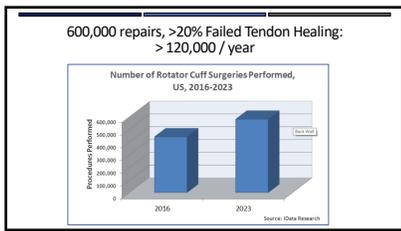


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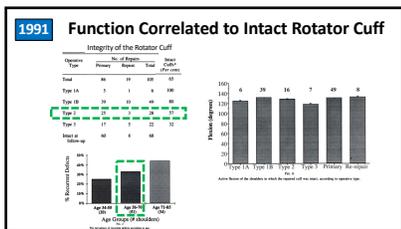
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- ADL
- Pain
- Dysfunction
- Loss of ROM
- Athletics

7

Operative Type	No. of Shoulders	Age at Repair (Yrs.)	Average Active Motion at the Time of Follow-up (Degrees)		
			Flexion*	At 90 Degrees of Abduction*	External Rotation at 90 Degrees of Abduction†
Type IA	6	49 ± 13	126	38	68
Type IB	49	57 ± 8	129	40	70
Type I	28	64 ± 6	119	28	60
Type 2	22	64 ± 6	93	31	60

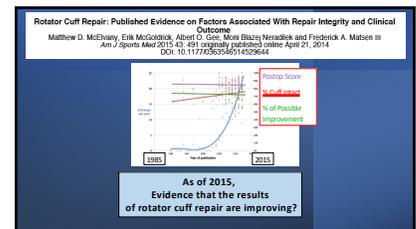
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9

Intact cuff = better function

10



11

How can we improve? Biomechanics and Biology

Mechanics/Structure

Biology

12

CASE 1: History – 63M, RHD

- ED physician with right shoulder pain
- Hx: Severe pain in Right shoulder moving heavy object
- ← right pain, rest pain, overhead pain
- ← weakness

FE 130, ER-S 30, IR 60

- 4/5 supraspinatus
- 4+/5 infraspinatus, 5/5 teres minor and subscapularis

Normal Xrays

13

MRI

14

MRI

- Supraspinatus Tear with retraction to glenoid
- Grade 3 Fatty Infiltration – SS
- Grade 2 Fatty Infiltration – IS
- Biceps tenosynovitis
- Subscapularis intact
- No arthritis
- No significant labral tear

15

Rotator Cuff Healing Index

The Rotator Cuff Healing Index: A New Scoring System to Predict Rotator Cuff Healing After Surgical Repair

Prognostic Factor	Points in RoHt
Age > 70 years	2
AP tear size > 2.5 cm	2
Retraction 1 to < 2 cm	1
Retraction 2 to < 3 cm	2
Retraction ≥ 3 cm	4
Infraspinatus Fatty Infiltration Grade ≥ 2	3
Bone Mineral Density (BMD) ≤ -2.5	2
Level or Work Activity, High	2

Score	Number of Patients	Percent Healed
0 - 1	181	99.5%
2 - 4	201	89.1%
5 - 6	99	67.7%
7 - 9	64	37.5%
10 - 15	58	13.8%

“RoHt”

16

Rotator Cuff Healing Index

The Rotator Cuff Healing Index: A New Scoring System to Predict Rotator Cuff Healing After Surgical Repair

Prognostic Factor	Points in RoHt	Score	Number of Patients	Percent Healed
Age > 70 years	2	0 - 1	181	99.5%
AP tear size > 2.5 cm	2	2 - 4	201	89.1%
Retraction 1 to < 2 cm	1	5 - 6	99	67.7%
Retraction 2 to < 3 cm	2	7 - 9	64	37.5%
Retraction ≥ 3 cm	4	10 - 15	58	13.8%
Infraspinatus Fatty Infiltration Grade ≥ 2	3			
Bone Mineral Density (BMD) ≤ -2.5	2			

Level or Work Activity

RoHt Score Range	High chance of healing	At Risk for Failure	High chance of failure
0-4	95%	85%	75%
5-6	85%	65%	45%

17

Age Cut-off?

The Rotator Cuff Healing Index: A New Scoring System to Predict Rotator Cuff Healing After Surgical Repair

Should there be an age limit?

18

Outcomes of Arthroscopic Rotator Cuff Repair in Patients Aged 70 Years or Older

Nishi N, Varma M, D., Sugawara M, M.D., Chang L, Baker III, M.D., Bross J, Cole, M.D., M.B.A., Nishii, Nishii, B.S., Gregory P, Nicholson, M.D., and Anthony A. Romeo, M.D.

Arthroscopy: The Journal of Arthroscopy and Related Surgery, Vol 26, No 10 (October), 2010; pp 2279-2280

- RCR better results than debridement with an average age of 74
- Constant-Murley scores:
 - 88.3% to 97.2% of normal in men
 - 81.7% to 88.8% of normal in women

19

Rotator Cuff Treatment Algorithm

```

    graph TD
      A[Primary Repairable Rotator Cuff Tear - Humeral 1 & 2] --> B{RoHt < 7}
      A --> C{RoHt ≥ 7}
      B --> D[Standard Repair]
      C --> E[Repair + Augmentation]
    
```

Jackson CP, Bedi A, Denard PJ. Graft Augmentation of Repairable Rotator Cuff Tears: An Algorithmic Approach (Based on Healing Rates). *Arthroscopy*. 2021;37(10):1519-1524. doi:10.1016/j.arthro.2021.10.022

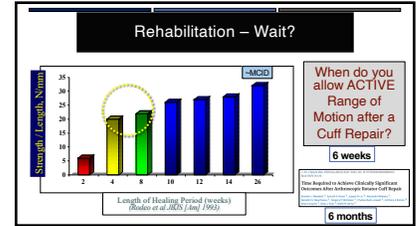
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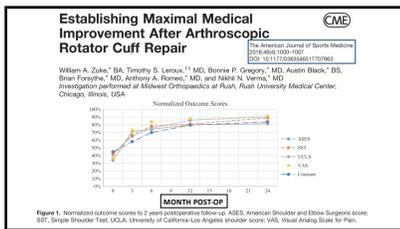
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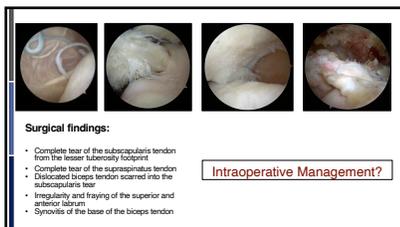
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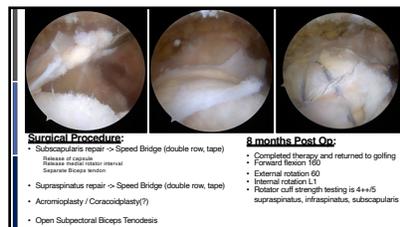
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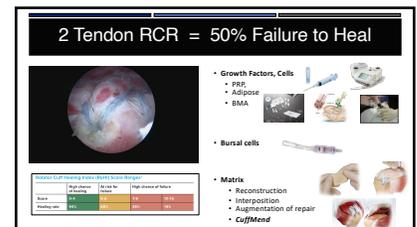
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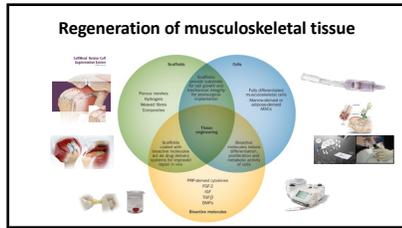
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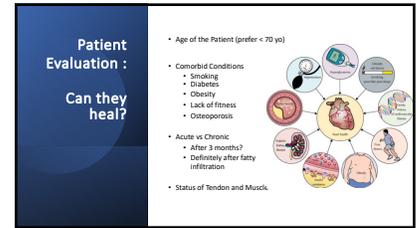
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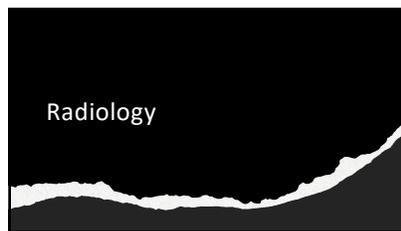
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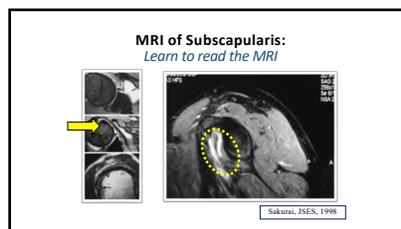
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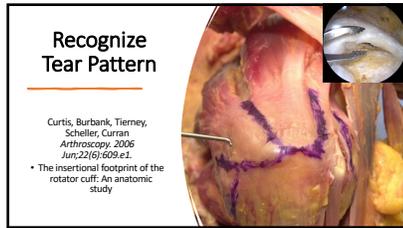
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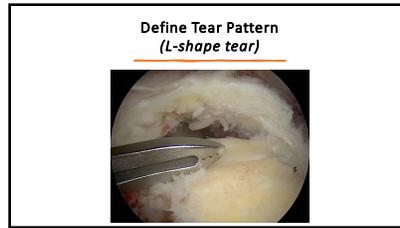
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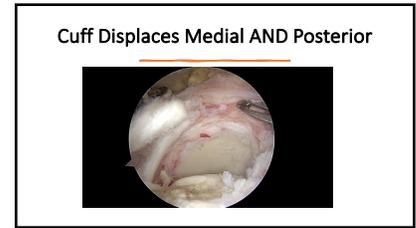
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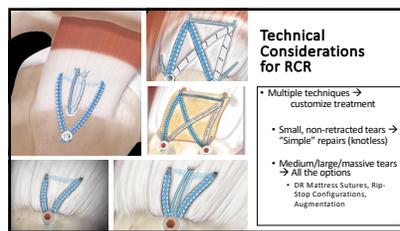
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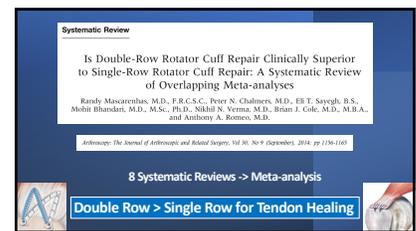
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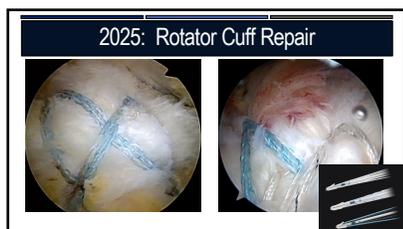
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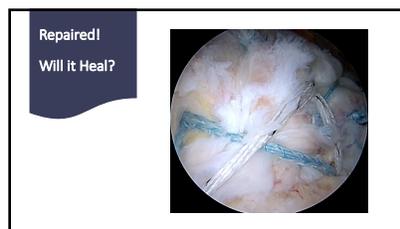
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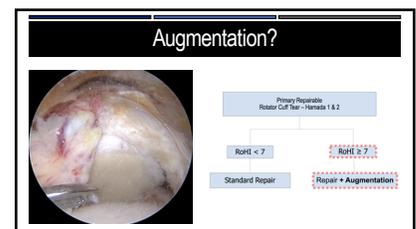
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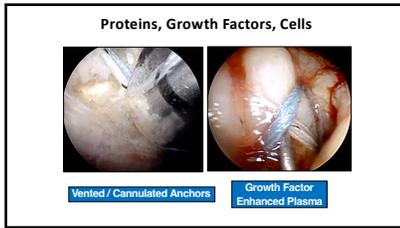
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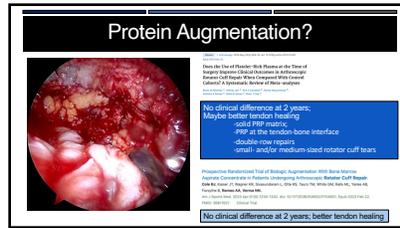
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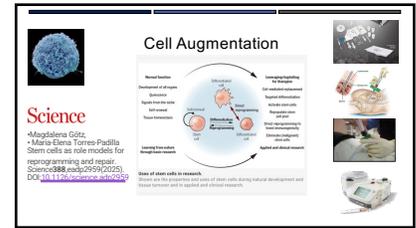
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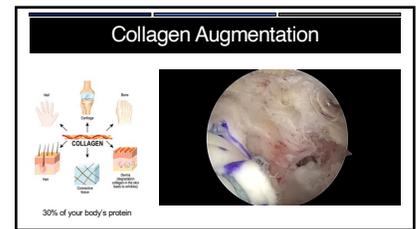
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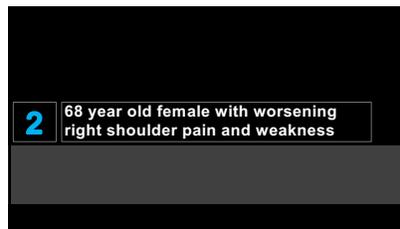
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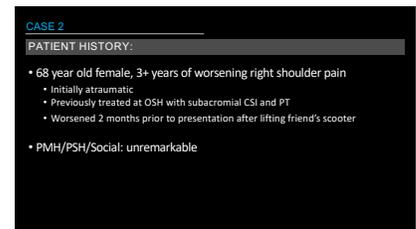
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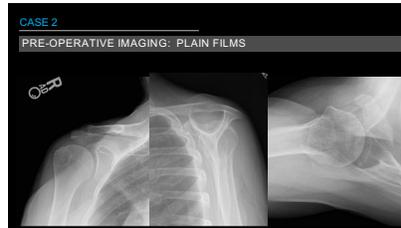
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CASE 2

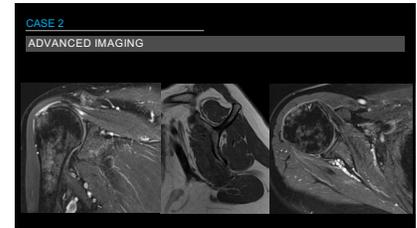
PHYSICAL EXAM:

- BMI 26
- Normal C-spine ROM
- No scapular dyskinesis
- Active ROM:** FF 150, ABD 90 (limited by pain), ER-S 60, ER-ABD 70, IR to lumbar spine
- Strength:** 4/5 FF, 4/5 ER-S, 5/5 IR, negative belly-press & lift-off
- Biceps:** TTP biceps groove, positive Speeds

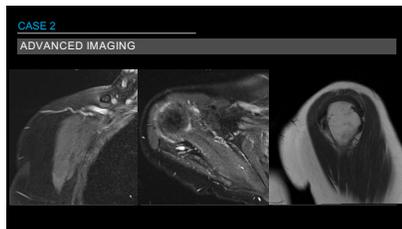
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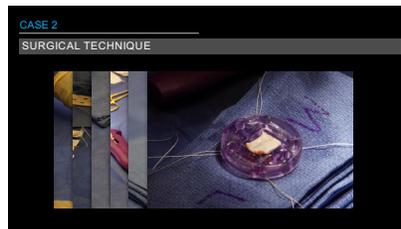
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84



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88



89

CASE 2

POST-OPERATIVE COURSE

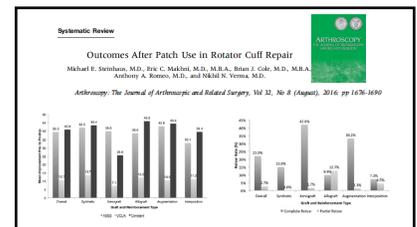
- 6 weeks sling
- Active-Assist ROM at 2 weeks
- Strengthening at 10-12 weeks
- RTS at 6-9 months

90

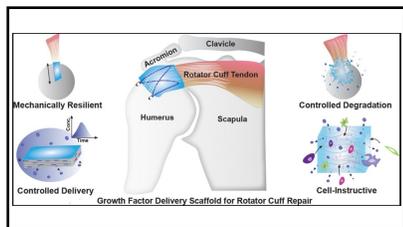
Porous "Bio-Inductive" Implant

- Implant derived from bovine Achilles tendon, highly purified, highly porous, highly oriented design (Xenograft)
- Bioinductive Implant gradually absorbs within six months, leaving a layer of new "tendon-like" tissue to biologically augment the existing tendon

91



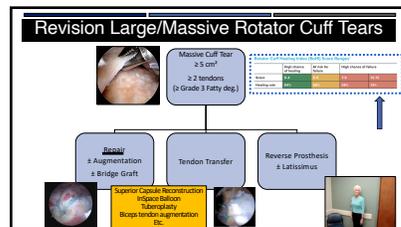
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93



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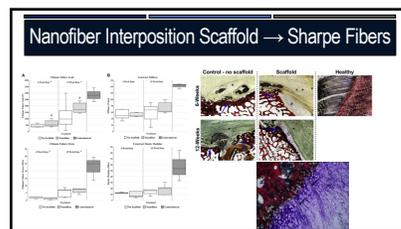
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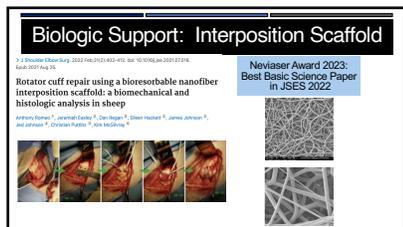
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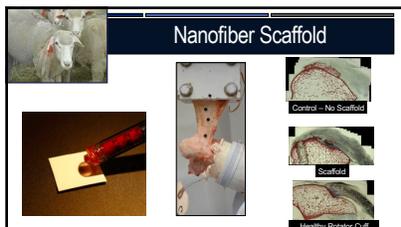
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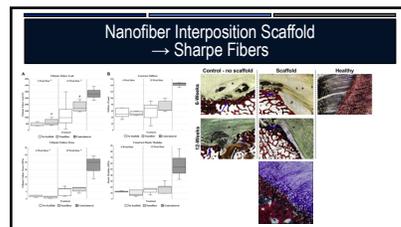
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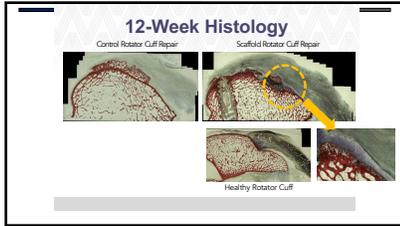
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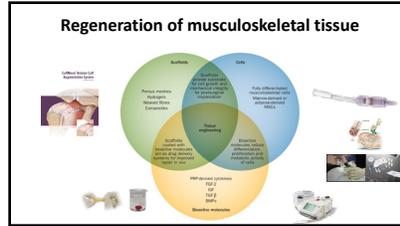
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101



102



104

5 Key Areas to Improve Tendon Healing

1. Patient Assessment
2. Surgical Preparation of Repair
3. Surgical Technique
4. Biologic Augmentation
5. Postoperative Rehabilitation

The slide includes several small images: a shoulder joint, a surgical site, and various biological samples.

105



106