guiding treatment decisions [5].

In parallel, rehabilitation protocols have evolved significantly, moving beyond conventional exercise routines to incorporate cutting-edge techniques and therapies [6]. The role of eccentric training, isometric exercises, and neuromuscular re-education in promoting rotator cuff healing and functional recovery has gained prominence. Personalised rehabilitation plans, tailored to the unique needs of each patient, are now a hallmark of contemporary

rehabilitation, enabling healthcare providers to address the specific challenges faced by individuals with rotator cuff injuries. This review also delves into the burgeoning field of regenerative therapies and biologics, exploring how these innovative approaches hold promise in facilitating tissue healing and reducing the recurrence of rotator cuff injuries. Furthermore, it addresses the importance of patient education and shared decision-making in the rehabilitation process, recognising the psychological dimensions of rotator cuff injury management and the role they play in recovery. The rehabilitation of rotator cuff injuries has witnessed remarkable advancements in recent years. These developments have the potential to revolutionise patient care, enhancing outcomes, and quality of life for those affected by these injuries [7,8]. This narrative review aspires to serve as an informative resource for clinicians, researchers, and healthcare professionals involved in the care of individuals with rotator cuff injuries. By exploring the latest trends and evidence-based practices in rotator cuff injury rehabilitation, this review aims to contribute to a deeper understanding of the subject and foster continued progress in the field. The current review only focusses on the non-surgical rehabilitation of the rotator cuff injuries.

## MATERIALS AND METHODS

### Literature Search Strategy

To ensure a comprehensive and up-to-date review of the recent advances in the rehabilitation of rotator cuff injuries, a systematic literature search was conducted. Multiple electronic databases, including Pubmed, MEDLINE, Embase, and Google Scholar were utilised. The search was limited to articles published between January 2010 and January 2023, to focus on the most recent developments in the field.

**Inclusion criteria:** Articles that discussed recent advances in the rehabilitation of rotator cuff injuries, including but not limited to diagnostic tools, exercise protocols, regenerative therapies, and patient education.

**Exclusion criteria:** Studies published in languages other than English, studies with a primary focus on surgical interventions, and articles with insufficient relevance to the topic.

**Data extraction:** Relevant articles were screened for their titles and abstracts, and full texts were obtained for further evaluation. Data was extracted from the selected articles, including study design, sample size, patient characteristics, intervention protocols, outcomes, and key findings.

**Data synthesis and analysis:** The extracted data were analysed and synthesised to identify common themes, emerging trends, and recent advances in rotator cuff injury rehabilitation. Emphasis was placed on evidence-based practices, novel approaches, and technological innovations that have been reported in the literature. The findings were grouped into thematic categories, and a narrative approach was adopted to present and discuss the results.

## Rehabilitation Rotator Cuff Injury

The rotator cuff which is responsible for shoulder joint stabilisation and arm motion is vulnerable to injury due to anatomical, functional, and traumatic reasons. Anatomically, the shallow shoulder joint relies on surrounding soft-tissues for stability, whereas the tendons that travel through the tiny subacromial area are susceptible to compression. Functional factors such as overuse, muscular imbalance, and age-related changes, combined with traumatic events including acute trauma and sports injuries, enhance the risk of rotator cuff problems thus making the rehabilitation most crucial [9]. Rehabilitation of rotator cuff injuries involves various approaches and techniques tailored to the specific needs and conditions of the patient. These approaches can be broadly categorised into preoperative and postoperative rehabilitation [10]. Preoperative rehabilitation is typically the first-line treatment for most rotator cuff injuries. This approach focuses on conservative measures to alleviate pain, improve range of motion, and strengthen the muscles around the shoulder joint [11]. Physical therapy plays a central role in preoperative rehabilitation. Therapists may employ techniques such as manual therapy, range of motion exercises, and modalities like ice and ultrasound to reduce inflammation and pain. An essential aspect of preoperative rehabilitation is the development of a targeted exercise program [12]. These exercises may include isometric exercises to engage the rotator cuff muscles without placing excessive stress on the injured area. Eccentric training, where the muscle contracts while lengthening, is increasingly recognised as an effective way to promote healing and strengthen the cuff. Additionally, neuromuscular re-education is employed to enhance the coordination and control of the shoulder muscles. Patient education is crucial in preoperative rehabilitation, helping individuals understand their condition and learn techniques for pain management and shoulder protection [13].

In cases where preoperative rehabilitation does not yield satisfactory results or for severe rotator cuff tears, surgical intervention may be necessary. Postoperative rehabilitation is a critical phase of the treatment process. Following surgery, patients undergo a period of immobilisation, after which a structured rehabilitation program is initiated [14]. The focus here is on ensuring that the repaired rotator cuff heals properly and regains its strength and function. Physical therapists work closely with patients, guiding them through progressive exercises aimed at restoring the shoulder's range of motion and muscle strength. These exercises are customised based on the type of surgery performed and the extent of the rotator cuff injury. While early postoperative rehabilitation is characterised by gentle range of motion exercises and protection of the surgical site, later phases involve more strenuous activities to regain full function. Regenerative therapies, such as Platelet-Rich Plasma (PRP) injections, and biologics are sometimes incorporated into postoperative rehabilitation to expedite healing and tissue regeneration [15].

Rehabilitation of rotator cuff injuries encompasses both preoperative and postoperative approaches, each tailored to the specific needs of the patient and the severity of the injury. These rehabilitation strategies aim to reduce pain, improve shoulder function, and enhance the overall quality of life for individuals with rotator cuff injuries. The choice of rehabilitation path depends on factors such as the nature and extent of the injury, patient preferences, and the guidance of healthcare professionals [16,17].

## PHYSICAL REHABILITATION

Physical rehabilitation for rotator cuff injuries is a multifaceted process aimed at restoring shoulder function, alleviating pain, and preventing re-injury. Recent advancements in this field have expanded the array of tools and techniques available to enhance rehabilitation outcomes [18]. Advanced diagnostic imaging modalities, such as high-resolution ultrasound and MRI, allow for a more precise assessment of the rotator cuff injury's location and severity, enabling tailored treatment plans. Additionally, emerging technologies, like wearable devices and tele rehabilitation, have gained prominence in monitoring patient progress and providing real-time feedback, ensuring adherence to rehabilitation protocols. Advancements in exercise prescription have introduced eccentric training, which has shown promise in promoting muscle healing and strength. This approach involves controlled lengthening of the muscle while contracting, enhancing muscle activation and recovery [19]. Isometric exercises are also integrated into rehabilitation, as they help in early muscle activation without subjecting the injured area to excessive stress. Furthermore, neuromuscular re-education techniques have evolved to improve the coordination and control of shoulder muscles, addressing the root causes of dysfunctional movement patterns [20]. Another noteworthy development in rotator cuff rehabilitation is personalised treatment plans. Healthcare providers are increasingly tailoring rehabilitation protocols to the unique needs of each patient, accounting for factors like age, activity level, and specific injury characteristics. This personalised approach ensures that patients receive the most effective and efficient care, resulting in better outcomes. Moreover, the incorporation of regenerative therapies and biologics, such as PRP and stem cell injections, is on the horizon for rotator cuff rehabilitation. These treatments aim to expedite the healing process and promote tissue regeneration, potentially reducing the risk of re-injury [21].

The recent advancements in rotator cuff rehabilitation have significantly improved the quality of care for individuals with these injuries. The integration of advanced diagnostic tools, personalised treatment plans, and innovative exercise techniques offers more precise, effective, and tailored approaches to rehabilitation [22]. These advancements hold the potential to enhance patient outcomes, reduce recovery times, and ultimately provide a better quality of life for those affected by rotator cuff injuries.

### Eccentric Training

Eccentric training is a specialised exercise technique that has garnered increasing attention in the rehabilitation of musculoskeletal injuries, particularly for conditions like rotator cuff injuries. It centers around the controlled lengthening of muscles while they are actively under tension, as opposed to concentric contractions where muscles shorten during contraction [23]. In the context of rotator cuff rehabilitation, eccentric training involves performing exercises that challenge the shoulder muscles while they lengthen, such as gradually lowering a weight during a specific movement. This controlled lengthening phase of the exercise not only strengthens the muscles but also plays a pivotal role in promoting tendon healing and muscle growth. The benefits of eccentric training include enhanced muscle strength, improved tendon health, and muscle hypertrophy, all of which are essential in the rehabilitation process [24]. Eccentric exercises are typically integrated into a comprehensive rehabilitation program, working in conjunction with

other techniques to restore the shoulder's strength and functionality while minimising the risk of re-injury. It is important to note that proper form, gradual progression, and professional guidance are essential for safe and effective eccentric training in the rehabilitation of rotator cuff injuries.

### Electrotherapy

Electrotherapy has emerged as a valuable component of rehabilitation for rotator cuff injuries, offering both pain management and muscle stimulation to aid in the recovery process. Recent advancements in electrotherapy techniques have expanded the range of options available to healthcare professionals and patients [25]. One such advancement is the use of high-frequency Transcutaneous Electrical Nerve Stimulation (TENS) units, which provide targeted pain relief by delivering electrical impulses to stimulate nerves and block pain signals. These advanced TENS devices are more compact and user-friendly, allowing patients to use them at home, thereby facilitating ongoing pain management throughout the rehabilitation process. Another noteworthy advancement is the integration of Neuromuscular Electrical Stimulation (NMES) into rotator cuff rehabilitation. NMES devices deliver controlled electrical currents to the muscle, prompting contractions and enhancing muscle strength. These advancements have seen the development of portable and programmable NMES units that allow for precise customisation of stimulation parameters, making them highly adaptable to individual patient needs. In the context of rotator cuff injuries, NMES can be especially beneficial in preventing muscle atrophy and maintaining muscle tone, particularly during the early stages of immobilisation [26].

Advancements in electrotherapy have also led to the development of combined modalities, such as ultrasound-guided electrical stimulation. This innovative approach combines the benefits of ultrasound imaging with targeted electrical stimulation, offering enhanced precision in locating and stimulating specific muscle groups [27]. This is particularly useful in rotator cuff rehabilitation as it allows for a more targeted and efficient approach in strengthening the injured shoulder muscles. Furthermore, the integration of wearable and wireless technology in electrotherapy devices enables patients to monitor their progress and share data with healthcare providers, allowing for remote adjustments to treatment plans. These devices are often equipped with smartphone applications that provide real-time feedback and data analysis, making electrotherapy more accessible and user-friendly.

Recent advancements in electrotherapy for rotator cuff injuries have significantly improved the precision, accessibility, and customisation of treatment. The development of advanced TENS units, NMES devices, and the integration of imaging technology has expanded the range of electrotherapy options available to both patients and healthcare providers. These advancements offer a promising avenue for more effective pain management and muscle stimulation in the rehabilitation of rotator cuff injuries, potentially leading to faster recovery and better outcomes [28].

### Ultrasound-Guided Electrical Stimulation

Ultrasound-guided electrical stimulation is an innovative approach that uses ultrasound imaging with targeted electrical stimulation, offering a highly precise and effective method for rehabilitation in cases of musculoskeletal injury like rotator cuff injuries [29]. During this procedure, a healthcare provider utilises ultrasound technology to visualise the specific anatomical region of interest, providing real-time imagery of the internal structures, such as muscles and tendons. Once the target area is identified, electrodes are strategically placed under the guidance of the ultrasound, ensuring accurate and precise positioning. This technique not only maximises treatment precision but also enhances safety by minimising the risk of inadvertent damage to sensitive structures, like nerves or blood vessels. The benefits

of ultrasound-guided electrical stimulation encompass improved treatment effectiveness, pain management, and enhanced muscle activation. In the context of rotator cuff rehabilitation, it is often employed to optimise muscle strengthening and neuromuscular re-education, offering a valuable tool for healthcare professionals to tailor treatment plans and monitor progress. This advanced approach is typically administered by trained healthcare providers and demonstrates the potential to further enhance the rehabilitation process, ultimately contributing to better patient outcomes and safety [30,31]. Ultrasound-guided electrical stimulation is a cutting-edge approach that holds significant promise in the rehabilitation of rotator cuff injuries. This innovative technique combines the precision of ultrasound imaging with targeted electrical stimulation, providing an effective and personalised solution for individuals recovering from such injuries. In the context of rotator cuff rehabilitation, ultrasound plays a crucial role in visualising the injured area in real-time, allowing healthcare providers to pinpoint the precise location and extent of the injury. Once identified, electrodes are strategically placed under the guidance of the ultrasound to ensure accurate positioning. The electrical stimulation serves multiple purposes, including muscle activation, pain management, neuromuscular re-education, and muscle strengthening. What sets this approach apart is its remarkable precision, which not only enhances treatment effectiveness but also minimises the risk of harm to delicate structures within the shoulder. This advancement in rehabilitation technology offers the potential for improved patient outcomes and a more targeted and efficient recovery process. While typically administered by trained healthcare professionals, ultrasound-guided electrical stimulation represents a promising and valuable tool in the management of rotator cuff injuries [32,33].

### Kinesio Tape

Kinesiotape has evolved as an adjunct rehabilitation for rotator cuff injury patients providing support, pain alleviation and proprioceptive feedback during the recovery phase. When applied appropriately, kinesio tape can help align and support the shoulder joint, perhaps decreasing excessive stress on the rotator cuff tendons while allowing for a range of motion that promotes healing. Furthermore, kinesio taping may help relieve pain by regulating nociceptive input and improving lymphatic drainage, thereby hastening the recovery of inflammation associated with rotator cuff injuries. Furthermore, by improving proprioception, kinesio tape aids in neuromuscular re-education, facilitating improved muscle activation patterns and fostering functional movement patterns that are necessary for successful recovery. While further research is needed to determine the precise processes and usefulness of kinesio taping in rotator cuff rehabilitation, its non-invasive nature and potential advantages make it an important supplementary technique in the overall treatment of rehabilitating rotator cuff injury [34].

### Dry Needling

An increasingly effective supplemental treatment for rotator cuff issues is dry needling. This method entails inserting tiny needles into muscle trigger points or taut bands in an effort to cause a localised twitch reaction and the subsequent release of tension in the muscles. Myofascial trigger points have been implicated in the persistence of pain and dysfunction in rotator cuff injuries, according to recent developments in pathophysiology of these disorders. Dry needling has the potential to improve range of motion, reduce pain, and improve functional results in patients with rotator cuff injuries by disrupting faulty neuromuscular pathways and facilitating tissue recovery. Recent developments in rotator cuff injury rehabilitation are highlighted in a narrative review by Smith TO et al., and Hall ML et al., in a systematic review, with a focus on the efficacy of dry needling in lowering discomfort, encouraging tissue healing, and regaining shoulder function. Dry needling targets particular

anatomy associated with rotator cuff disease, addressing muscular abnormalities and improving effectiveness of traditional rehabilitation regimens. Including dry needling in all-encompassing therapy plans offers a useful way to maximise results and hasten healing for patients with rotator cuff injuries [35,36].

## DISCUSSION

The advancements in the rehabilitation of rotator cuff injuries highlights the significant contributions of various innovative techniques and approaches to the field of physical therapy. This includes the integration of advanced imaging technologies such as high-resolution ultrasound and MRI, which have revolutionised the diagnostic process by providing detailed insights into the extent and nature of rotator cuff injuries, facilitating more tailored and effective treatment plans. Furthermore, the utilisation of wearable technology and tele rehabilitation services has expanded the accessibility of rehabilitation programs, enabling patients to receive continuous guidance and monitoring from healthcare providers, even in the comfort of their own homes. Among the novel rehabilitation techniques, eccentric training has emerged as a promising method to promote muscle strength and tendon healing, particularly through its controlled lengthening of muscles during contraction. Similarly, isometric exercises have proven beneficial in early muscle activation without exacerbating the injury, contributing to a comprehensive approach in the early stages of rehabilitation. Additionally, the integration of neuromuscular re-education techniques has been instrumental in addressing dysfunctional movement patterns and enhancing shoulder stability, underscoring the importance of retraining muscles to achieve optimal functional outcomes. The emphasis on personalised treatment plans has been a notable shift in contemporary practice, recognising the unique needs and characteristics of individual patients. This tailored approach ensures that rehabilitation programs are specifically designed to cater to the diverse requirements of patients, considering factors such as age, activity level, and the specific nature of the rotator cuff injury. Furthermore, the exploration of regenerative therapies, including PRP and stem cell injections, signals a promising direction in the potential acceleration of tissue healing and the reduction of re-injury risks, presenting an exciting avenue for further research and application in clinical practice.

The integration of ultrasound-guided electrical stimulation represents another significant advancement, offering an innovative and precise method for enhancing muscle activation, pain management, and neuromuscular re-education in the rehabilitation of rotator cuff injuries. This cutting-edge approach allows for targeted and accurate stimulation, guided by real-time ultrasound imaging, thereby ensuring optimal treatment outcomes while minimising the risk of inadvertent harm to surrounding structures. Collectively, these advancements underscore the dynamic evolution of rehabilitation practices in addressing the complexity of rotator cuff injuries. By leveraging technological innovations and a more personalised approach, healthcare providers can optimise treatment strategies, enhance patient engagement, and ultimately improve the overall quality of care and outcomes for individuals undergoing rehabilitation for rotator cuff injuries.

It is essential to acknowledge that the findings of this review are contingent on the quality and scope of the available literature. The review may be limited by publication bias, and not all relevant studies may have been included. However, efforts were made to minimise bias by using a systematic search strategy and clearly defined inclusion and exclusion criteria.

## Future Perspectives

Rotator cuff tears are a common problem that requires surgical intervention, but there are still obstacles in obtaining good

tendon-to-bone healing rates due to the difficulty in rebuilding the delicate transitional tissue between the tendon and the bone. Understanding the molecular mechanisms underlying this failure is critical, with studies focused on embryogenesis and normal healing processes after injury. Mesenchymal Stem Cells (MSCs) have promising potential for improving rotator cuff repair due to their ability to develop into multiple mesodermal tissues and exhibit paracrine, anti-inflammatory, immunoregulatory, and angiogenic capabilities. Animal trials with autologous MSCs have yielded promising results, including increased fibrocartilage production, improved fibrocartilage fiber orientation, decreased immune response, and greater biomechanical strength. However, while these findings are intriguing, further experimental research is needed before applying these medicines to humans. Future research opportunities may include combining stem cell therapy with growth factors or scaffolds, as well as looking into new stem cell kinds and gene therapy techniques.

When it comes to rotator cuff injury rehabilitation, newer modalities have both advantages and disadvantages over traditional treatments. Advanced treatments including kinesio taping, extracorporeal shockwave therapy, and stem cell therapy offer promise benefits such as improved proprioception, pain alleviation, and potential tissue regeneration. These methods could provide more targeted and holistic approaches to rehabilitation, potentially leading to better outcomes and shorter recovery durations. However, they present obstacles such as restricted availability, increased costs, and the need for additional study to determine their long-term efficacy and safety. Furthermore, while traditional techniques such as physical therapy and surgical restoration remain essential, incorporating emerging modalities into treatment regimens may provide a more comprehensive and tailored approach to managing rotator cuff issues.

## CONCLUSION(S)

In summary, recent advancements in rotator cuff injury rehabilitation have ushered in a new era of personalised and highly precise care. Innovations in diagnostic imaging, wearable technology, and tele rehabilitation have made treatment more accessible and tailored to individual needs. Techniques like eccentric training, isometric exercises, and neuromuscular re-education have expanded the range of rehabilitation options, emphasising controlled muscle activation and functional retraining. Notably, ultrasound-guided electrical stimulation combines real-time ultrasound imaging with electrical stimulation, ensuring targeted and safe treatment delivery. These advancements are enhancing the effectiveness of rotator cuff injury rehabilitation and improving patient experiences, moving us closer to optimal functional outcomes and better quality of life for those in recovery. Additional comparative studies and clinical trials are required to better understand the best incorporation of these modalities into rehabilitation procedures. Embracing these innovations and fostering further research is essential for continued progress in the field.

## Acknowledgement

The authors are deeply grateful to the peer reviewers for their valuable feedback and time without whom this papers quality could not be enhanced.

## REFERENCES

- [1] Clement ND, Hallett A, Macdonald D, Howie C, Mcbirnie J. Does diabetes affect outcome after arthroscopic repair of the rotator cuff? *J Bone Joint Surg Br.* 2010;92(8):1112-17.
- [2] Dubé MO, Arel J, Paquette P, Roy JS, Desmeules F, Gagnon DH. Co-creation of an exercise inventory to improve scapular stabilization and control among individuals with rotator cuff-related shoulder pain: A survey-based study amongst physiotherapists. *Arch Physiother.* 2022;12(1):11.
- [3] Pedowitz RA, Yamaguchi K, Ahmad CS, Burks RT, Flatow EL, Green A, et al. Optimizing the management of rotator cuff problems. *J Am Acad Orthop Surg.* 2011;19(6):368-79.

- [4] Lewis J, McCreesh K, Roy JS, Ginn K. Rotator cuff tendinopathy: Navigating the diagnosis-management conundrum. *J Orthop Sports Phys Ther.* 2015;45:923-37.
- [5] Weiss LJ, Wang D, Hendel M, Buzzerio P, Rodeo SA. Management of rotator cuff injuries in the elite athlete. *Curr Rev Musculoskelet Med.* 2018;11:102-12.
- [6] Singaraju VM, Kang RW, Yanke AB, McNickle AG, Lewis PB, Wang VM, et al. Biceps tendinitis in chronic rotator cuff tears: A histologic perspective. *J Shoulder Elbow Surg.* 2008;17(6):898-904. Available from: <https://doi.org/10.1016/j.jse.2008.05.044>.
- [7] Chelli Bouaziz M, Jabnoun F, Chaabane S, Ladeb MF. Diagnostic accuracy of high resolution ultrasound in communicating rotator cuff tears. *Iran J Radiology.* 2010;7(3):153-60.
- [8] Karppi P, Ryösiä A, Kukkonen J, Kauko T, Äärimala V. Effectiveness of supervised physiotherapy after arthroscopic rotator cuff reconstruction: A randomized controlled trial. *J Shoulder Elbow Surg.* 2020;29(9):1765-74.
- [9] Nielsen GL, Dethlefsen C, Lundbye-Christensen S, Pedersen JF, Molsted-Pedersen L, Gillman MW. Adiposity in 277 young adult male offspring of women with diabetes compared with controls: A Danish population-based cohort study. *Acta Obstet Gynecol Scand.* 2012;91(7):838-43.
- [10] Muth S, Barbe MF, Lauer R, McClure P. The effects of thoracic spine manipulation in subjects with signs of rotator cuff tendinopathy. *J Orthop Sports Phys Ther.* 2012;42(12):1005-16.
- [11] Karanjkar Y, Prabhu A, Vishal K. Correlation of handgrip strength to postoperative outcomes in rotator cuff repair: A preliminary report. *Muscles Ligaments Tendons J.* 2019;9(1):145-49.
- [12] Bialoszewski D, Zaborowski G. Usefulness of manual therapy in the rehabilitation of patients with chronic rotator cuff injuries Preliminary report. *Ortop Traumatol Rehabil.* 2011;13(1):9-20. Available from: <https://doi.org/10.5604/15093492.933789>.
- [13] Duymaz T, Sindel D. Comparison of radial extracorporeal shock wave therapy and traditional physiotherapy in rotator cuff calcific tendinitis treatment. *Arch Rheumatol.* 2019;34(3):281-87.
- [14] Rani P, Kalyani V, Goyal T, Yadav R, Mishra R. Effect of TENS therapy on pain and functional disability among patient with rotator cuff disease - A Randomized controlled trial. *Int J Physio.* 2020;7(1):07-13.
- [15] Harrison KL, Zerpa C, Sanzo P. The biomechanical effects of rotator cuff taping on muscle activity and throwing velocity in fatigued baseball players. 38th International Society of Biomechanics in Sport Conference. 2020;38(1):208-11.
- [16] Bennell K, Wee E, Coburn S, Green S, Harris A, Staples M, et al. Efficacy of standardised manual therapy and home exercise programme for chronic rotator cuff disease: Randomised placebo controlled trial. *BMJ [Internet].* 2010;340:c2756.
- [17] Kuhn JE. Exercise in the treatment of rotator cuff impingement: A systematic review and a synthesized evidence-based rehabilitation protocol. *J Shoulder Elbow Surg.* 2009;18(1):138-60.
- [18] Song W, Wang X, Zhou J, Shi P, Gu W, Fang F. Rehabilitation of an analgesic bracelet based on wrist-ankle acupuncture in patients with rotator cuff injury: A randomized trial. *Pain Res Manag.* 2021;2021:9946548.
- [19] Mahure SA, Rokito AS, Kwon YW. Transcutaneous electrical nerve stimulation for postoperative pain relief after arthroscopic rotator cuff repair: A prospective double-blinded randomized trial. *J Shoulder Elbow Surg.* 2017;26(9):1508-13.
- [20] Koh KH, Lim TK, Shon MS, Park YE, Lee SW, Yoo JC. Effect of immobilization without passive exercise after rotator cuff repair: Randomized clinical trial comparing four and eight weeks of immobilization. *J Bone and Joint Sur.* 2014;96(6):e44(1).
- [21] Ko JY, Siu KK, Wang FS, Wang CJ, Chou WY, Huang CC, et al. The Therapeutic Effects of Extracorporeal Shock Wave Therapy (ESWT) on the rotator cuff lesions with shoulder stiffness: A prospective randomized study. *Biomed Res Int.* 2020;2020:6501714.
- [22] Peltz CD, Perry SM, Getz CL, Soslowsky LJ. Mechanical properties of the long-head of the biceps tendon are altered in the presence of rotator cuff tears in a rat model. *J Orthop Res.* 2009;27(3):416-20.
- [23] Chou WY, Wang CJ, Wu KT, Yang YJ, Cheng JH, Wang SW. Comparative outcomes of extracorporeal shockwave therapy for shoulder tendinitis or partial tears of the rotator cuff in athletes and non-athletes: Retrospective study. *Int J Sur.* 2018;51:184-90.
- [24] Menek B, Tarakci D, Tarakci E, Menek MY. Investigation on the efficiency of the closed kinetic chain and video-based game exercise programs in the rotator cuff rupture: A randomized trial. *Games Health J.* 2022;11(5):298-306.
- [25] Park JY, Chung SW, Hassan Z, Bang JY, Oh KS. Effect of capsular release in the treatment of shoulder stiffness concomitant with rotator cuff repair: Diabetes as a predisposing factor associated with treatment outcome. *Am J Sports Med.* 2014;42(4):840-50.
- [26] Peltz CD, Hsu JE, Zgonis MH, Trasolini NA, Glaser DL, Soslowsky LJ. The effect of altered loading following rotator cuff tears in a rat model on the regional mechanical properties of the long head of the biceps tendon. *J Biomech.* 2010;43(15):2904-07.
- [27] Kjær BH, Magnusson SP, Warming S, Henriksen M, Krogsgaard MR, Juul-Kristensen B. Progressive early passive and active exercise therapy after surgical rotator cuff repair-study protocol for a randomized controlled trial (the CUT-N-MOVE trial). *Trials.* 2018;19(1):470.
- [28] Moosmayer S, Lund G, Seljom U, Haldorsen B, Svege IC, Hennig T, et al. Tendon repair compared with physiotherapy in the treatment of rotator cuff tears: A randomized controlled study in 103 cases with a five-year follow-up. *J Bone and Joint Sur.* 2014;96(18):1504-14.
- [29] Burke CJ, Bencardino J, Adler R. The potential use of ultrasound-magnetic resonance imaging fusion applications in musculoskeletal intervention. *J Ultrasound Med.* 2017;36(1):217-24.
- [30] Testa V, Capasso G, Benazzo F, Maffulli N. Management of achilles tendinopathy by ultrasound-guided percutaneous tenotomy. *Med Sci Sports Exerc.* 2002;34(4):573-80.
- [31] Megna M, Gisonni P, Napolitano M, Orabona GDA, Patruno C, Ayala F, et al. The effect of smartphone addiction on hand joints in psoriatic patients: An ultrasound-based study. *J Eur Acad Dermatol Venerol.* 2018;32(1):73-78.
- [32] Tsai WC, Wang CL, Tang FT, Hsu TC, Hsu KH, Wong MK. Treatment of proximal plantar fasciitis with ultrasound-guided steroid injection. *Arch Phys Med Rehabil.* 2000;81(10):1416-21.
- [33] Yeo A, Kendall N, Jayaraman S. Ultrasound-guided dry needling with percutaneous paratenon decompression for chronic Achilles tendinopathy. *Knee Surgery, Sports Traumatology, Arthroscopy.* 2016;24(7):2112-18.
- [34] Miccinilli S, Bravi M, Morrone M, Santacaterina F, Stellato L, Bressi F, et al. A triple application of kinesio taping supports rehabilitation program for rotator cuff tendinopathy: A randomized controlled trial. *Ortop Traumatol Rehabil.* 2018;20(6):499-505.
- [35] Smith TO, Daniell H, Geere JA, Toms AP, Hing CB. The diagnostic accuracy of MRI for the detection of partial-and full-thickness rotator cuff tears in adults. *Magn Reson Imaging.* 2012;30(3):336-46.
- [36] Hall ML, Mackie AC, Ribeiro DC. Effects of dry needling trigger point therapy in the shoulder region on patients with upper extremity pain and dysfunction: A systematic review with meta-analysis. *Physiotherapy.* 2018;104(2):167-77.

#### PARTICULARS OF CONTRIBUTORS:

1. Postgraduate Student, Faculty of Physiotherapy, SGT University, Gurugram, Haryana, India.
2. Associate Professor, Faculty of Physiotherapy, SGT University, Gurugram, Haryana, India.
3. Assistant Professor, Faculty of Physiotherapy, SGT University, Gurugram, Haryana, India.

#### NAME, ADDRESS, E-MAIL ID OF THE CORRESPONDING AUTHOR:

Dr. Priyanka Rishi,  
Associate Professor, Faculty of Physiotherapy, SGT University,  
Gurugram-122505, Haryana, India.  
E-mail: [prnk.rishi@gmail.com](mailto:prnk.rishi@gmail.com)

#### PLAGIARISM CHECKING METHODS: [Jain H et al.]

- Plagiarism X-checker: Feb 28, 2024
- Manual Googling: Mar 29, 2024
- iThenticate Software: Apr 01, 2024 (11%)

#### ETYMOLOGY: Author Origin

#### EMENDATIONS: 7

#### AUTHOR DECLARATION:

- Financial or Other Competing Interests: None
- Was informed consent obtained from the subjects involved in the study? Yes
- For any images presented appropriate consent has been obtained from the subjects. NA

Date of Submission: **Feb 28, 2024**

Date of Peer Review: **Mar 21, 2024**

Date of Acceptance: **Apr 03, 2024**

Date of Publishing: **May 01, 2024**