

Rotator Cuff Repair: Tips and Tricks!

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- Stanford University
- Tulane University School of Medicine
- Johns Hopkins Residency
- Harvard Fellowship
- Stanford Fellowship
- Professional Baseball: Rangers and Angels



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- Scripps Clinic, San Diego
- U of Arizona Medical School and Residency
- Steadman-Hawkins Fellowship
- Team Physician SD Padres 1997-2016
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- California Pacific Orthopaedics, SF, CA
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- SF Upper Extremity Fellowship
- Director SF Shoulder and Elbow Fellowship



Session Plan

- 1. Basics of Arthroscopic RCR
 - Mike Freehill, MD
- 2. Management of Challenging Cases
 - Case 1
 - Case 2
- Discussion

Recurrent Rotator Cuff Tendon Tear

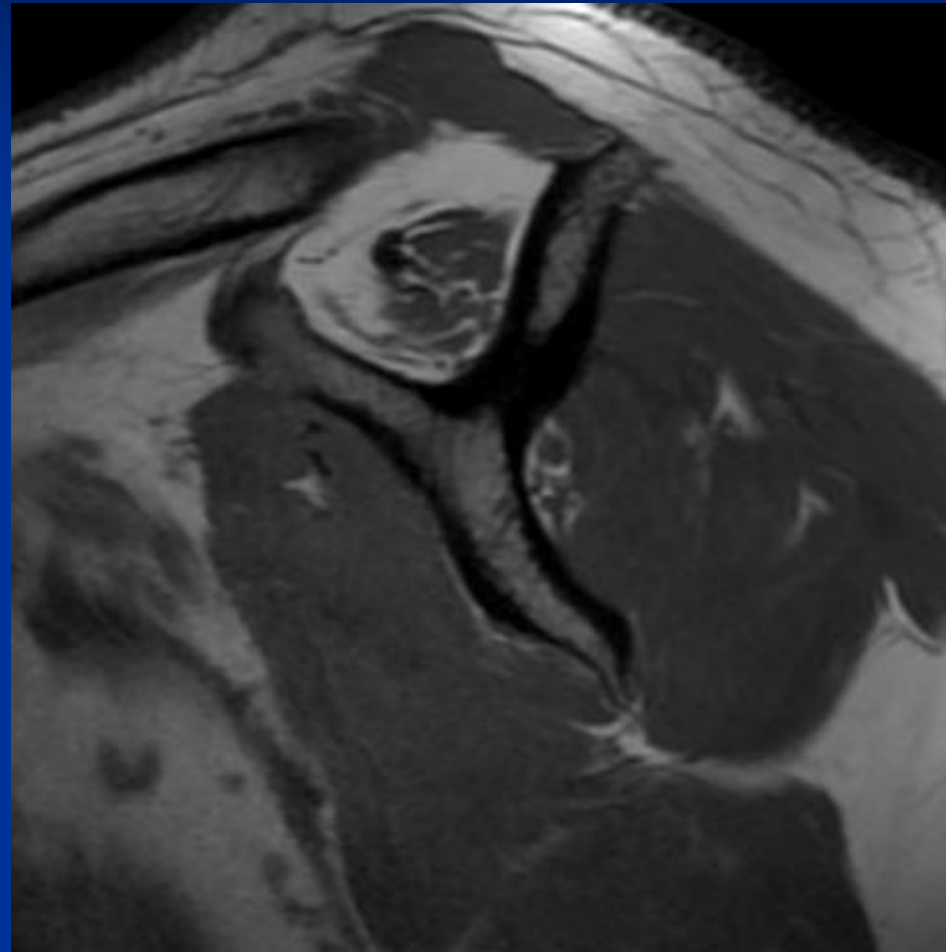
Jim Kelly, MD



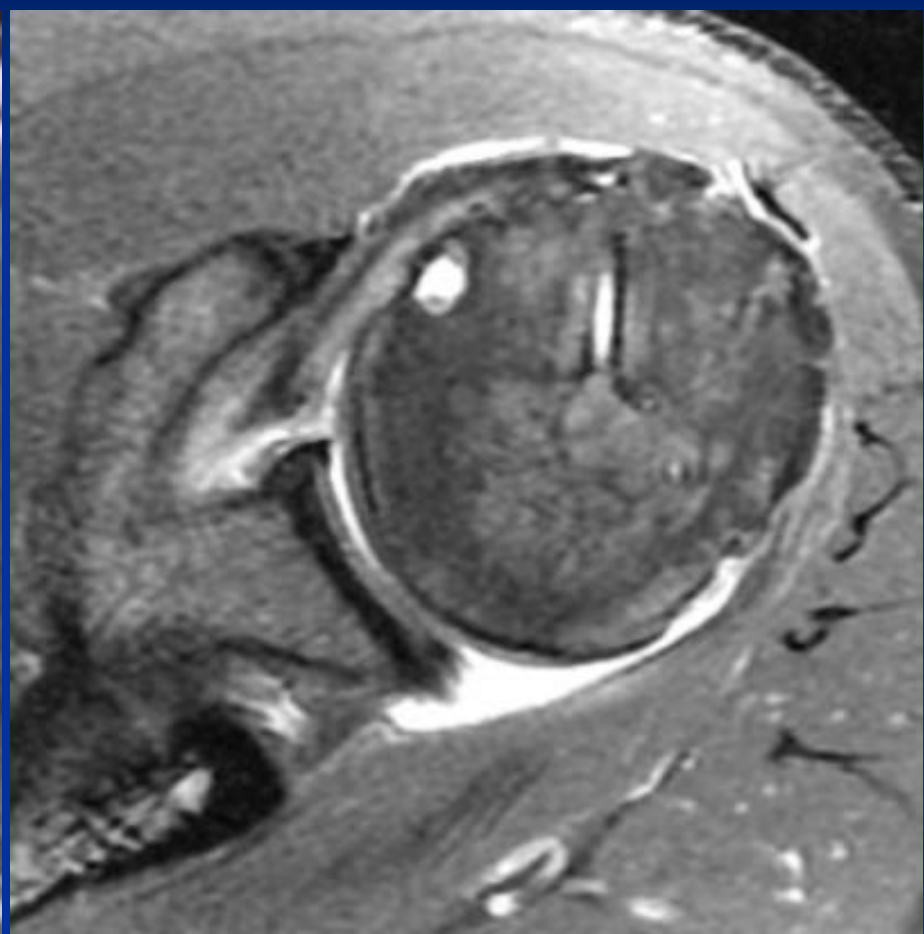
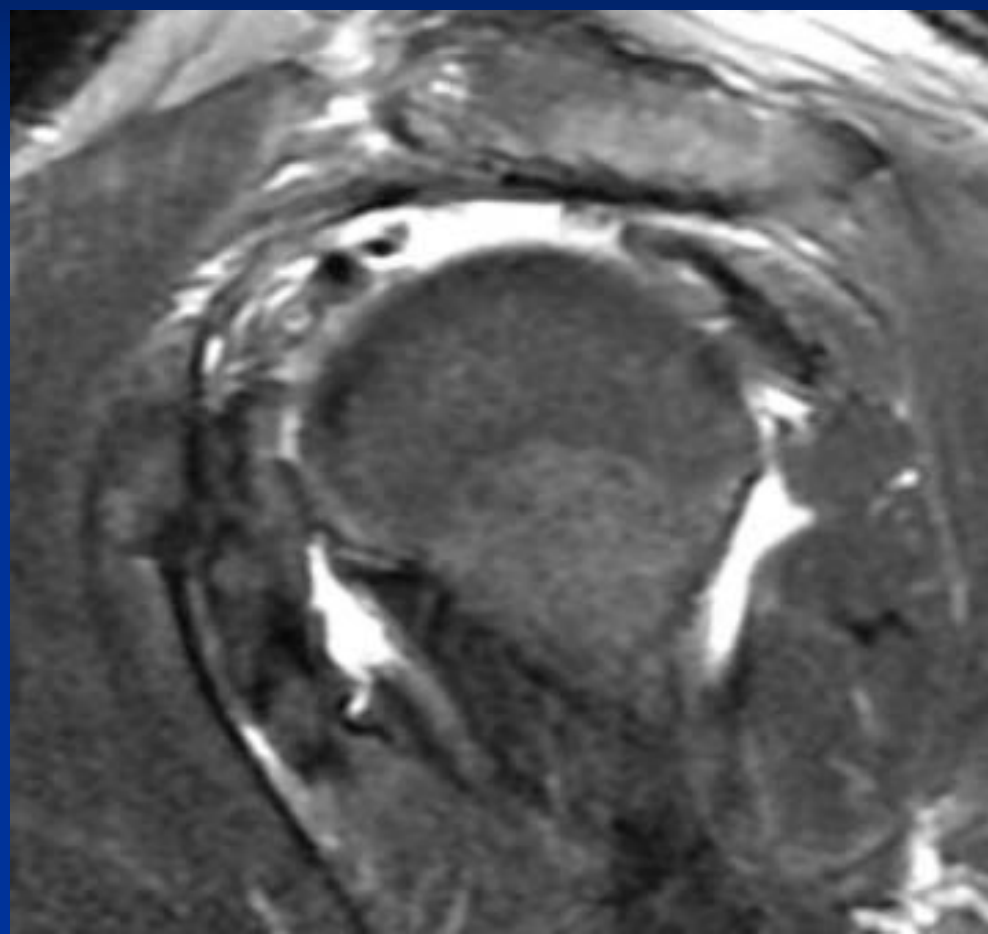
5/17/19: 55 RHD Cellar Worker

- Fell at work, Left shoulder pain and weakness
- H/O L RCR 2007
- AFF 60 (Pain limited), PFF 155, AER 25, IR L/S
- FF 2, Jobe 2, ER 4, Belly Press intact





3/14/2019



3/14/2019

Options

- REC: Injection, PT
- F/U 7/12/19 NO Better

No further treatment now

RCR

Patch

SCR

Inflatable Balloon

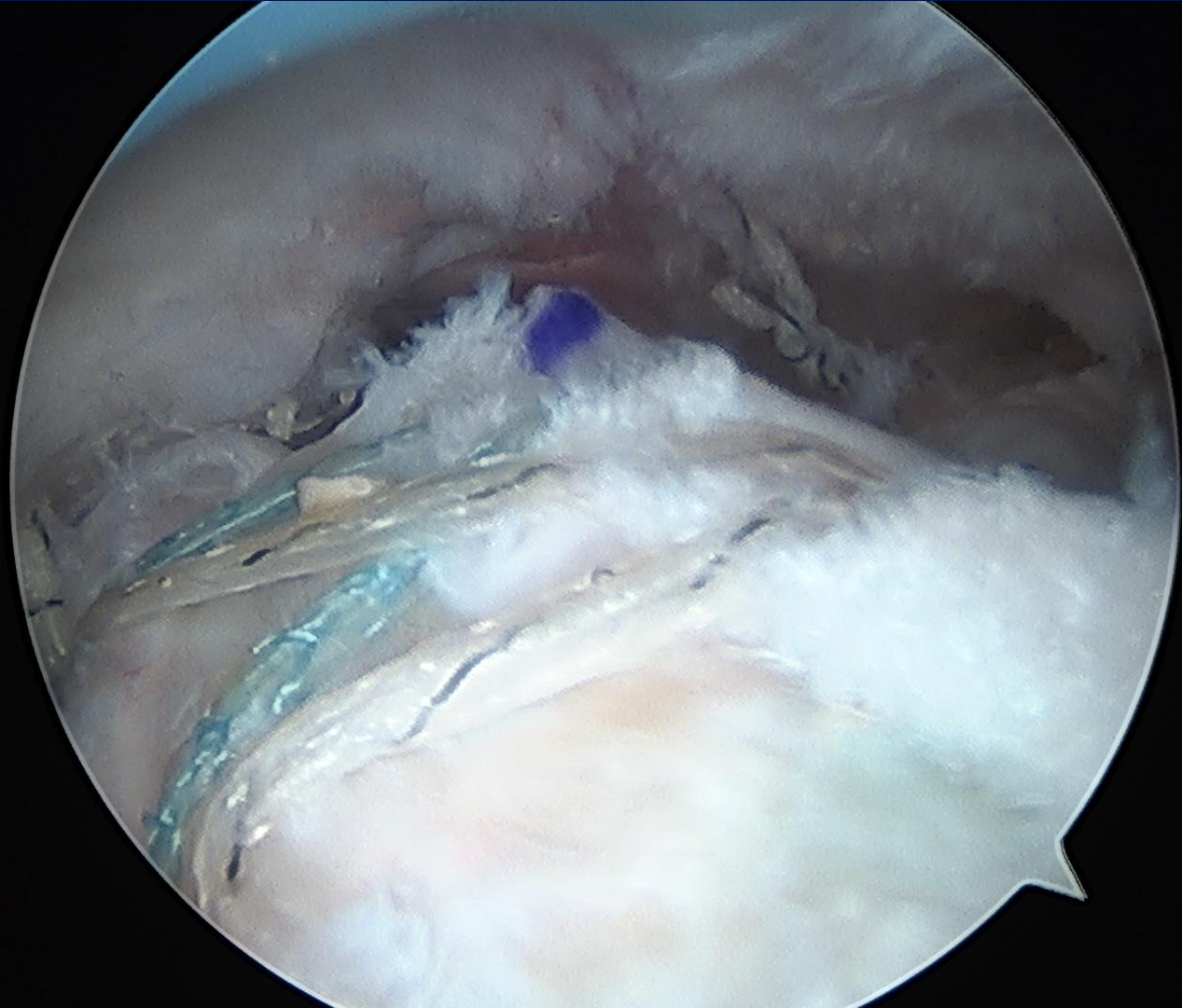
Lat Dorsi Transfer

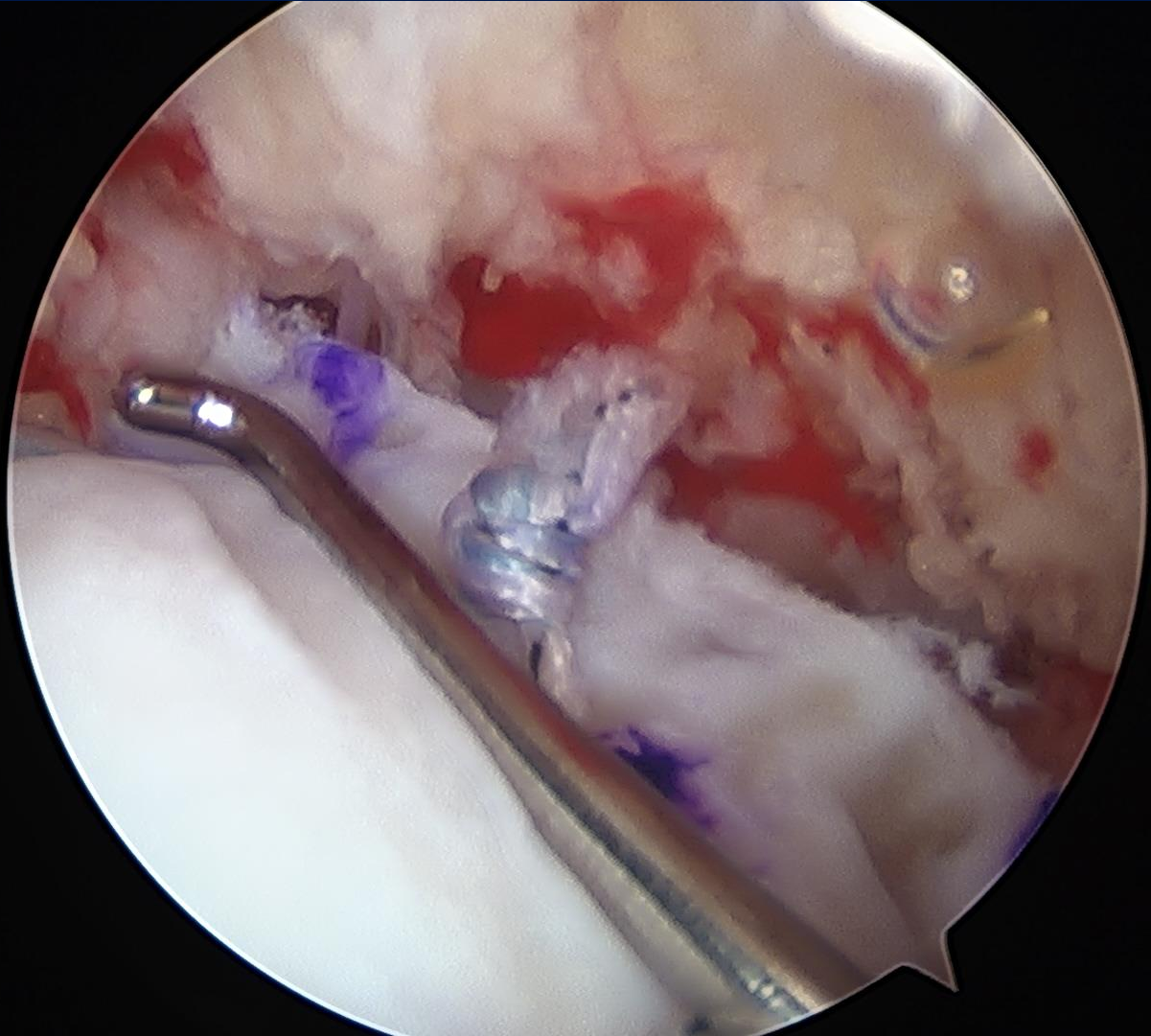
Trapezius Transfer

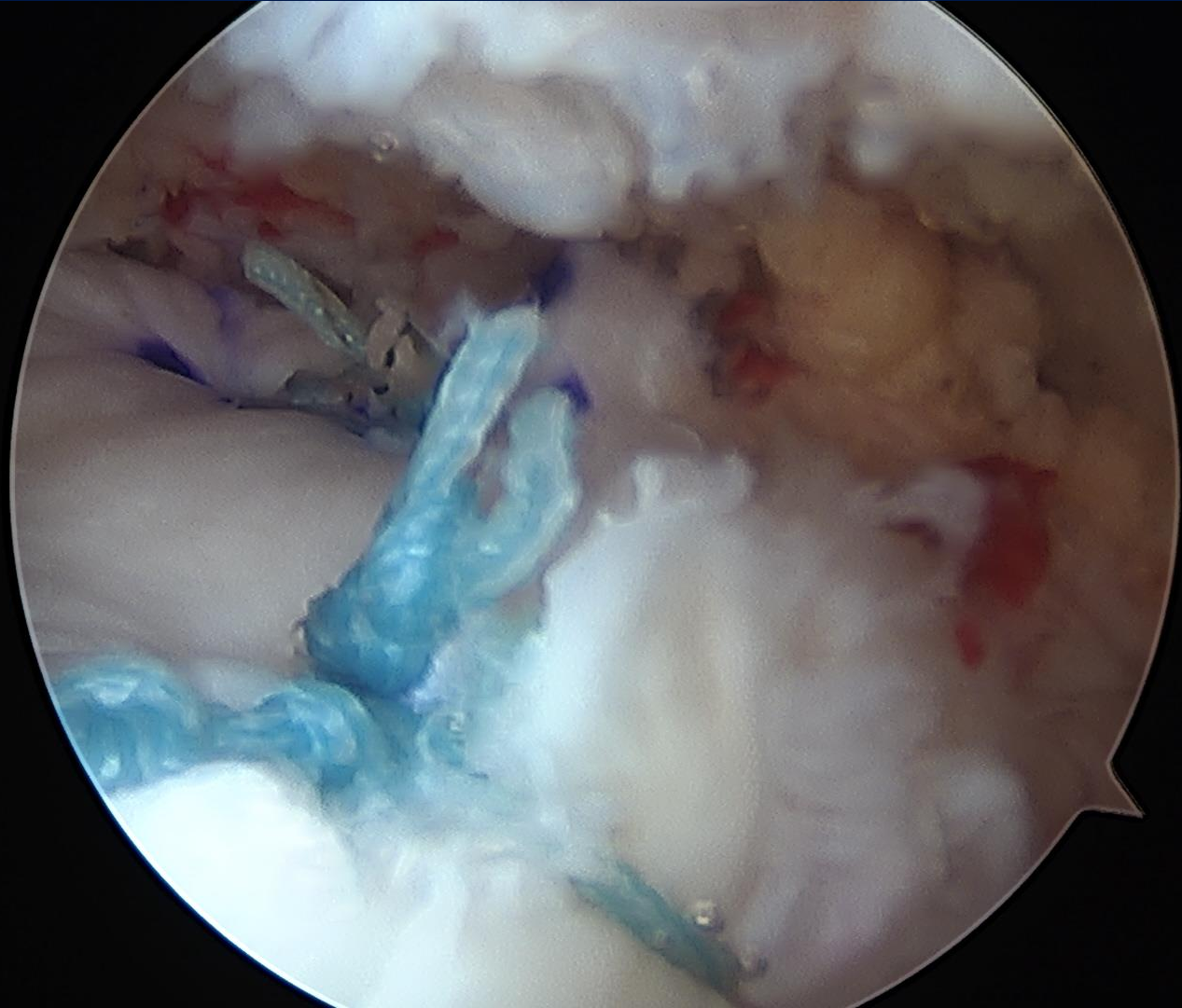
RTSA

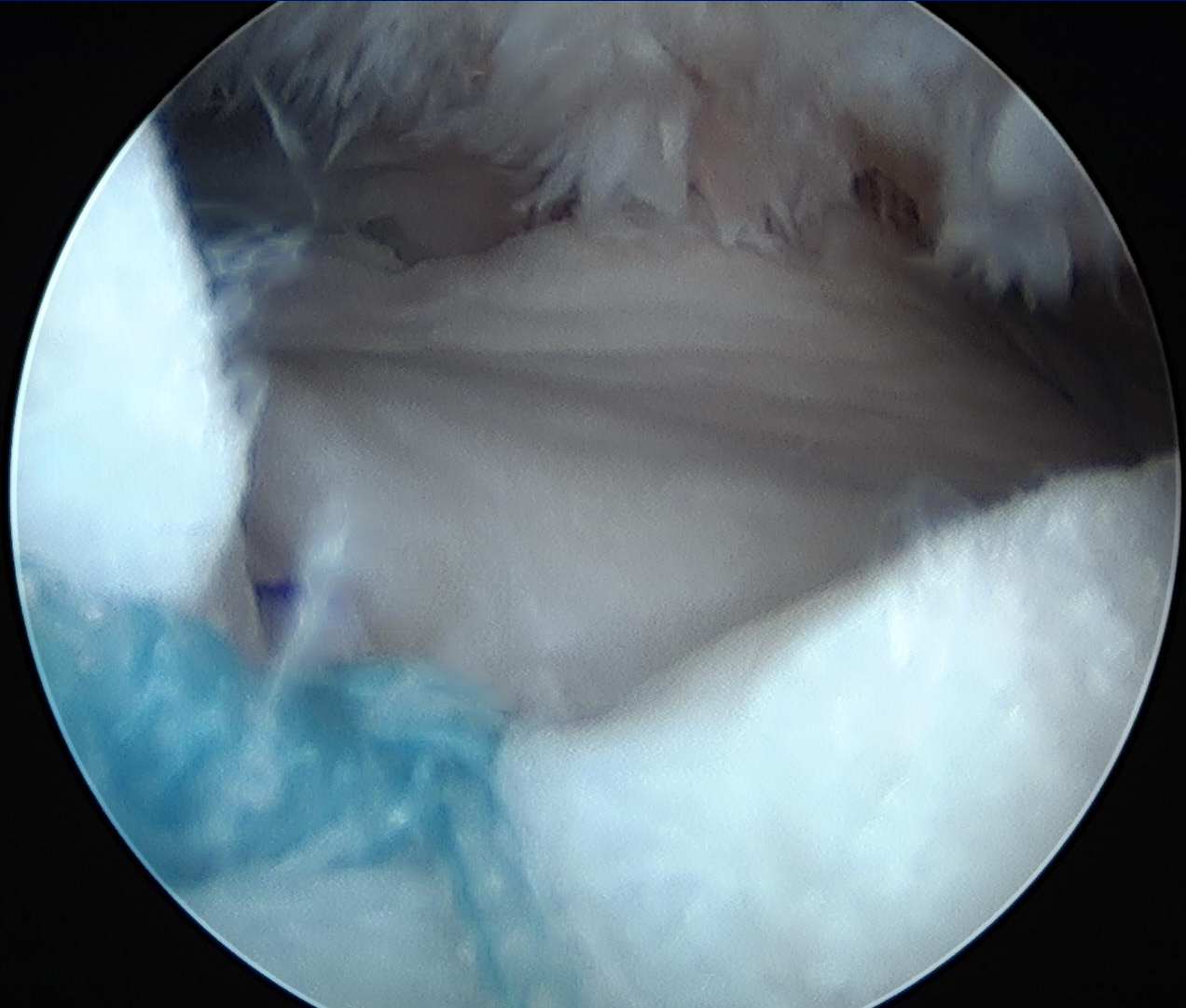


10/29/2019







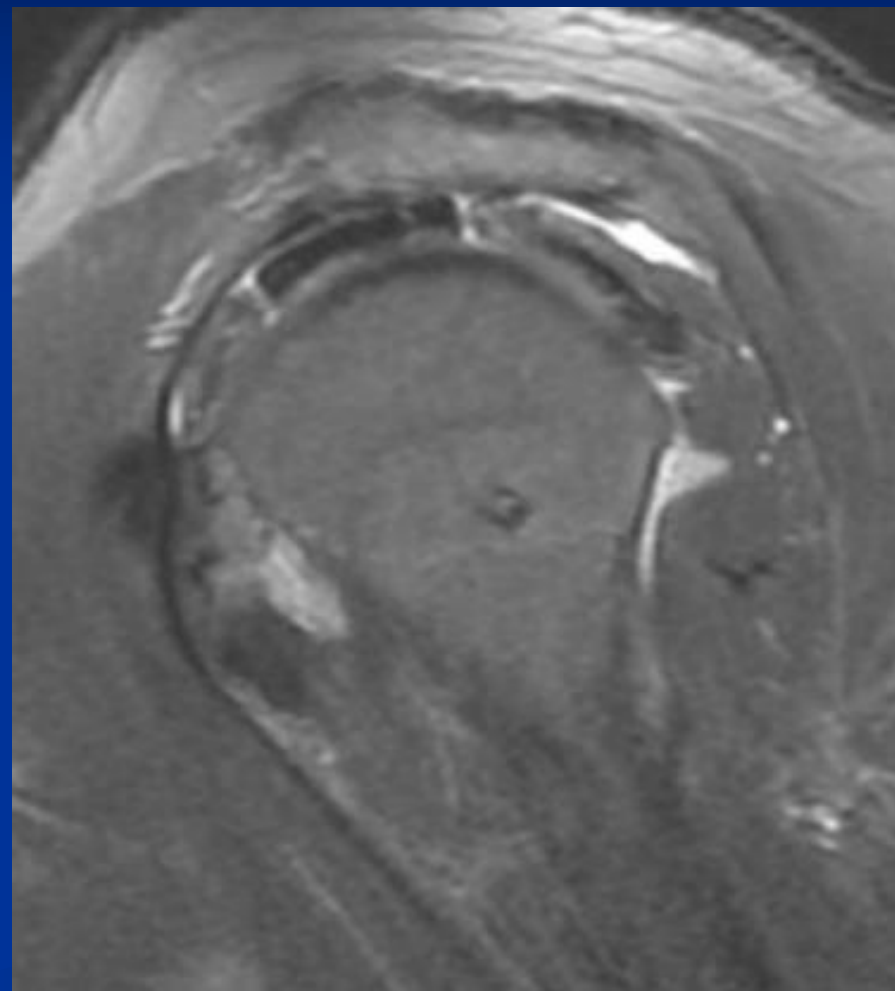
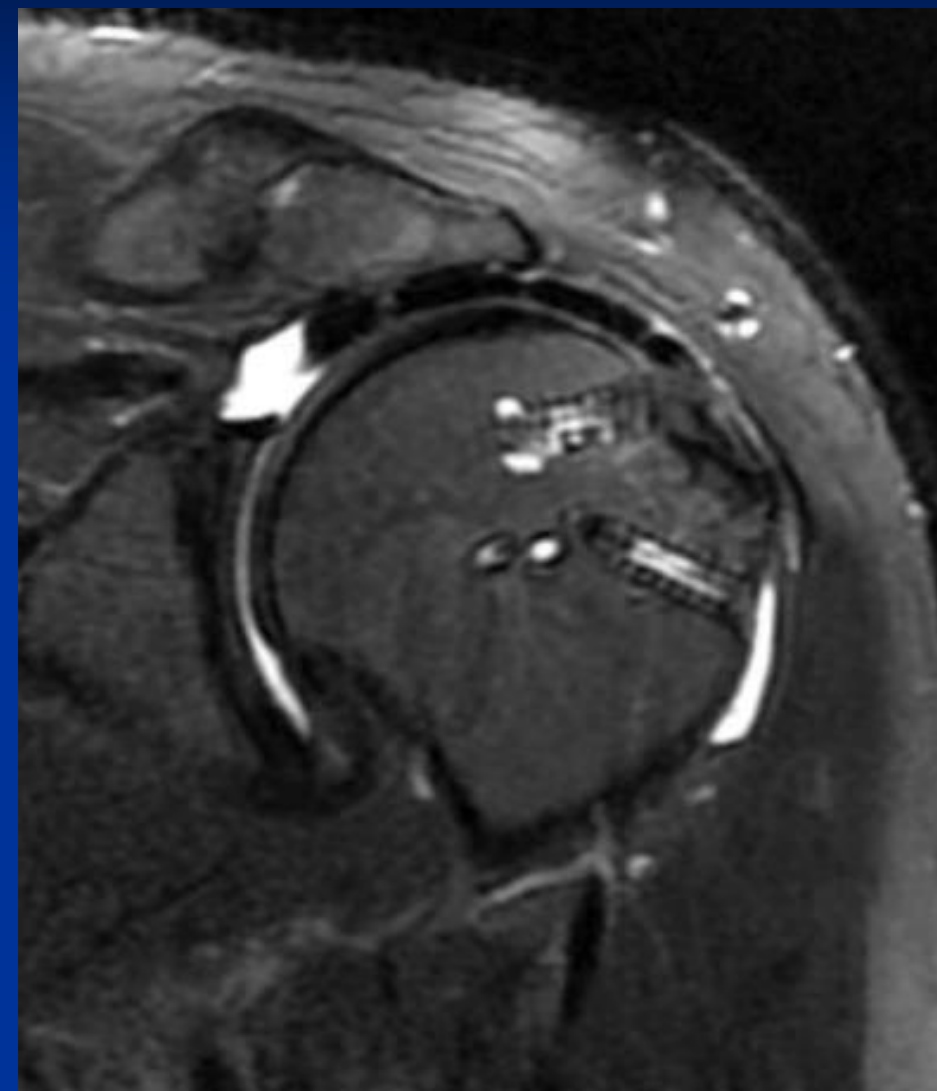


6/26/2020

- Completed 24 PT visits
- Persistent Pain and Weakness, Unhappy
- AFF 135, AAB 90, ER 30, IR L5
- FF 4+, ER 5, IR 5, BP nl



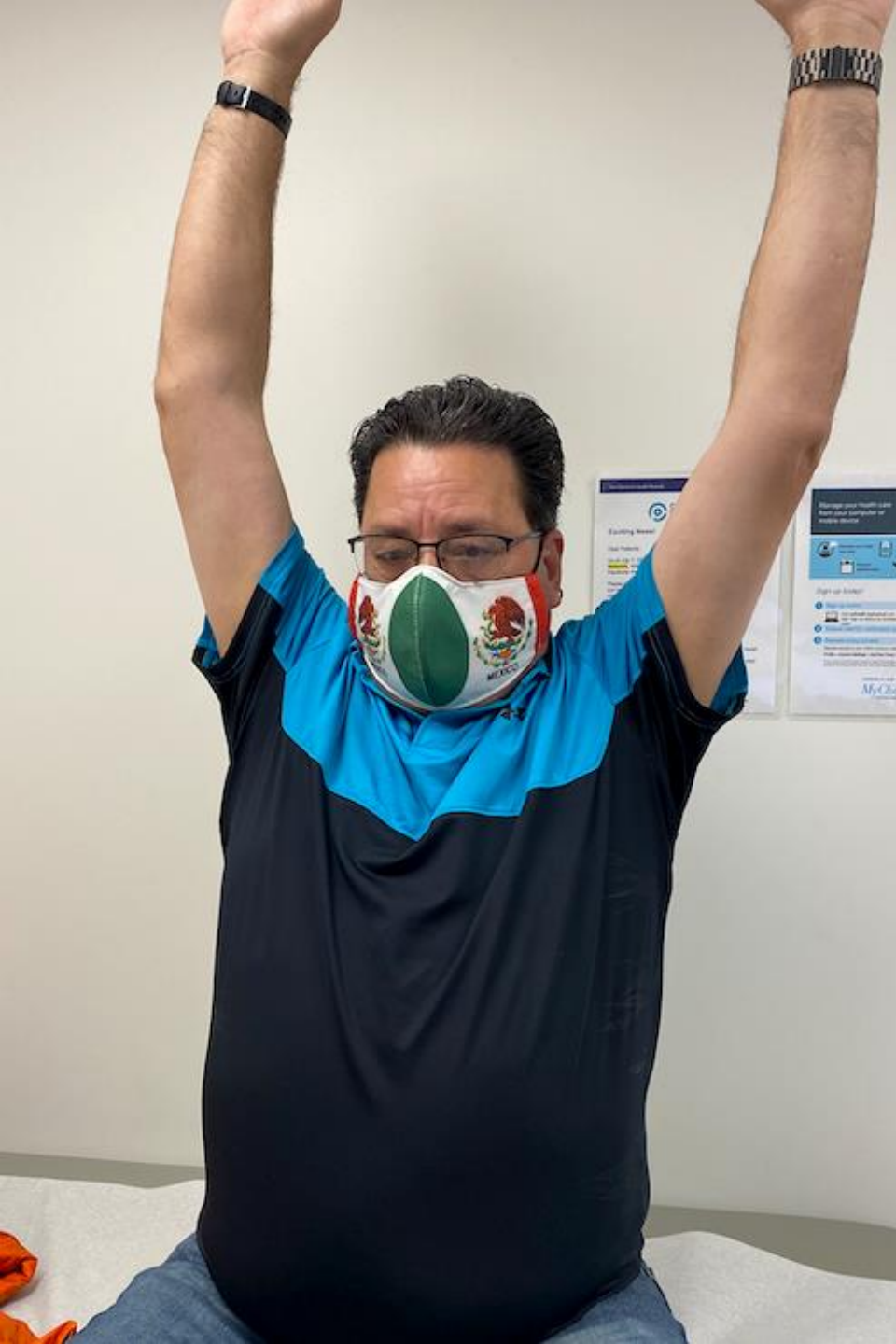
6/26/20



7/20/20

1/29/21

- Pain greatly reduced
- Back to work at cellar, avoids heavy lifting
- AFF 155, AER 35, IR T9
- AFF 4, AER 5, BP neg



1/29/2021

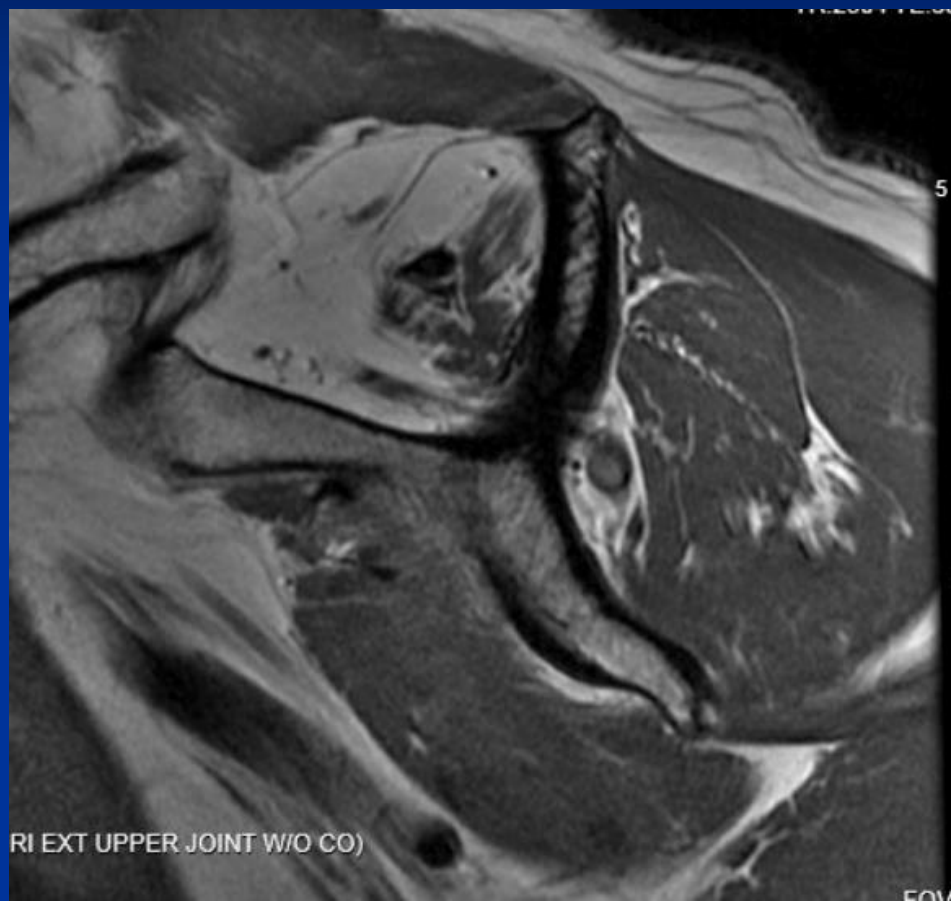
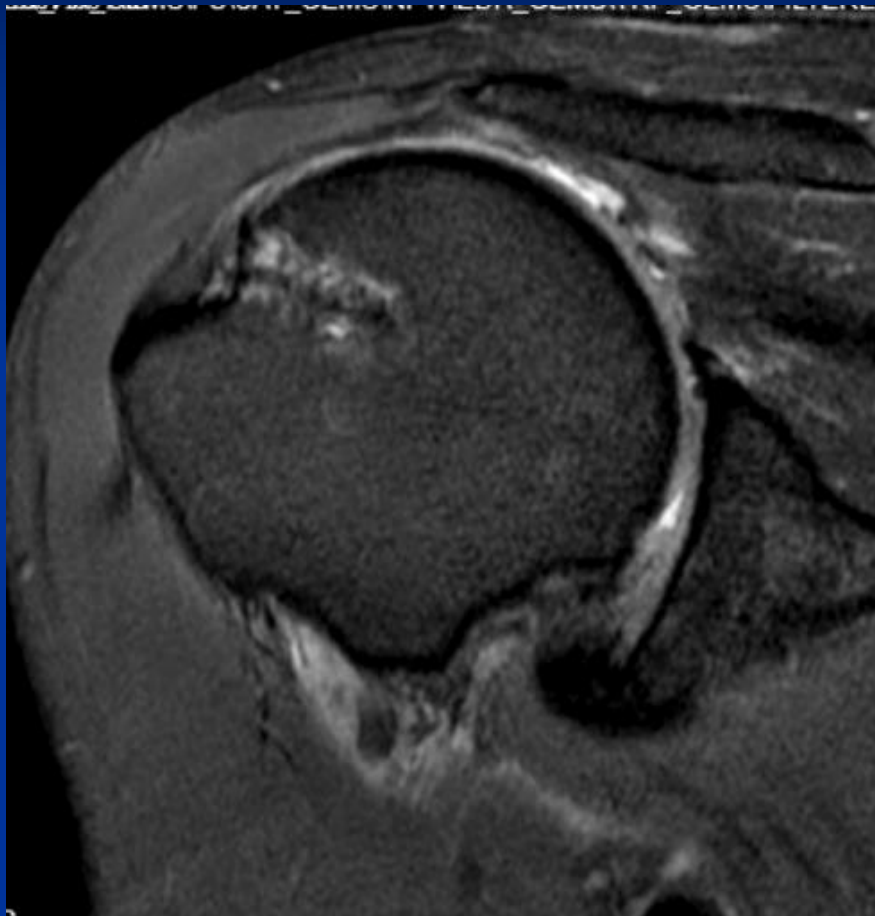
63 yo RHD Attorney

- ARCR 2015, Massive RCT Repair
- c/o 5 month h/o severe dysfunction and impairment with loss of ROM and pain.
- Pain started lifting forcefully above shoulder in airplane on the way to the Masters
- Scratch golfer, unable to play
- Tried injection, not better
- No progress in PT

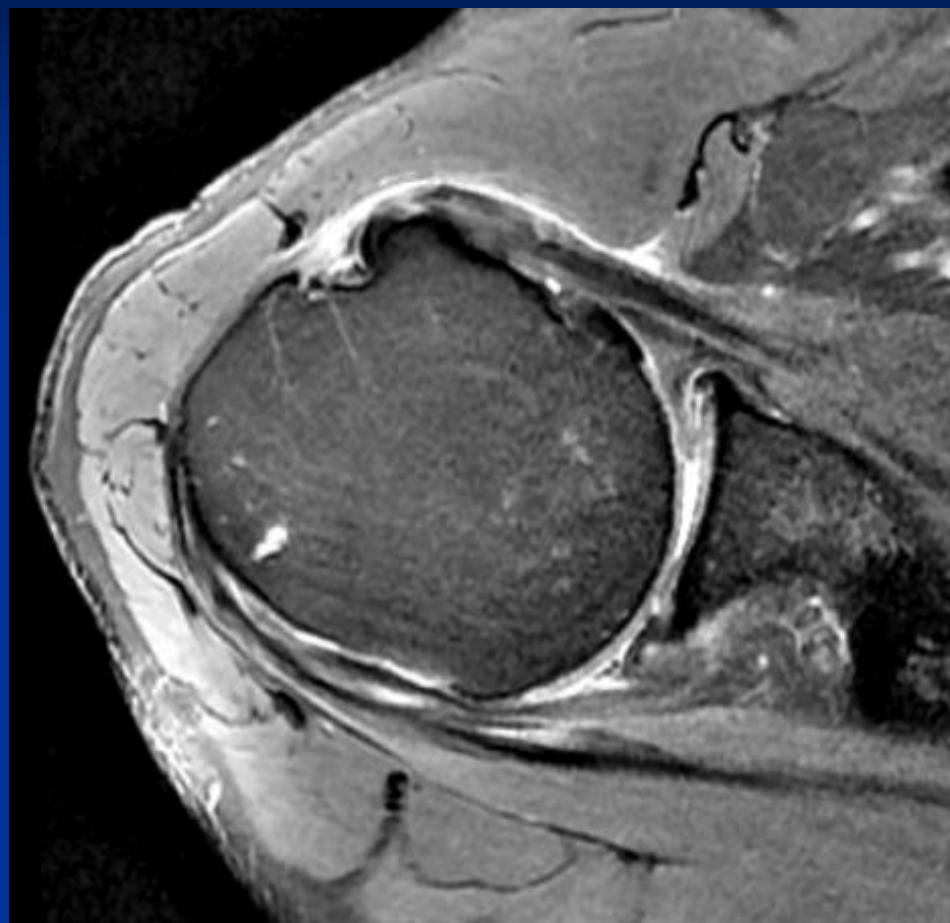
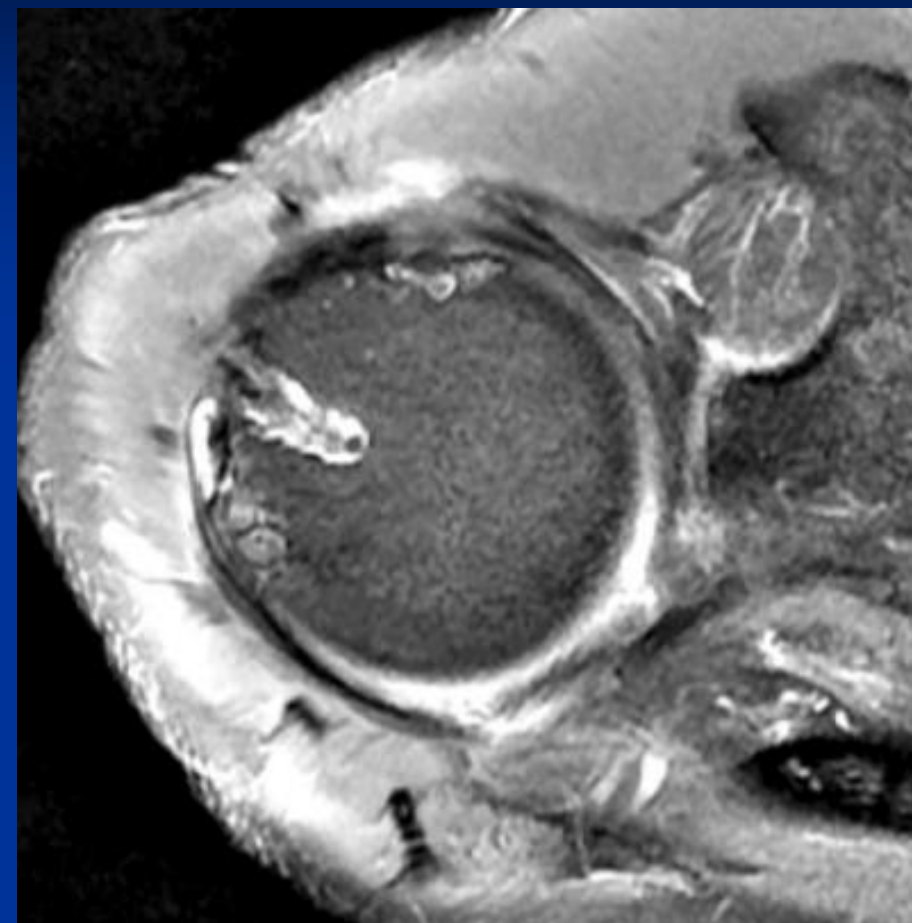
Exam

- AFF 120 Right 170 Left
- AER 45 right, 30 Left
- IR T9 right, T6 Left
- FF 2 right, 5 left
- ER 4 right, 5 left
- IR 4 right, 5 left
- Belly Press equivocal right, neg left

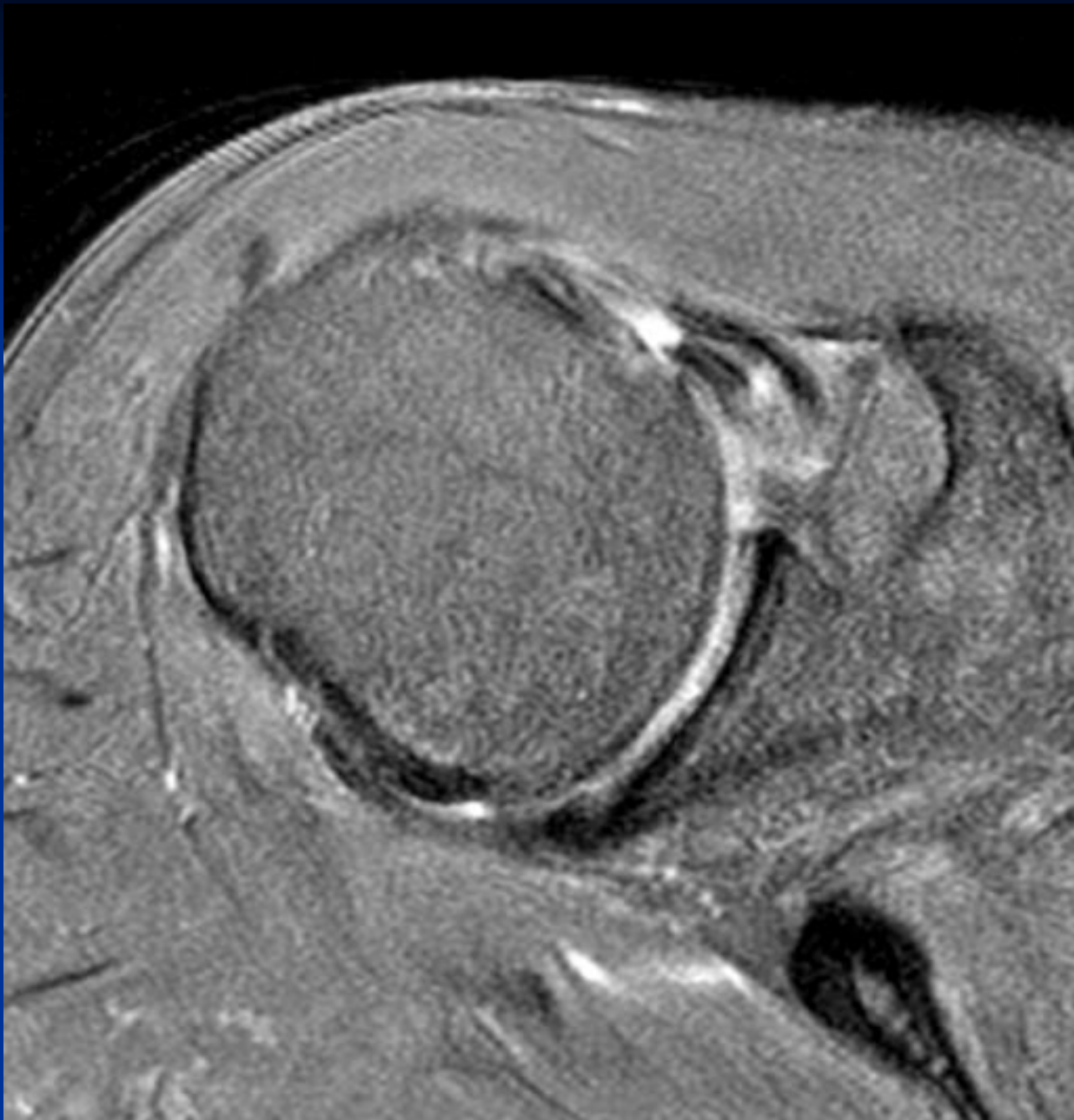




4/18/19



4/18/19



Options

No further treatment now

Partial RCR Biceps tenodesis

Patch

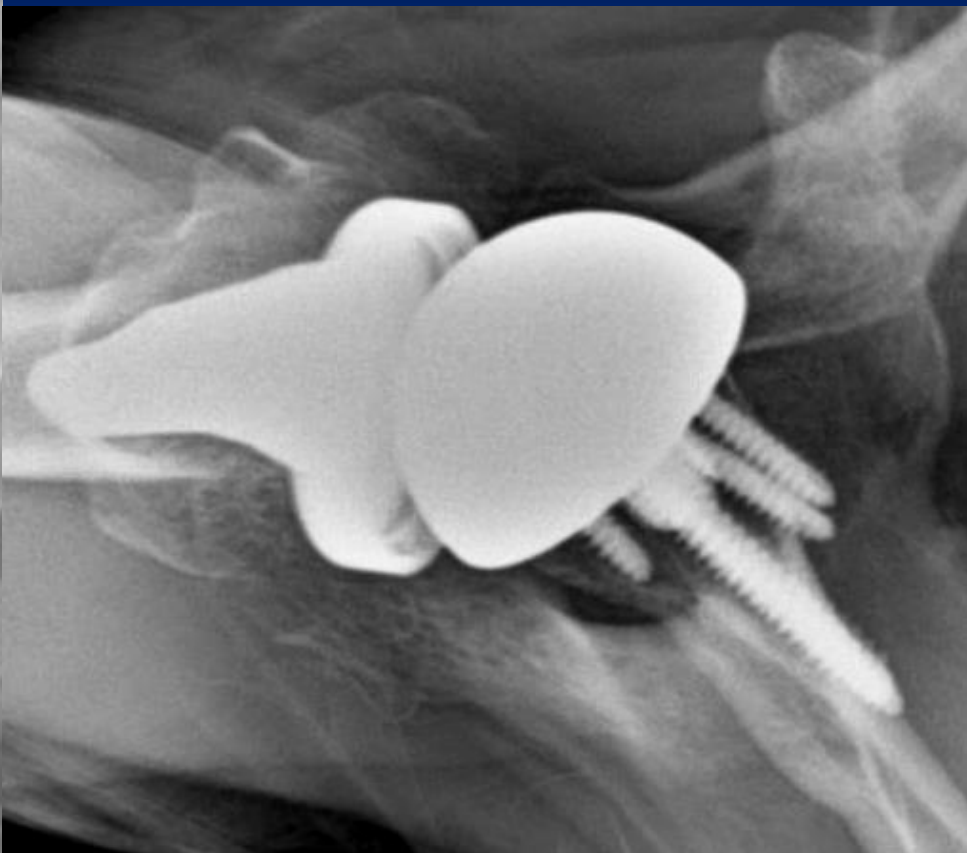
SCR

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RTSA



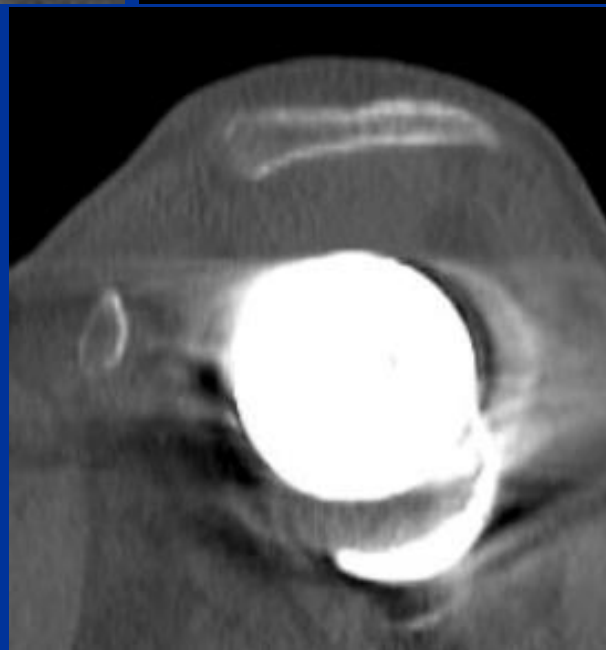
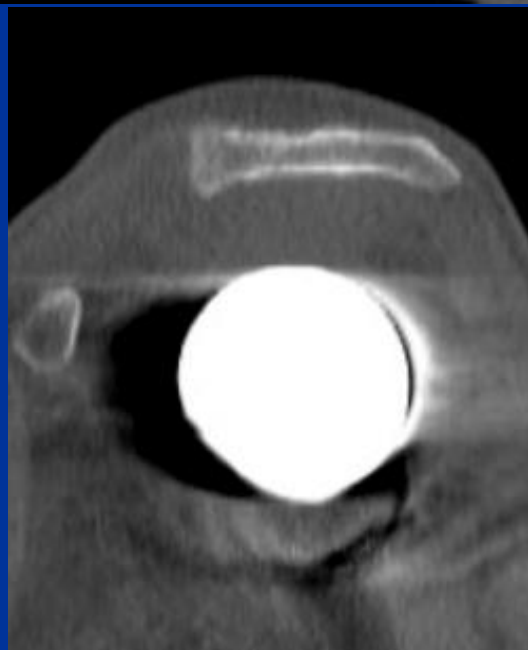
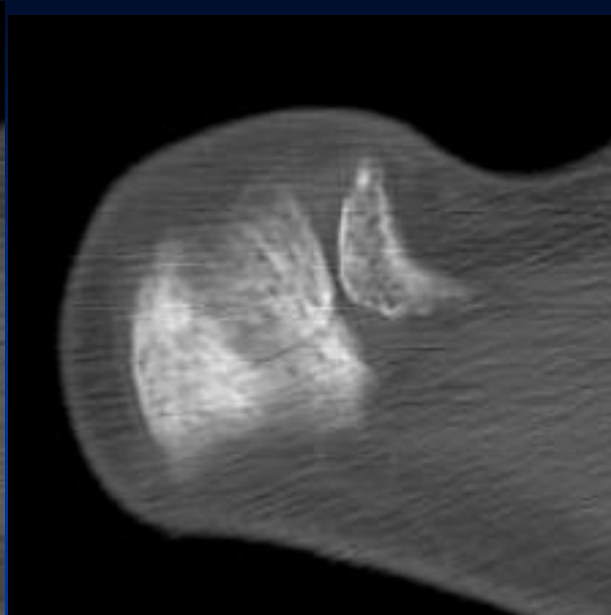
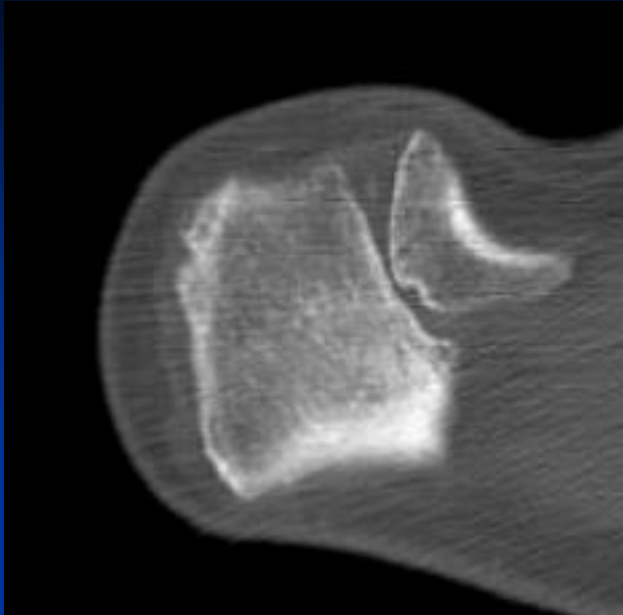
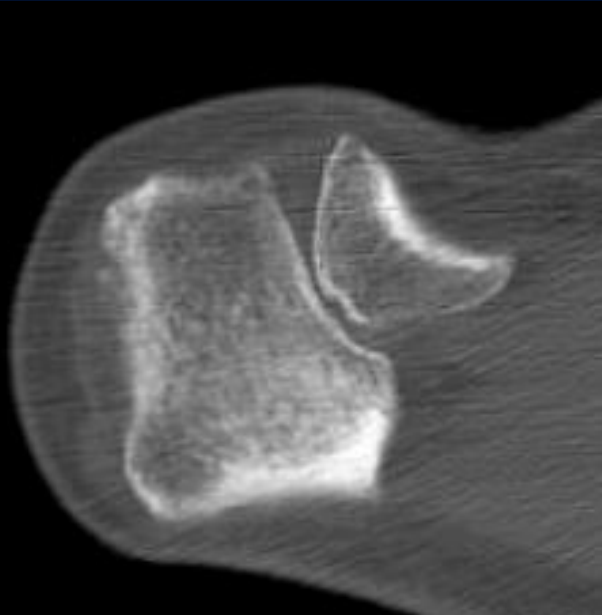
9/17/2019: RTSA

10-20-2019 6 weeks post op

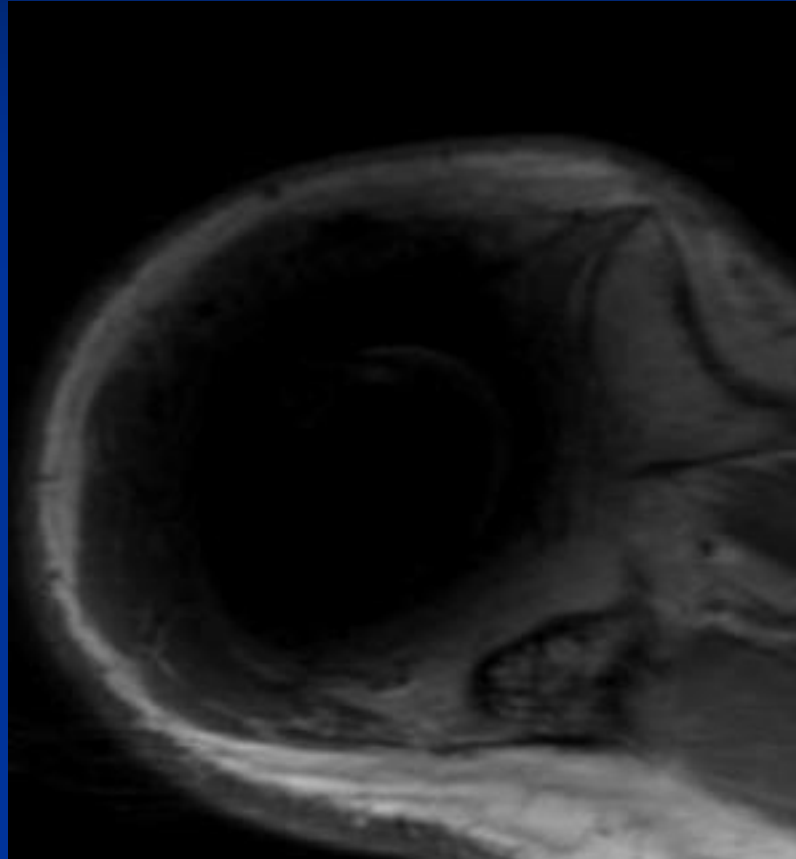
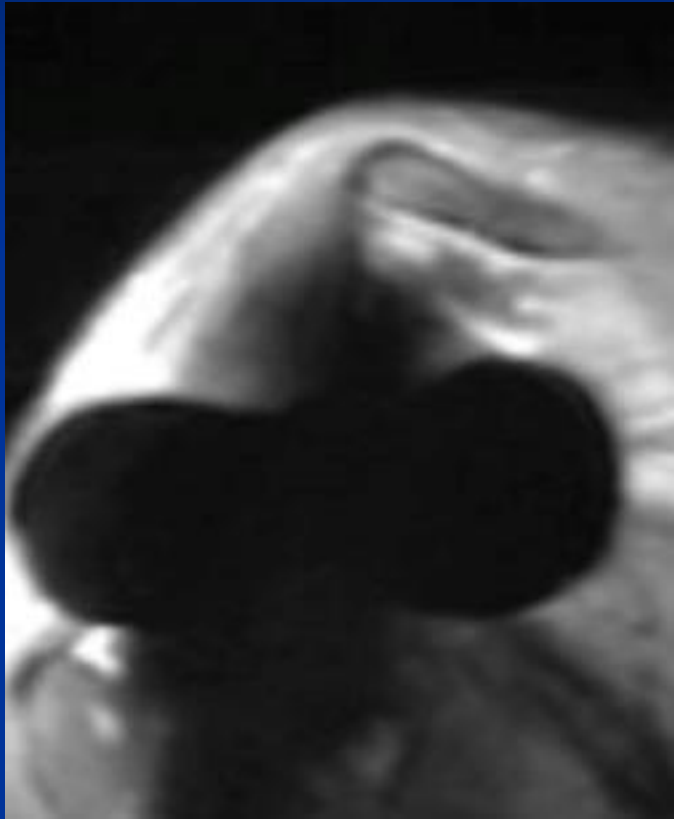
- Doing Great
- AFF 120, PFF 130
- AER 25
- IR Trochanter
- Little to no pain

12-2-2019 11 weeks post op

- Sudden onset posterior shoulder pain without trauma.
- Swinging golf club preceded onset of pain
- AFF-difficult due to pain
- PFF 120
- Trace posterior joint line tenderness otherwise non-tender



12-5-2019

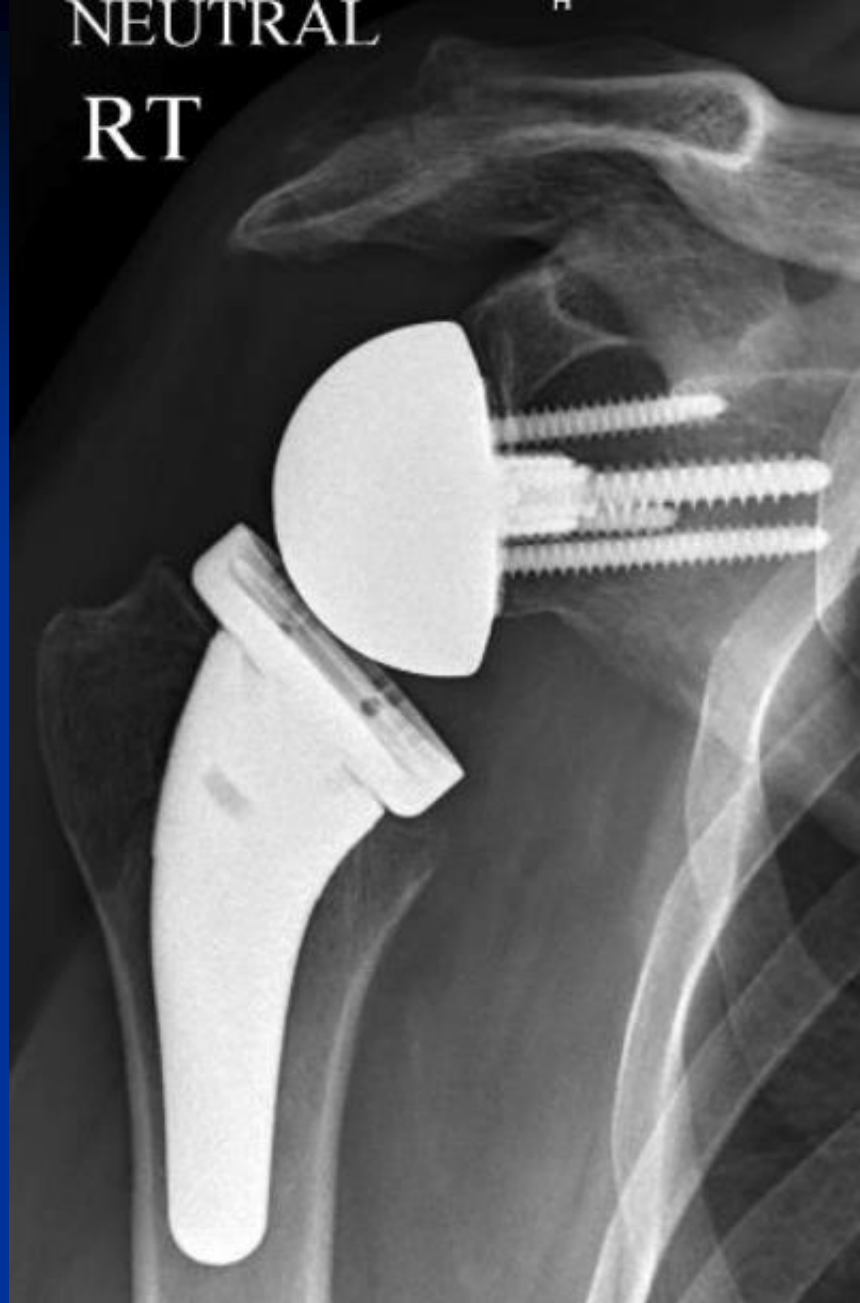


1/5/2020

- Infection workup negative
 - Fluid normal appearing
 - Culture negative
 - Normal appearing wound

NEUTRAL

RT



H

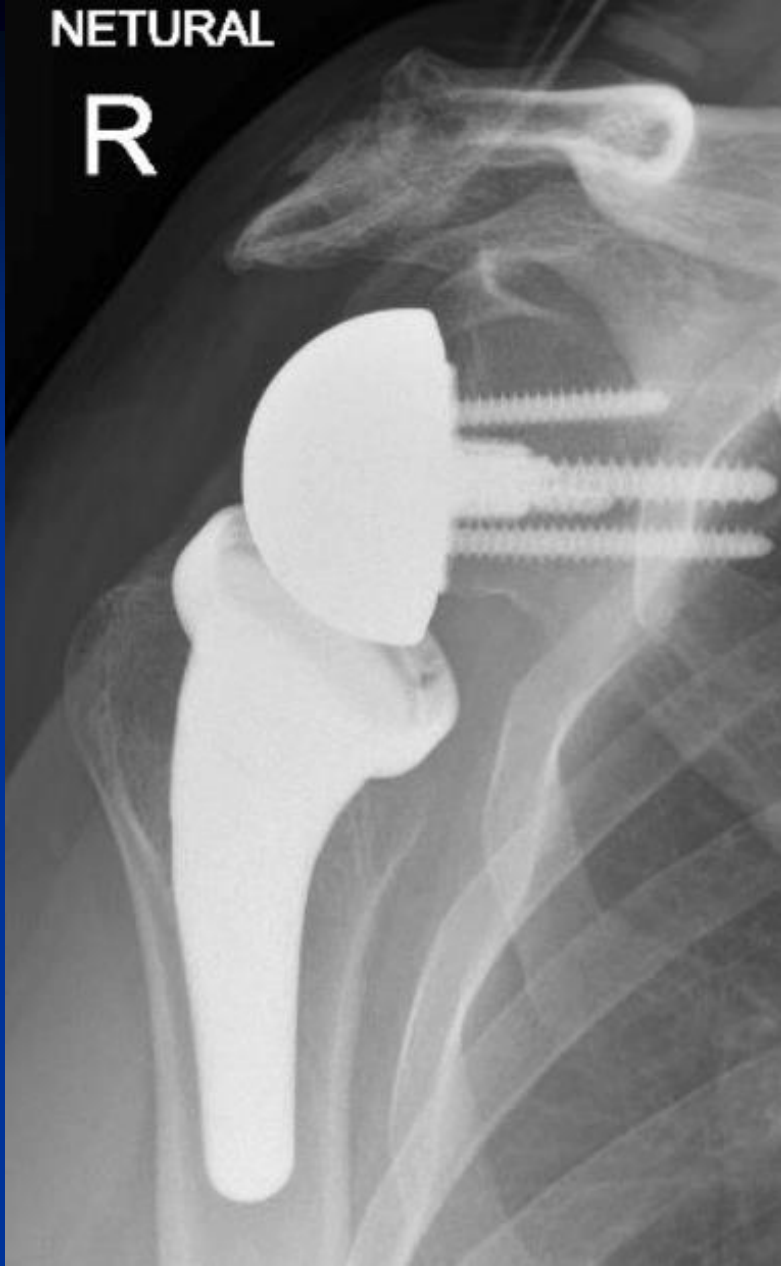
RT



2/24/2020

NETURAL

R



6/10/2020

4/1/2021

- Most of pain resolved
- Slight ache with strenuous activities
- Playing some golf
- Back in PT
- AFF 155, AER 30, IR L1
- FF 5, ER 5, IR 5

Acromial Stress Fracture

- About 4%
- Risk Factors
 - Increased AHI
 - Superior screw into acromial spine
 - Severe RC Disease
 - Osteoporosis
 - Inflammatory Arthritis
 - Female Sex, Older Age



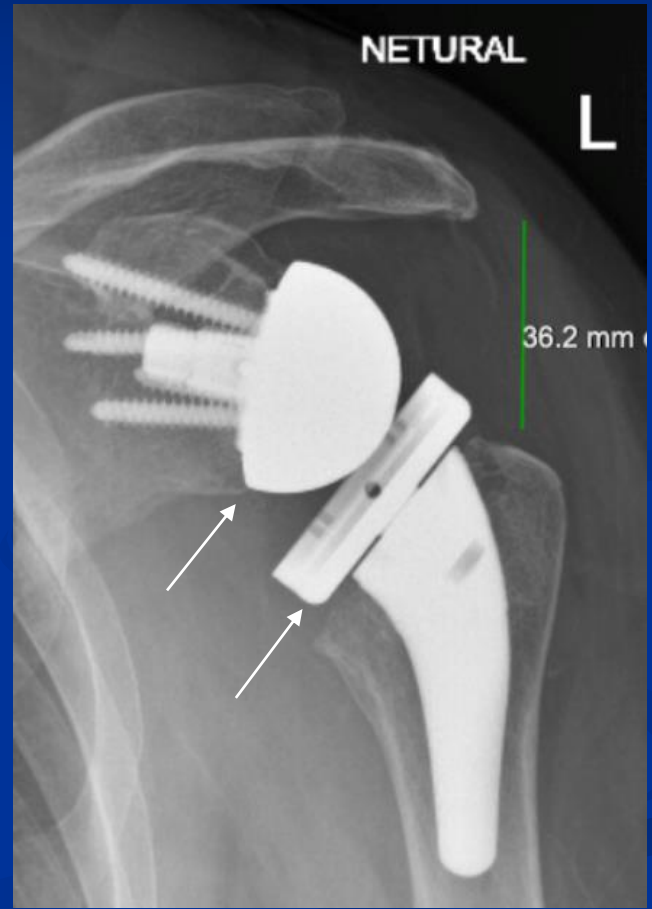
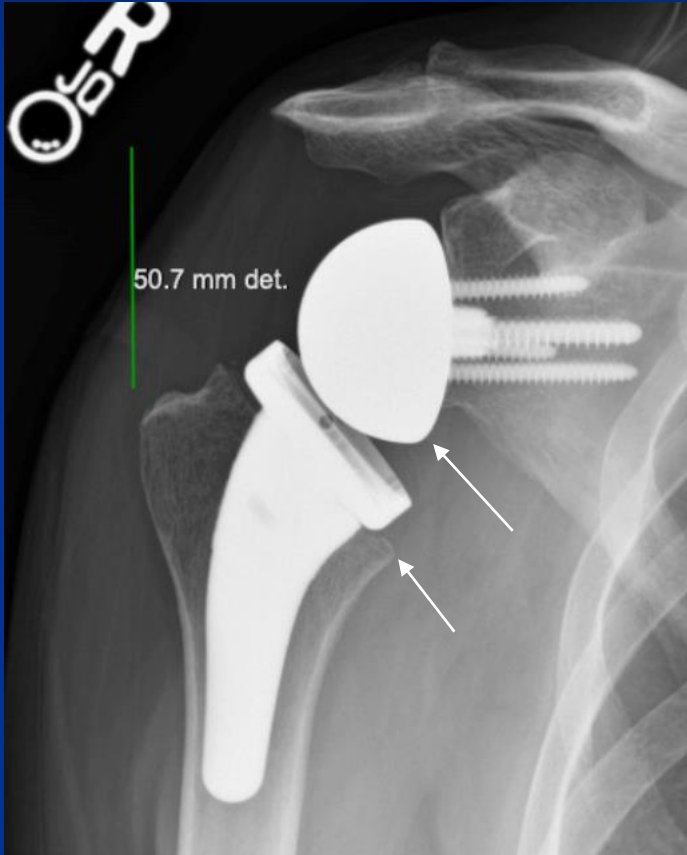
The risk of postoperative scapular spine fracture following reverse shoulder arthroplasty is increased with an onlay humeral stem

Georges Haidamous, MD^a, Alexandre Lädermann, MD^{b,c,d}, Mark A. Frankle, MD^e, R. Allen Gorman II, MD^f, Patrick J. Denard, MD^{a,g,*}

Results: The incidence of SSF in the onlay group (11.9%) was significantly higher compared with the inlay group (4.7%; $P = .043$). Postoperative acromiohumeral distance was approximately 4 mm higher in the SSF group (37.5 mm) compared with the control group (33.7 mm; $P = .042$), whereas lateralization was similar between the 2 groups

Conclusion: Increased postoperative distalization is associated with an increased risk of SSF after RSA. An onlay stem resulted in a 10 mm increase in distalization compared with an inlay stem, and a 2.5 times increased risk of SSF. Lateralization, however, does not appear to increase the risk of SSF.





Acromial Spine Fracture: Grammont



J Shoulder Elbow Surg (2019) 28, 260–267



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SURGERY

www.elsevier.com/locate/jmse

Grammont Award 2018: Scapular fractures in reverse shoulder arthroplasty (Grammont style): prevalence, functional, and radiographic results with minimum 5-year follow-up



Lionel Neyton, MD*, John Erickson, MD, Francesco Ascione, MD, Giulia Bugelli, MD, Enricomaria Lunini, MD, Gilles Walch, MD

Conclusions: Scapular fractures after Grammont-style RSAs are rare (1.3%) but remain a concern. These fractures occur mainly in the early postoperative 6 months. Immobilization with an abduction splint fre-

Thank you!!



 CALIFORNIA
PACIFIC
ORTHOPAEDICS