

# PRP



- Safe alternative
- May be more effective than steroids in the short term (3-6 months)
  - Kwong et al, Arthroscopy 2021
- Generally, no difference after 12 months
  - It does not “restore” or “regenerate”
- Work related injury....Don't get your hopes up!!

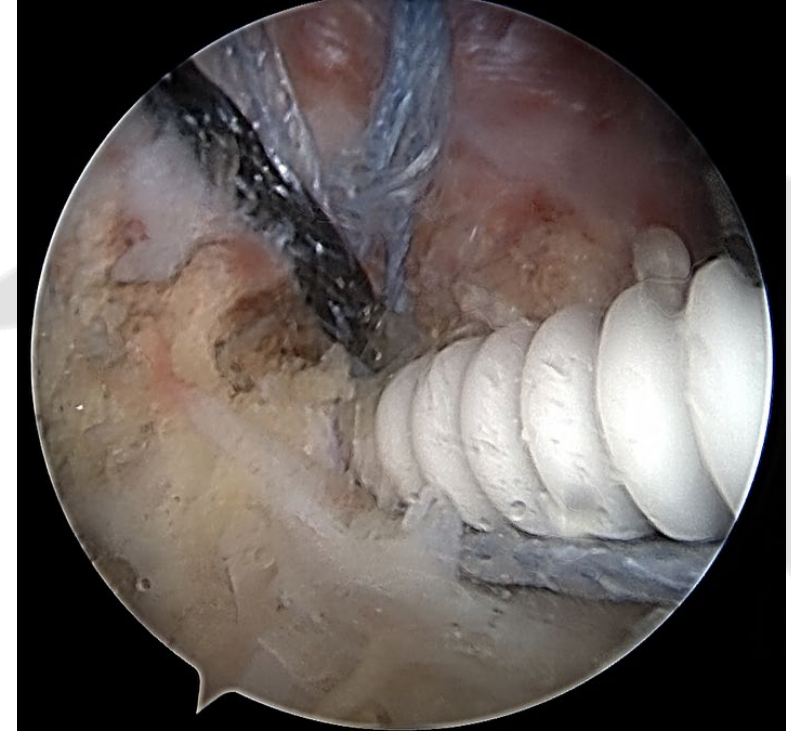
# Surgical Treatment?

- Factors
  - Age
  - Activity level
  - Acute vs chronic
  - Previous treatment
  - Degree of disability
  - Size/reparability of tear



# Rotator Cuff Repair

- Repair superior to PT for small and medium tears at 10 year f/u
  - Moosmayer et al, JBJS 2019
- 20 years after surgical repair of massive rotator cuff tears, the functional scores remain satisfactory, and the rate of revision is low.
  - Collin et al, JSES 2020
- Structural Tear = Surgery



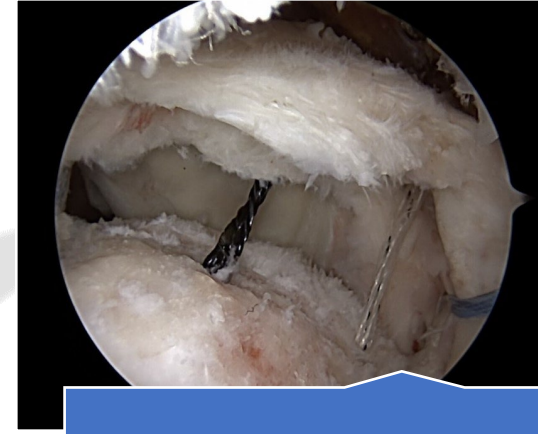
# Arthroscopic Rotator Cuff Repair



Cuff tear



Anchors



Passed sutures



Final Repair

# Post-op Recovery

- Sling x 6 weeks
- Gentle PROM with limitations based on cuff repair size
- Decent ROM and weakness by 3 mo
- Good strength/ROM by 6 months
- 1 year full recovery sometimes
- PT >>>>>Surgery



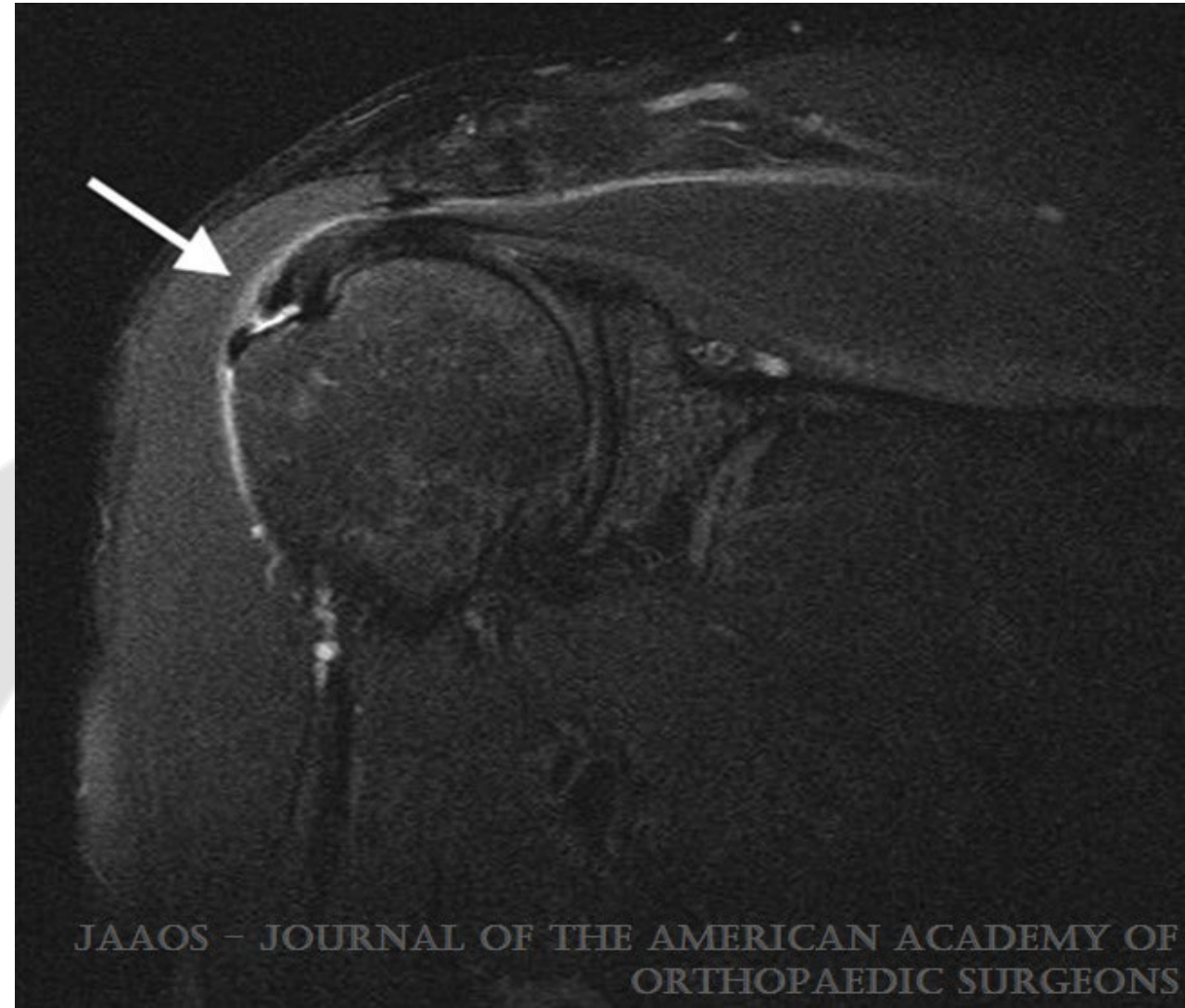
# Industrial Claims

- Is rotator cuff tear a work related injury?
- Previous rotator cuff treatment?
- Natural history of rotator cuff injuries
- Irreparable rotator cuff tears and rotator cuff arthropathy
- Outcomes in industrial claim rotator cuff surgery



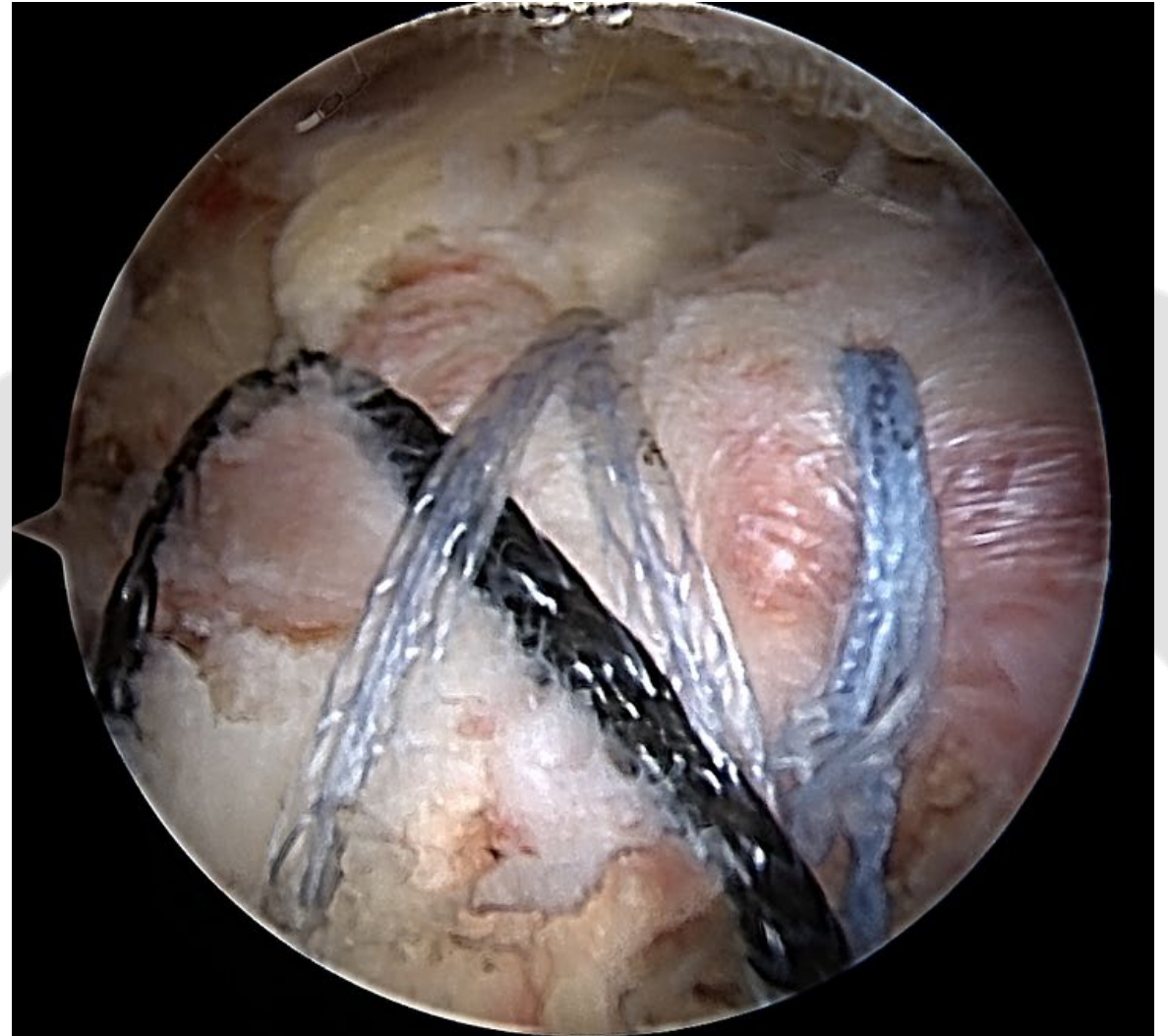
# Rotator Cuff

- Natural prevalence of rotator cuff tears in population over 50 yo
- ? Acute injury
- Previous symptoms/treatment
- “Substantial aggravation of preexisting condition”



# Rotator Cuff Repair

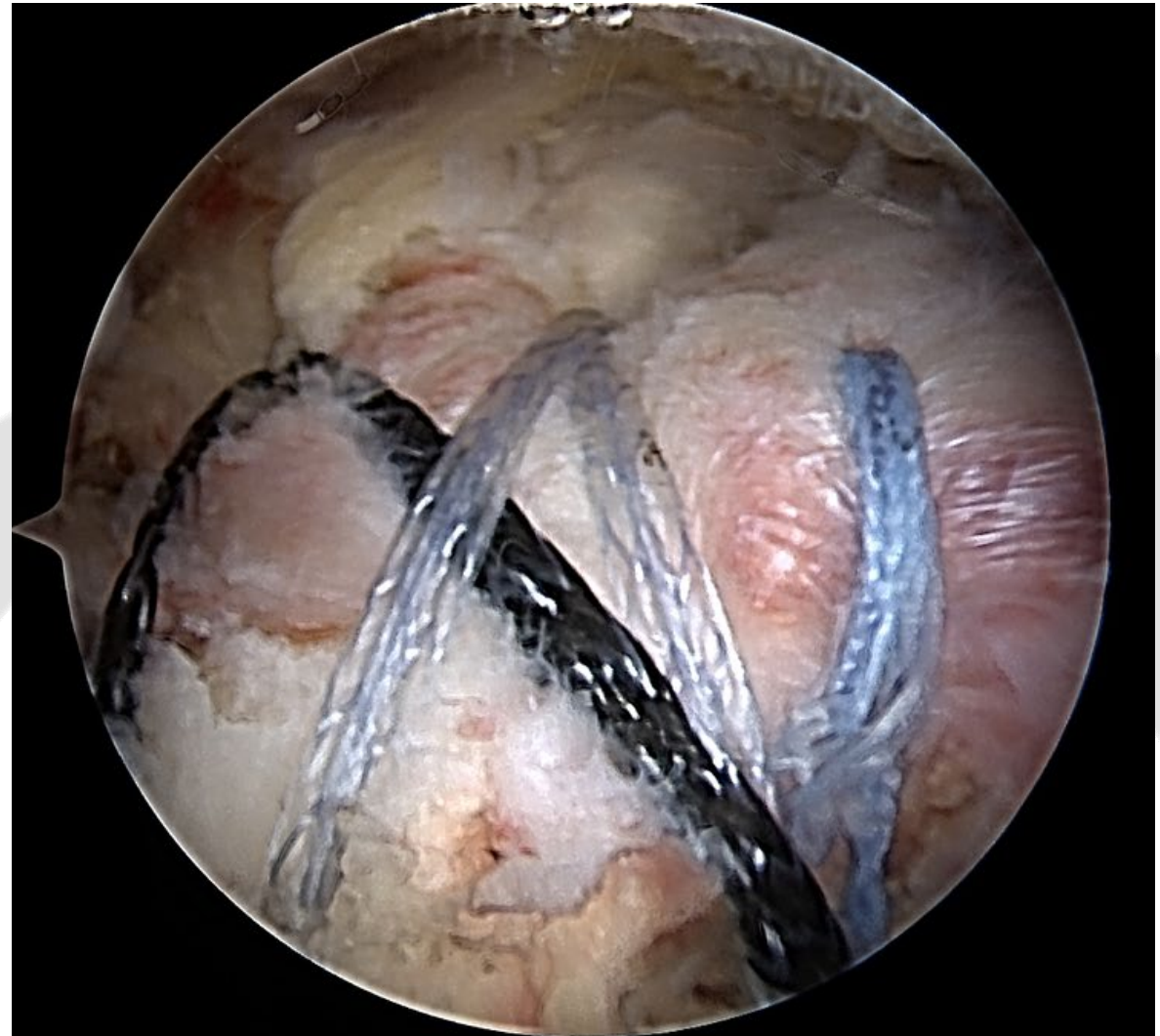
- In non-BWC population, can expect success rates of 90-95% with rotator cuff repair
  - Less favorable with large tears, older patients, multiple steroid injections, smokers





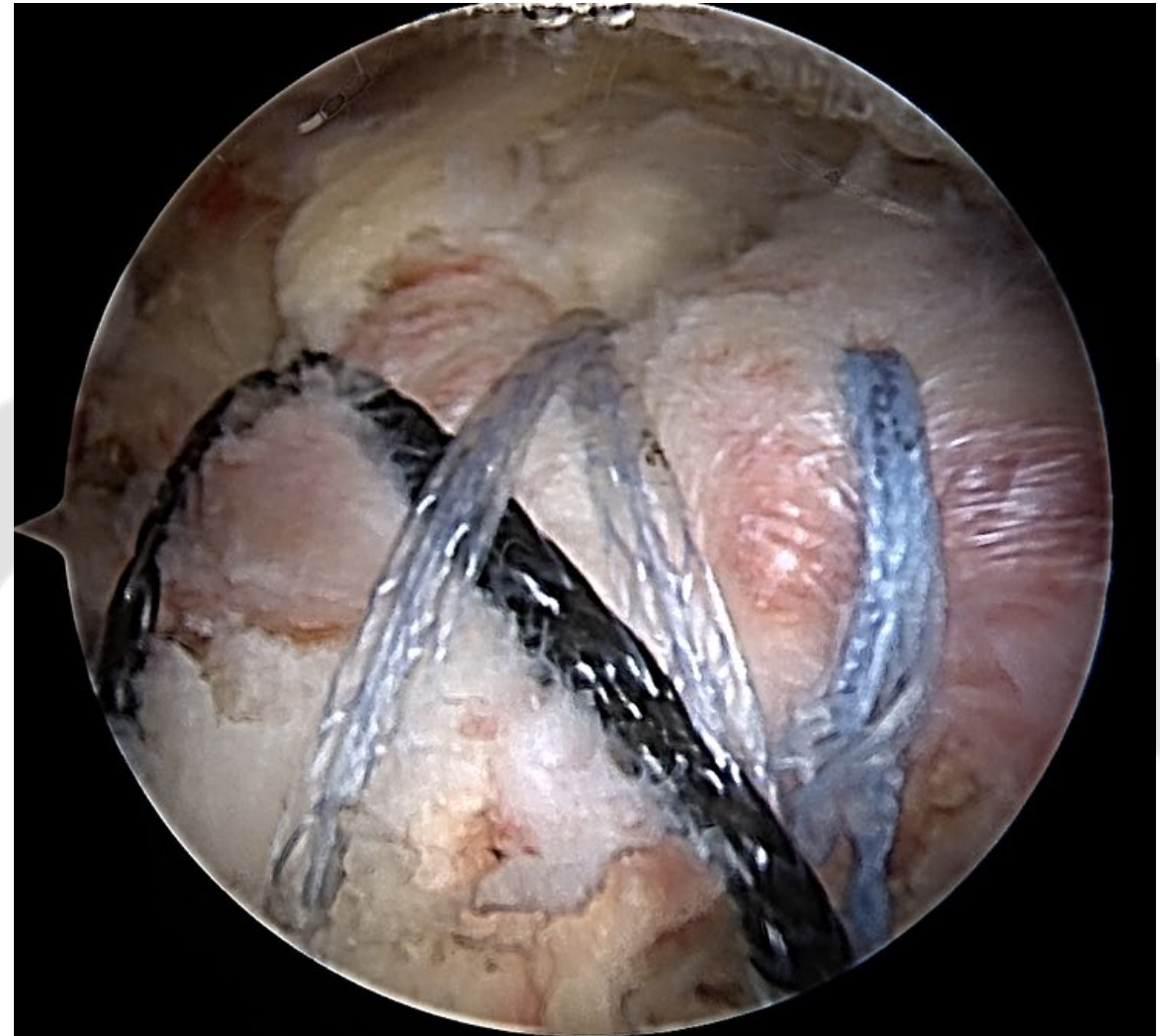
# Rotator Cuff Repair

- Multiple studies demonstrate that patients with industrial claims have **worse outcomes** with regards to pain and return to function after repair



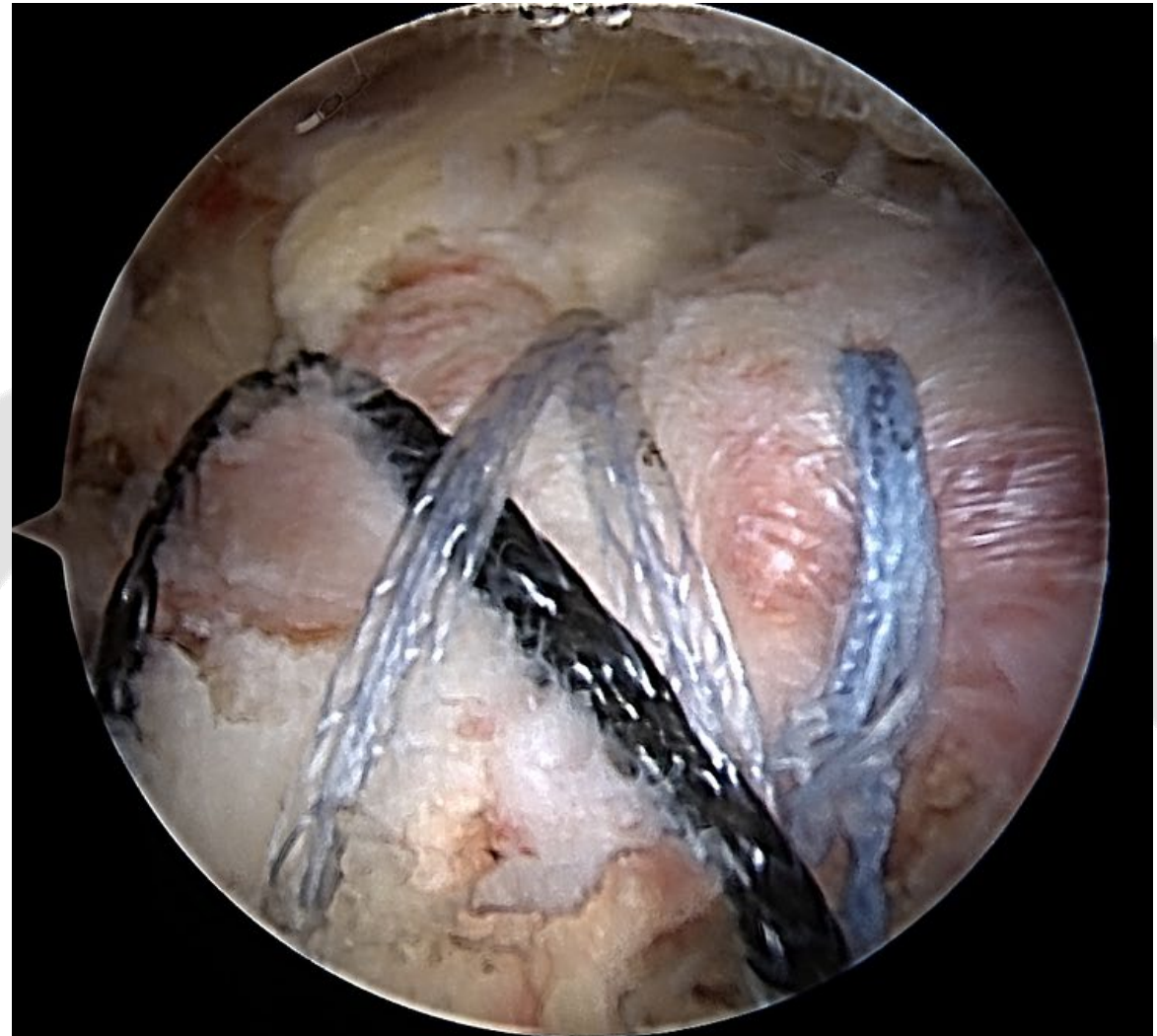
# Rotator Cuff Repair

- Patients with WC claims
  - More pain
  - Worse function
  - Longer return to work
  - More noncompliant
  - Pre-op expectations/attitude



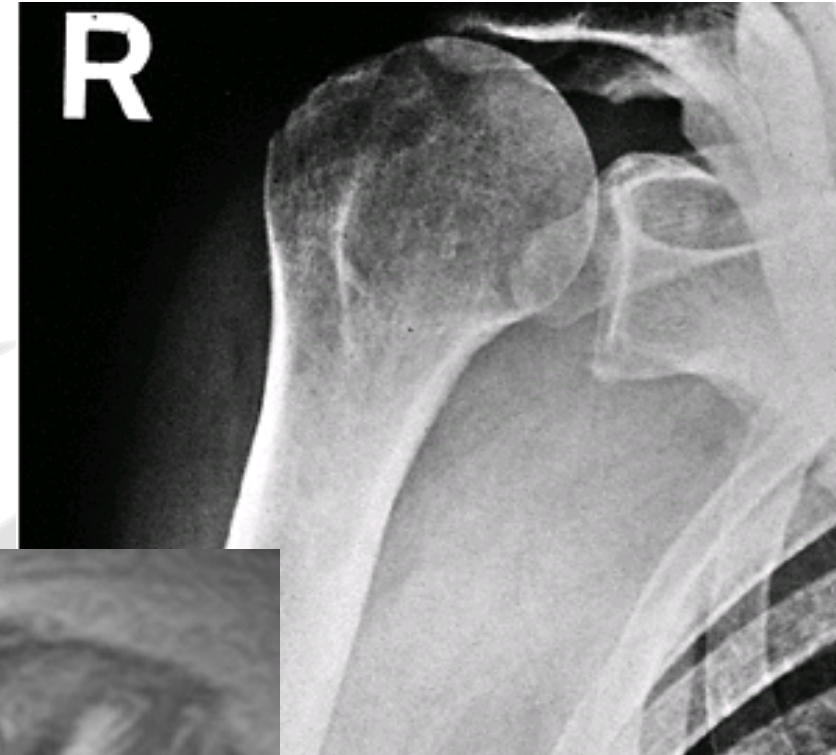
# Rotator Cuff Repair

- In addition, these patients often with contributing factors
  - Smokers
  - Delayed treatment
  - Previous surgery
  - Associated pathology
    - i.e. cervical



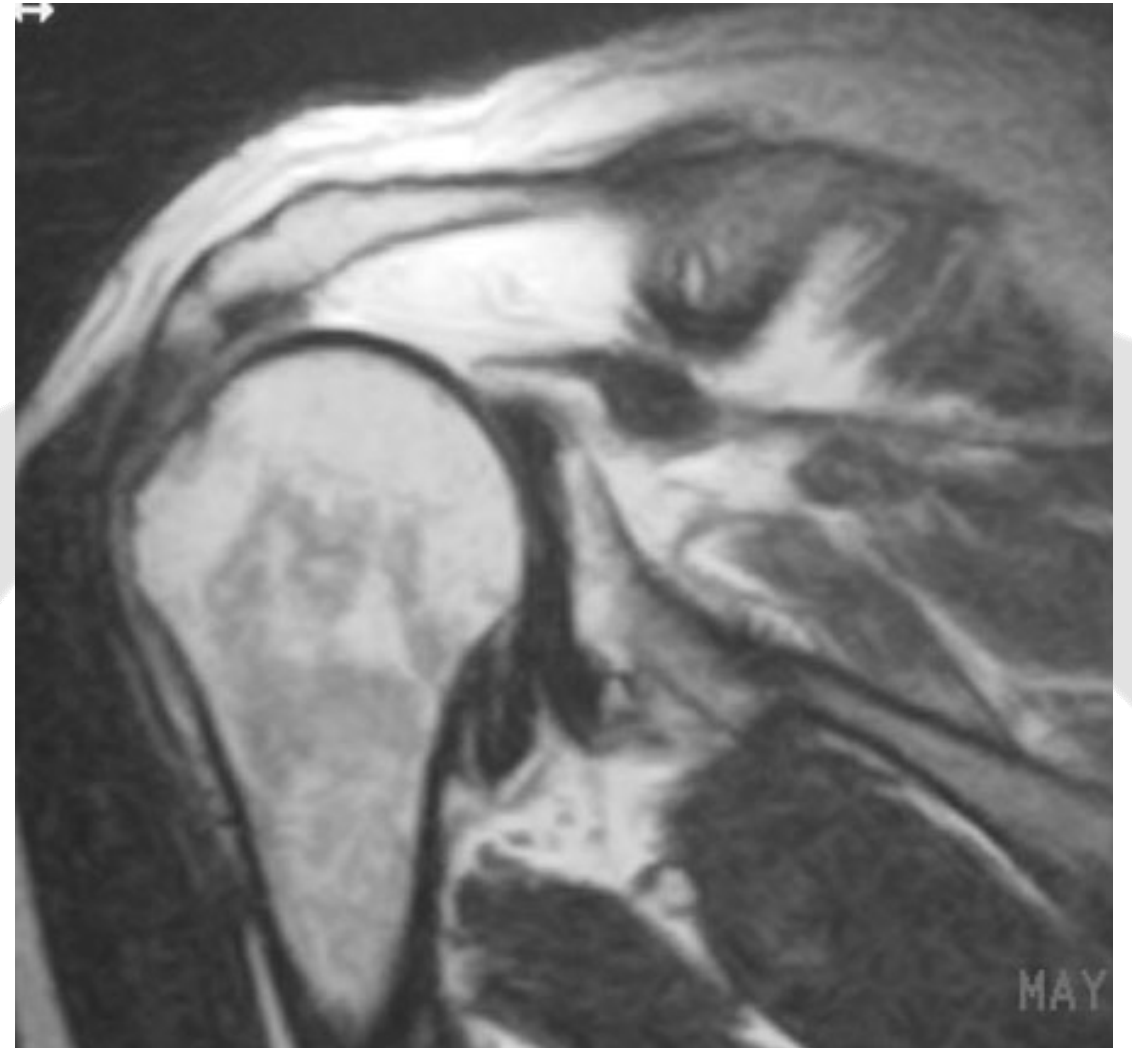
# Irreparable tears

- Many with chronic massive degenerative rotator cuff tears can function well
- Acute on chronic?



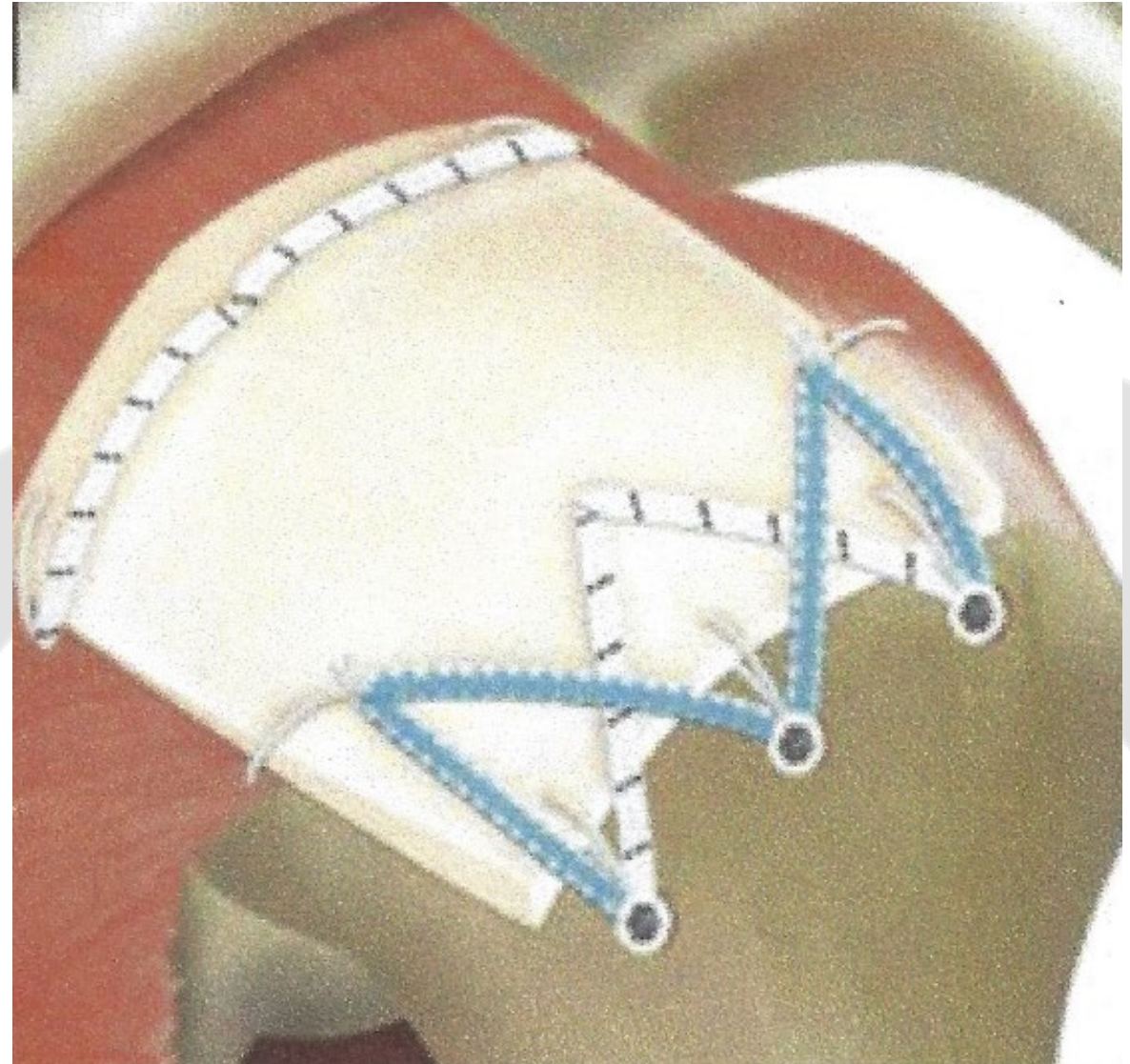
# Irreparable tears

- Superior capsular reconstruction
  - Graft over top of head to recreate superior capsule and duplicate function of cuff
  - Done in conjunction with partial repair



# Irreparable tears

- Repair anterior and posterior cuff
- Replace superior cuff with graft from glenoid to humeral head
- Coded as capsular reconstruction and rotator cuff repair



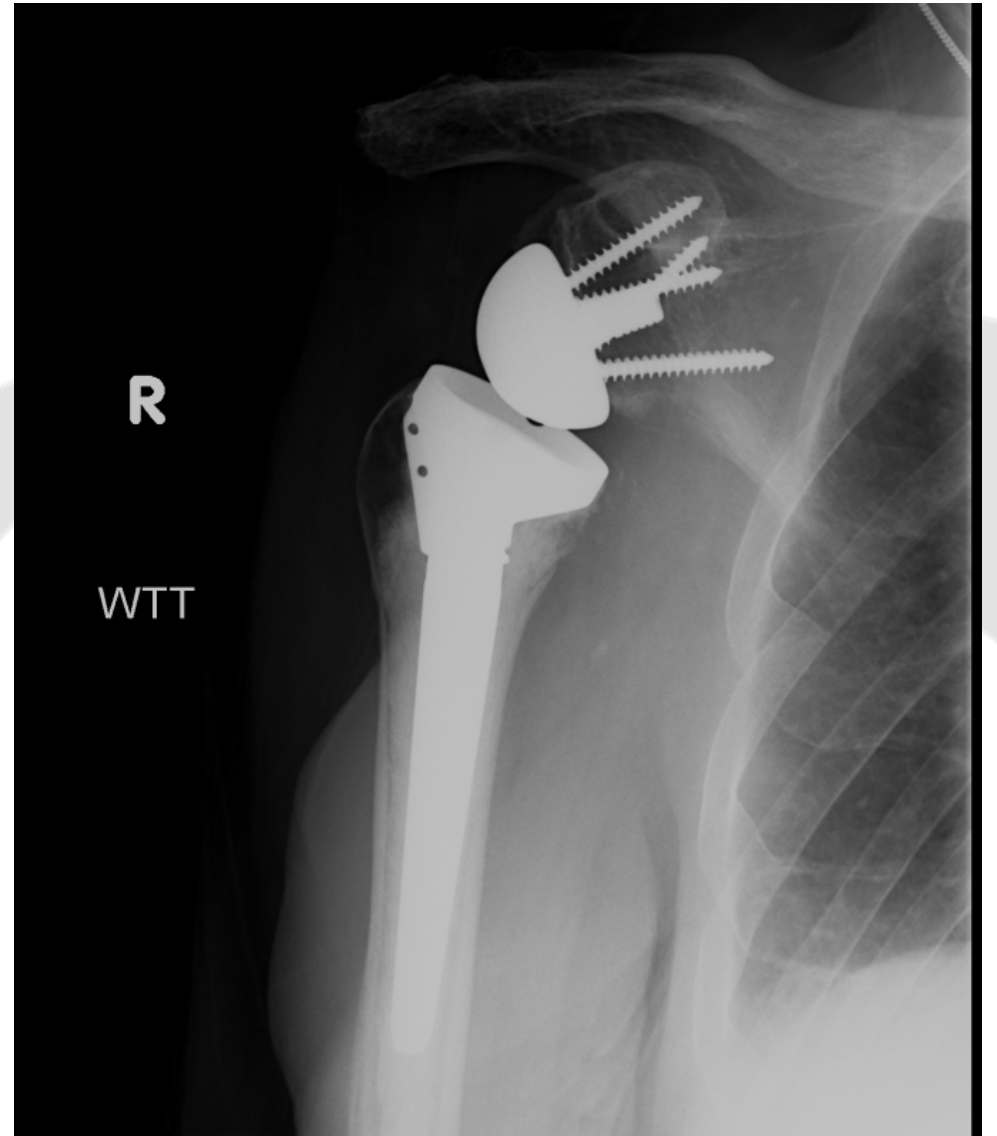
# Irreparable tears

- Patients with full cuff tear arthropathy not candidates for SCR
- Reverse total shoulder replacement is only reliable option



# Irreparable tears

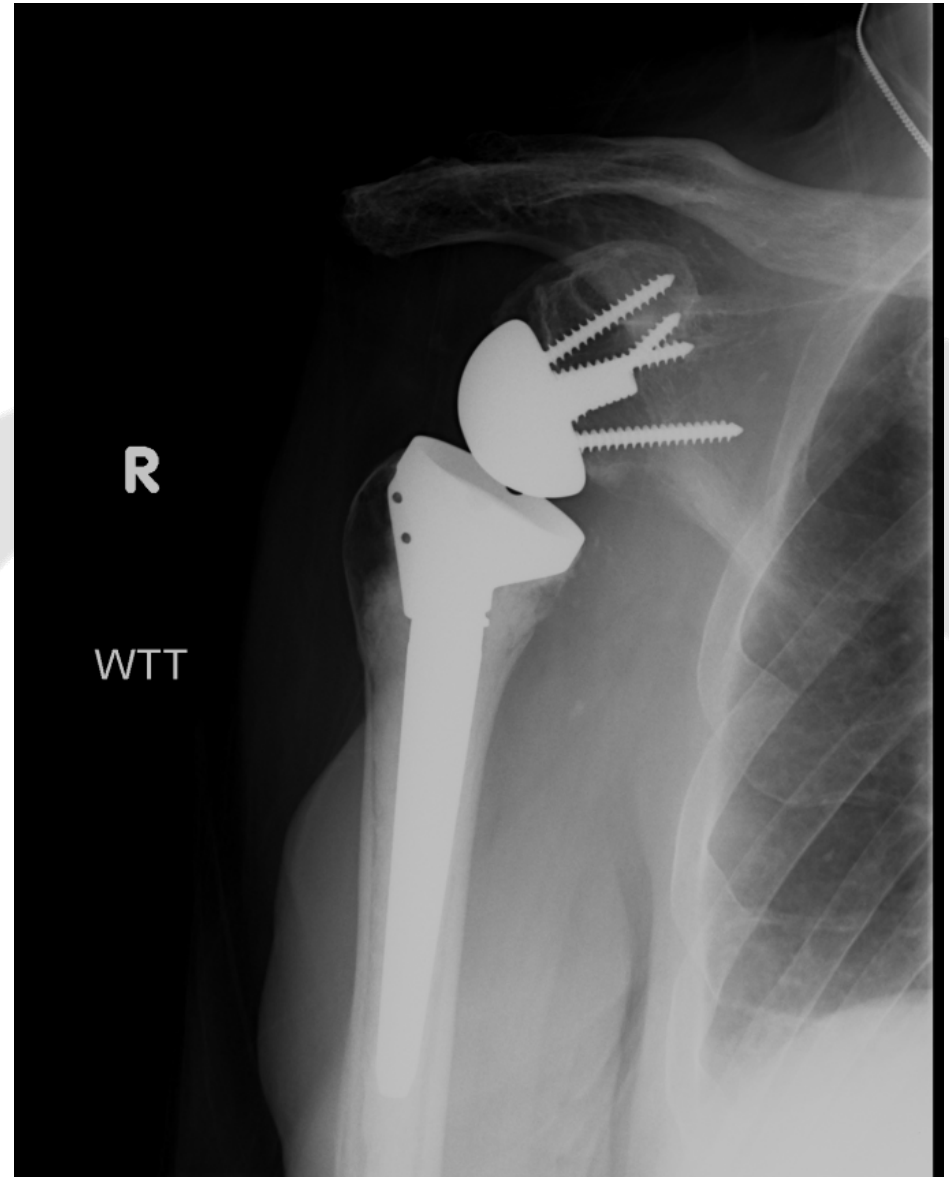
- Reverse TSA very effective in pain relief and restoring function
- Permanent limitations to lifting may preclude return to previous employment





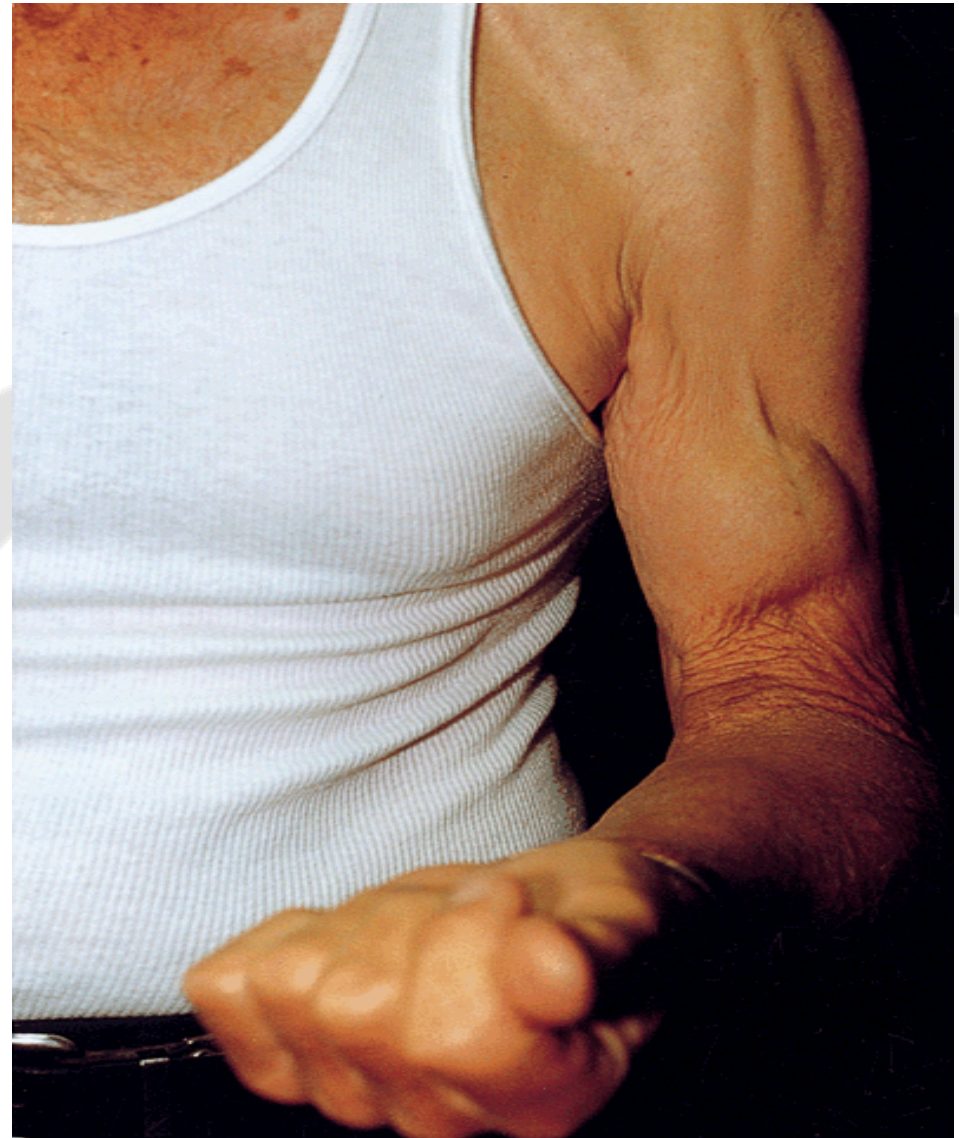
# Irreparable tears

- **DIFFICULTY WITH BWC APPROVAL**
- Reverse arthroplasty is **ABSOLUTELY** accepted as a treatment option for irreparable rotator cuff tear without arthritis



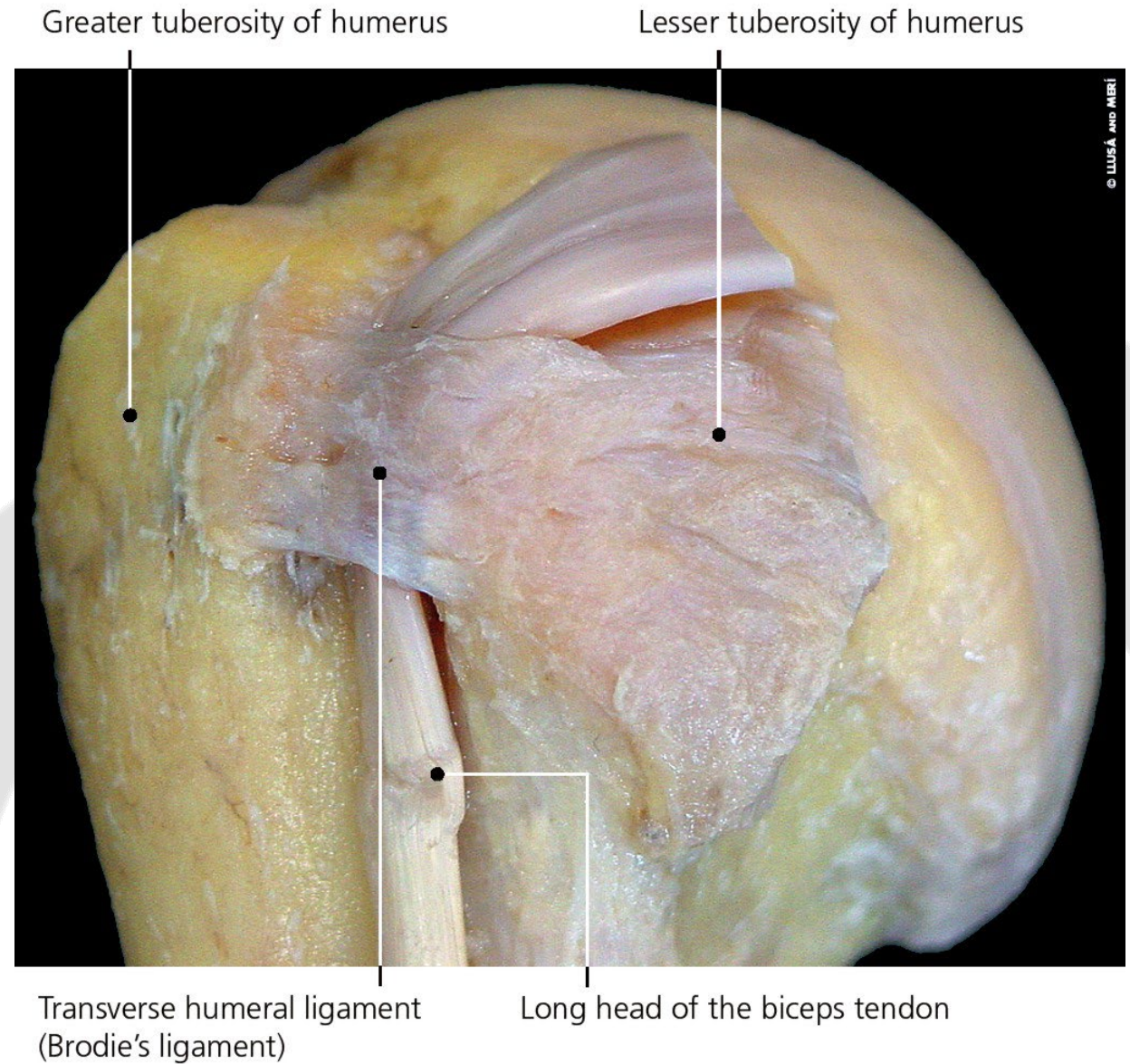
# Biceps Pathology

- Biceps tendinopathy/tear
- Biceps subluxation
- SLAP tears



# Biceps Pathology

- Biceps
  - tendinopathy
  - Tear
  - subluxation
- Often associated with rotator cuff pathology
  - Anterior/anterior-superior cuff tears



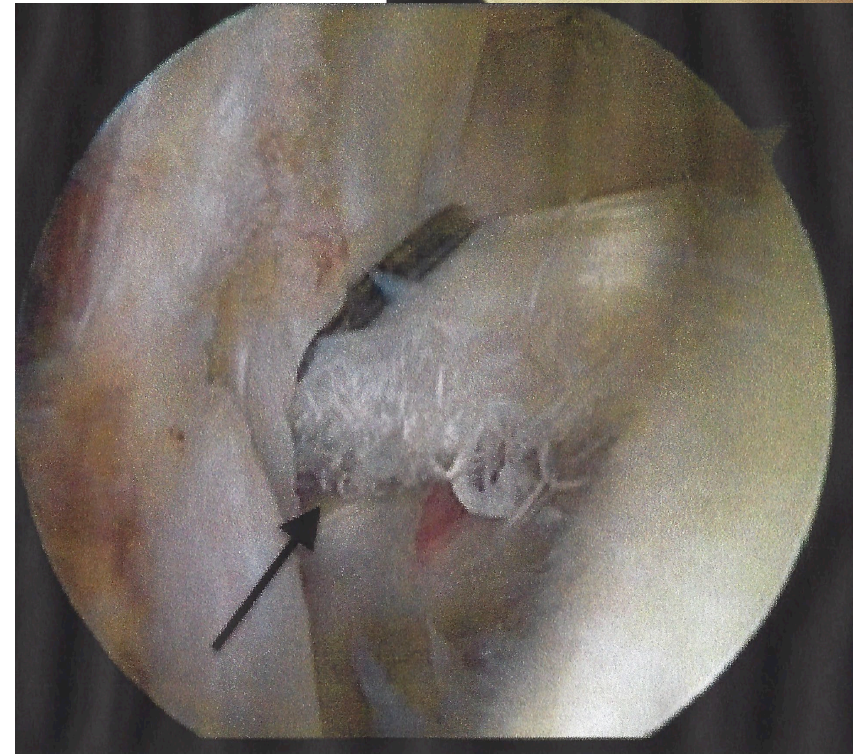
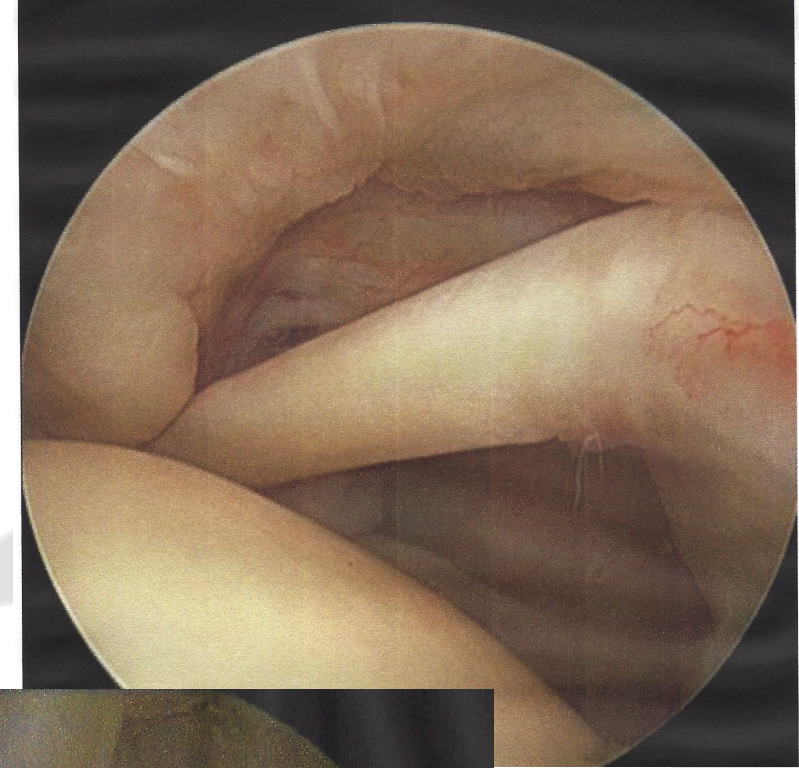
# Exam



- Multiple tests can be positive
- No single test with great specificity
- O'Brien's commonly positive

# Biceps Pathology

- Biceps can be a significant source of pain
- Tenotomy
  - Cut tendon and let free
  - May get deformity and can (10-15%) have cramping
- Tenodesis
  - Reattach to proximal humerus outside joint



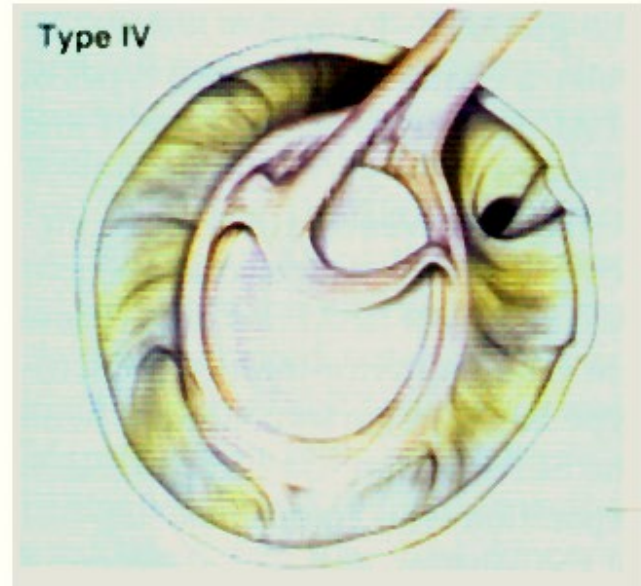
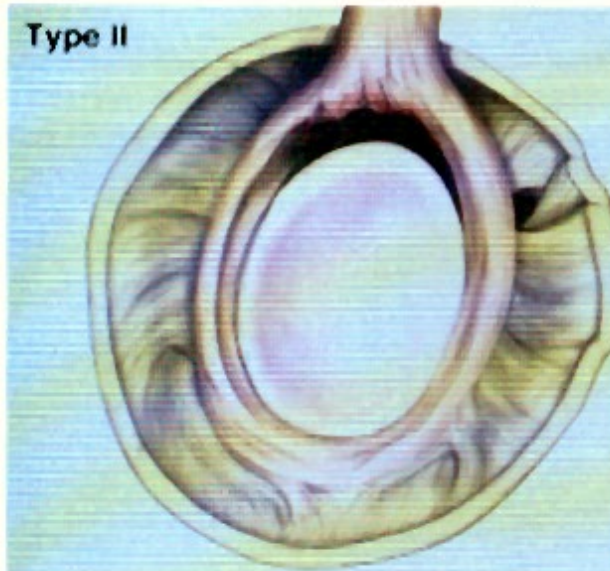
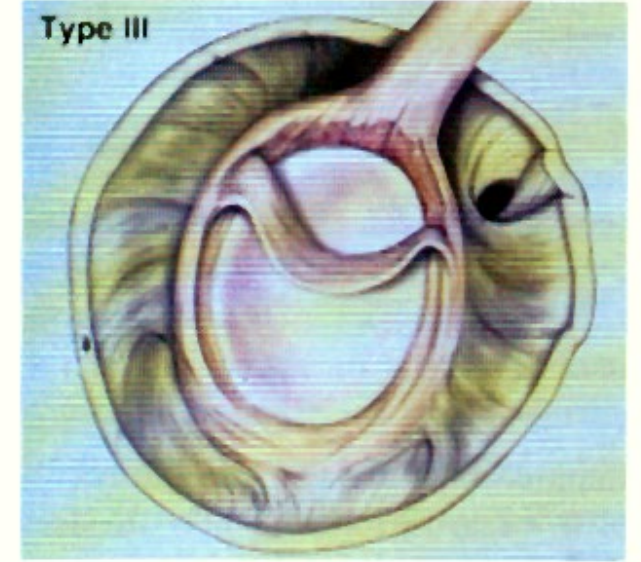
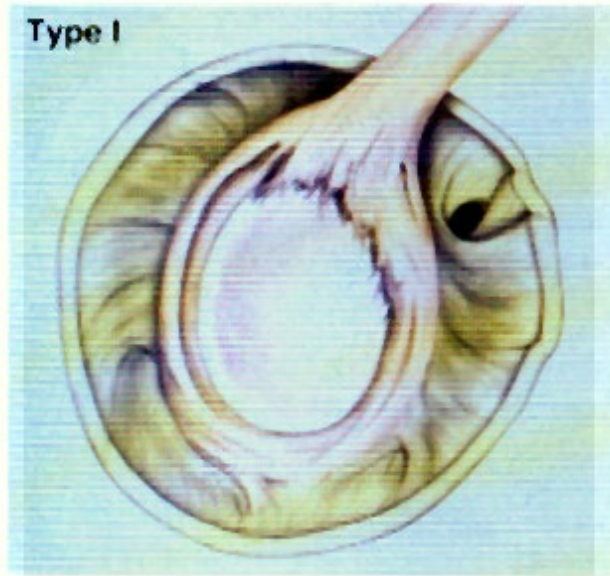
# Biceps Pathology

- SLAP tear
  - Insertion of biceps into superior labrum on glenoid
- Mechanisms
  - Fall
  - Longitudinal traction
  - Chronic attritional tear
  - Throwers



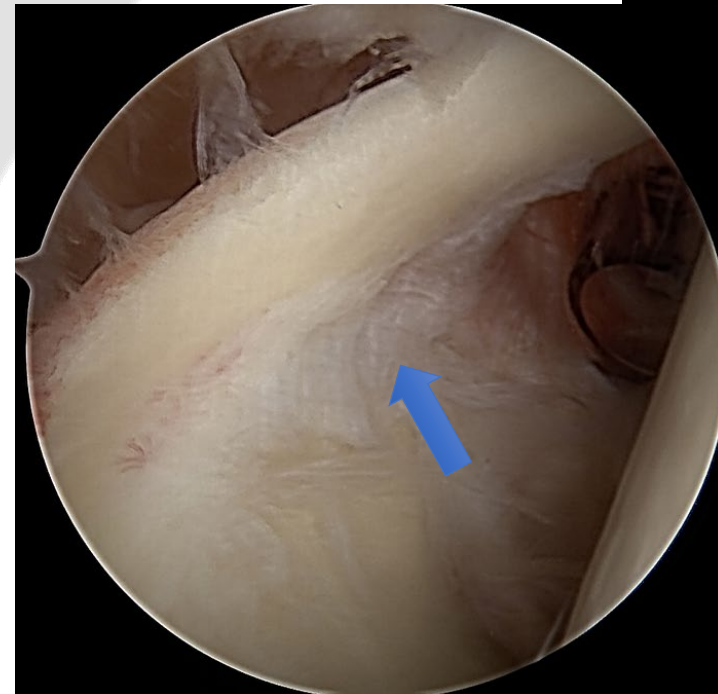
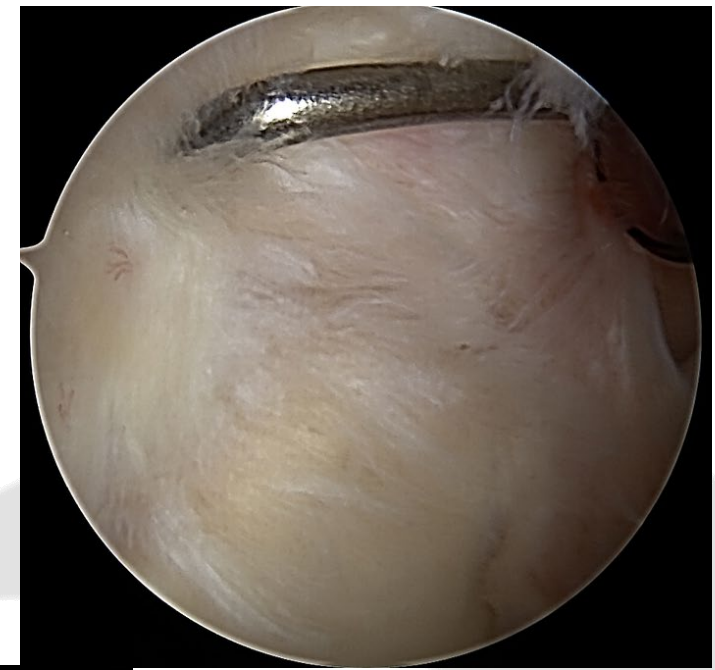
# SLAP

- Type I and II tears very common and often degenerative and asymptomatic
- Must correlate MRI findings with clinical exam



# SLAP

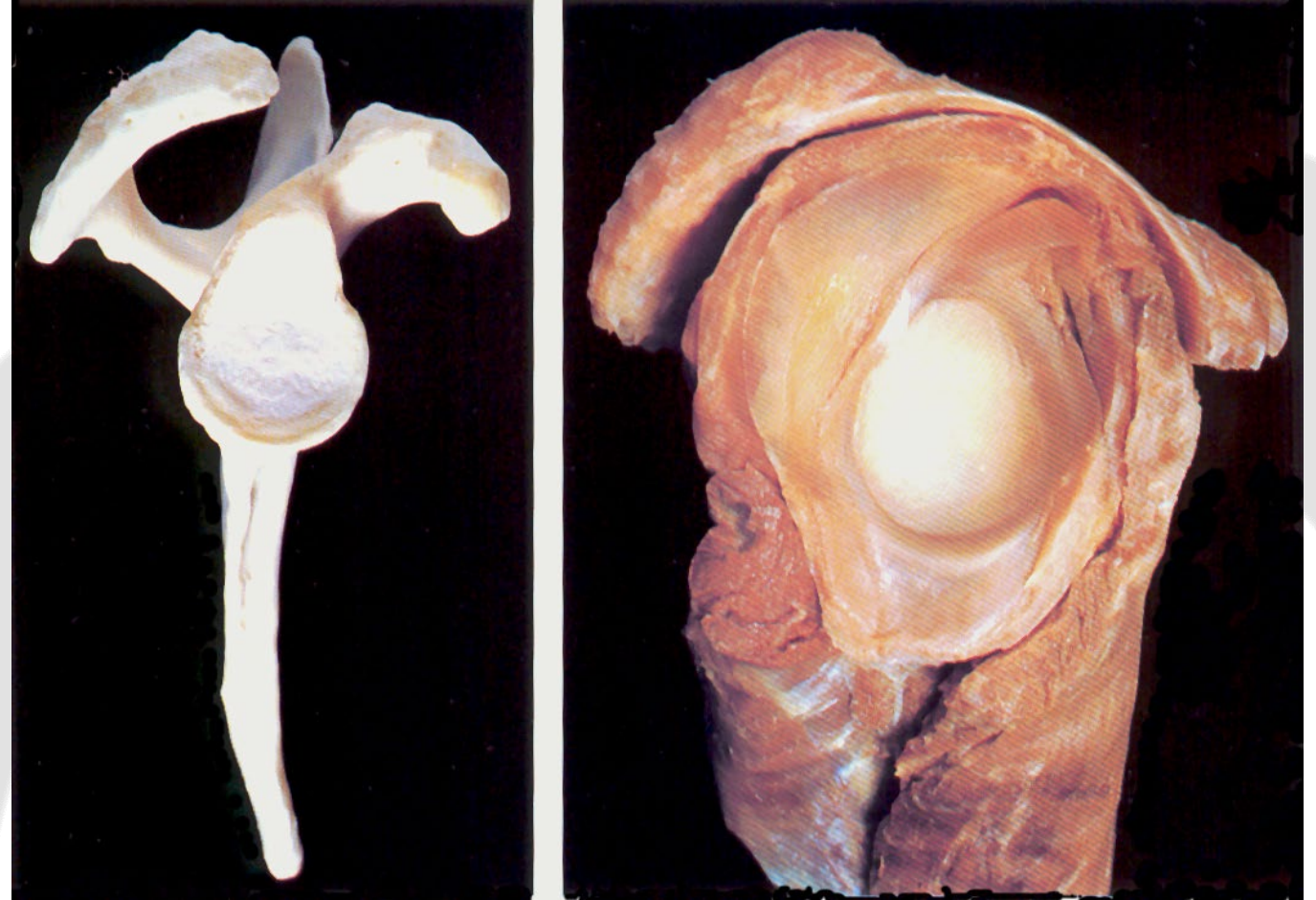
- Trend towards treating SLAP tears with biceps tenodesis +/- labral repair
  - >30 yo
  - Concomitant rotator cuff pathology
- SLAP repair reserved for
  - Younger <30
  - Associated instability
  - Throwers





# Labral tears

- Traumatic vs degenerative
  - Acute injury?
  - Subluxation/Dislocation?



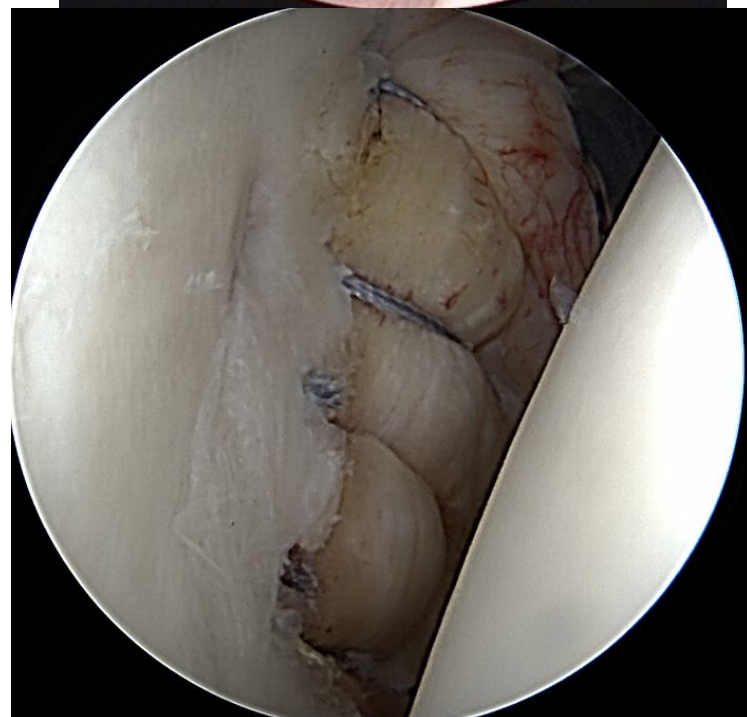
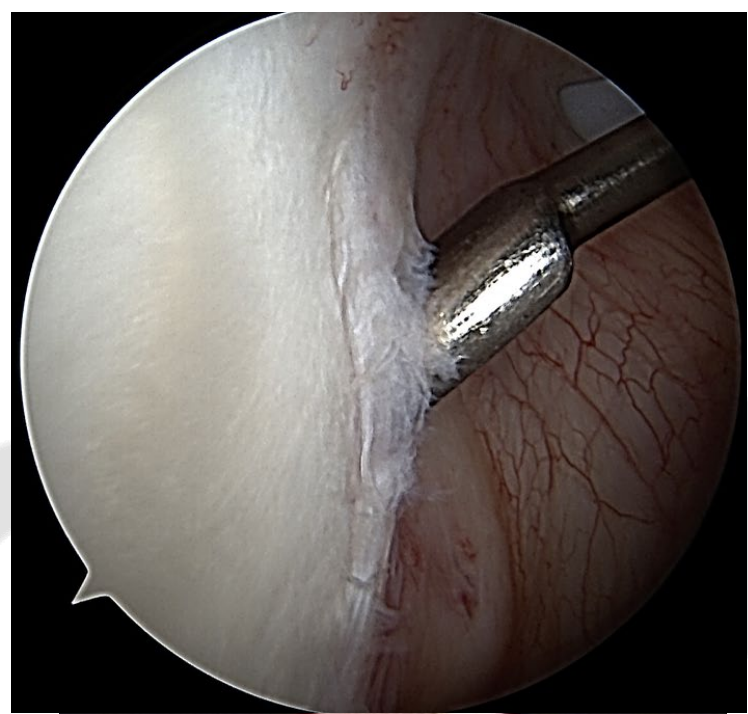
# Labral Tears

- Often incidental degenerative finding with early OA
- Usually treated with debridement
  - >mid 30s
  - Degenerative tissue
  - In conjunction with rotator cuff tears



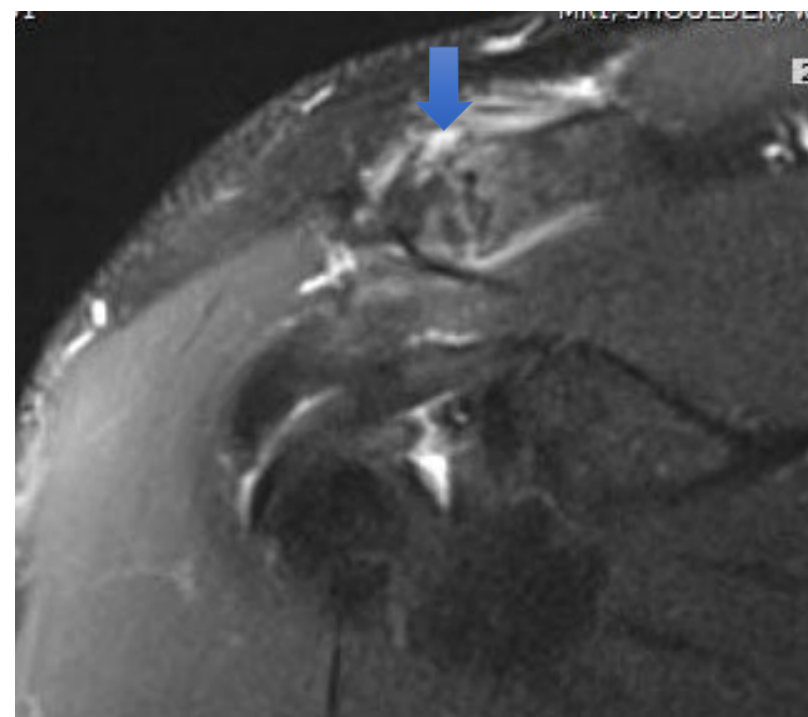
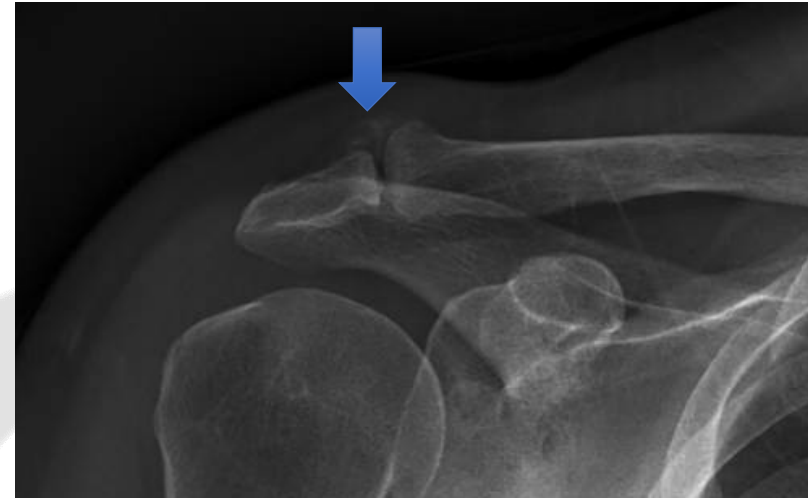
# Labral tears

- With dislocation, can lead to recurrent instability
- Bankart tear
- Repair may be indicated in these younger patients (<25-30 yo) if fail conservative treatment



# Acromioclavicular joint

- Often degenerative with chronic arthritis
- Most often incidental finding
- Can be difficult to justify approval with other shoulder claims



# Physician frustrations with Industrial claims

- Difficult patient population
  - Often with difficult injuries to treat
  - Poorer outcomes
  - ? Motivation to RTW
  - Often difficult to deal with
- Managing the BWC system
  - Delays in treatment
  - Rush back to work or ignoring restrictions
  - Surgeon consulted but recommendations denied
  - Not all pathology approved

# Industrial claims

- However, many BWC patients have legitimate claims and want to get better
- Need to be fair to both patient and employer



# Thank you



Questions?

Comments?

Discussions?

