

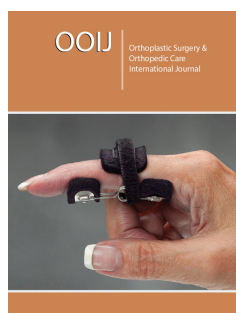
Shoulder Pain Prognostic Value Associated with Vascularity of Rotator Cuff Tendon

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Opinion

Shoulder pain is a common collective musculoskeletal disorder affecting the overall population although the frequency of shoulder pain and dysfunction progressively increase with aging and its occurrence may be recognized as an occupational and recreational exposure among working-age adults. This leads to several negative impacts on both personal and national level. Moreover, it decreases the quality of life due to personal suffering and subsequent economic impact on health care services [1]. The resultant cost and work absenteeism associated with shoulder pain are a social concern. This leads to huge financial strain in every nation as it represents one of the leading causes for growing disability and major socioeconomic burden in almost every healthcare system globally. A study reported that one-third of the population suffers from shoulder symptoms during their lifetime and the incidence rate of shoulder pain in primary care clinical context magnify with aging and peaks at 45 to 64 years. However, there are different have shoulder pain as it depend on their work related and recreation activities [2]. Subacromial Impingement Syndrome is a quite common root cause in shoulder pain cases due to rotator cuff associated pathology as this soft tissue is entrapped in the sub acromial space, which is built by the under the surface of the acromion, head of humerus and coracoacromial ligament. The shoulder pain symptomatology can be overlapped by many findings and various conditions however, successful prognosis in related to sub acromial impingement syndrome is dependent on precise diagnosis [3].

The pathogenesis regard to rotator cuff is poorly labeled and the term has been adopted to capture the apparently wide range of tendon pathologies [4]. The understanding of rotator cuff vascularity theoretically plays important role in either pathway with neovascularisation and hyperaemia these have been observed initially in normal response to tendon injuries or degeneration although it is postulated that hypovascularity is either a contributor or as a result of degenerative lesion associated with ageing. However, the arterial integrity of the rotator cuff "critical zone" has argued inconsistently in related rotator cuff associated pathologies. It is situated approximately 10 mm from the insertion at the greater humeral tubercle as its the region of the supraspinatus tendon is the most common area affected in the subacromial impingement cases. Although several studies have investigated the vascularity of the rotator cuff critical zone, there still seems to be lack of agreement related to its scope [5]. Thus, assessing the critical zone of the rotator cuff insertion is important priority to establish successful shoulder pain therapeutic strategy to minimize the alarming rate of socioeconomic burden associated with this shoulder pain musculoskeletal disorder for nearly all healthcare providers globally.

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