



# Massive and Irreparable Cuff Tearing: State of the Art

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# What is a massive cuff tear?

- Supraspinatus involved in 86%-100% of cuff tears
- Infrapinatus involved in **14-48%** of cuff tears

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### Arthroscopic Repair of Full-Thickness Tears of the Rotator Cuff\*

BY GARY M. GARTSMAN, M.D., MYRNA KHAN, M.S., AND STEVEN M. HAMMERMAN, M.D., HOUSTON, TEXAS

Investigation performed at Texas Orthopedic Hospital, Houston

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### Repairs of the Rotator Cuff

CORRELATION OF FUNCTIONAL RESULTS WITH INTEGRITY OF THE CUFF\*

BY DOUGLAS T. HARRYMAN, II, M.D.†, LAWRENCE A. HACK, M.D.†, KEITH Y. WANG, M.D.†, SARAH E. JACKSON, R.F.T.†, MICHAEL L. RICHARDSON, M.D.†, AND FREDERICK A. MATTHEW, III, M.D.†, SEATTLE, WASHINGTON

From the Shoulder and Elbow Service, Department of Orthopaedics, University of Washington, Seattle

### Arthroscopic Assisted Rotator Cuff Repair: Results Using a Mini-Open Deltoid Splitting Approach

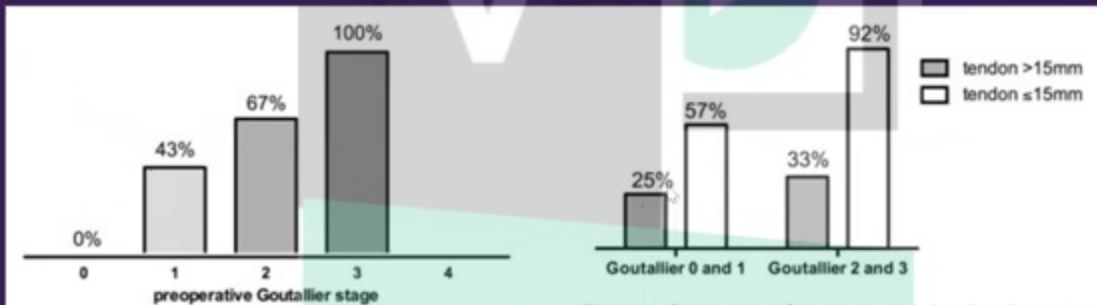
Field T. Blevins, M.D., Russell F. Warren, M.D., Charles Cavo, David W. Altchek, M.D., David Dines, M.D., George Palletta, M.D., and Thomas L. Wickiewicz, M.D.

Gartsman et al. *JBJS*. 1998.  
 Harryman et al. *JBJS*. 1991.  
 Blevins et al. *Arthroscopy*. 1996.



## Retraction of Supraspinatus Muscle and Tendon as Predictors of Success of Rotator Cuff Repair

Domink C. Meyer,\* MD, Karl Wieser,\*<sup>1</sup> MD, Mazda Farshad,\* MD, MPH, and Christian Gerber,\* MD, FRCS  
Investigation performed at Balgrist University Hospital, Zurich, Switzerland



**Figure 3.** The failure rate in different Goutallier stages independent of retraction values.

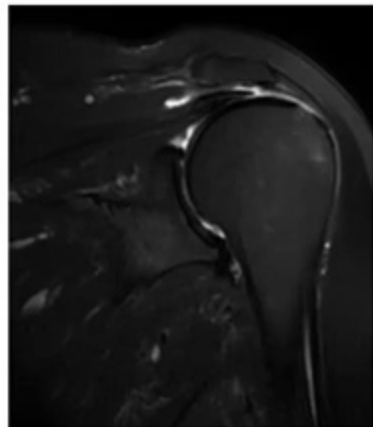
(*P* = .207). Conversely, the length of the tendon stump

**Figure 4.** Preoperative Goutallier stages 2 to 3 and a tendon length of less than 15 mm had a failure rate of 92%, but only 33% failed if the tendon length was longer than 15 mm. With Goutallier stages 0 to 1, the corresponding failure rates were 57% and 25%, respectively.



# Failed cuff repair

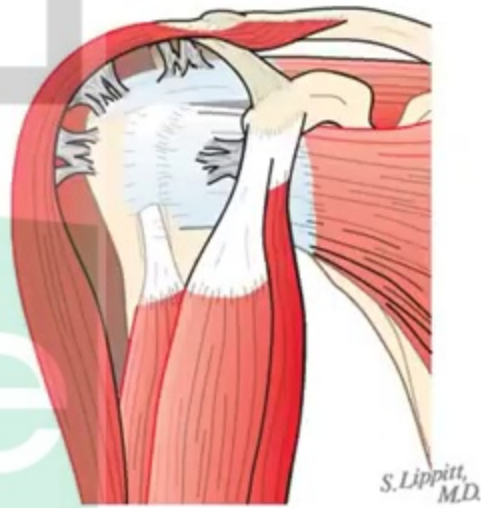
- 71 year-old female
- Increase in pain x2 months after overseas trip
- Exam
  - ROM: aFE 120 with pain, ER 60
  - Cuff: weak TDA, negative belly press
- MRI: supra-infra tear, mild atrophy



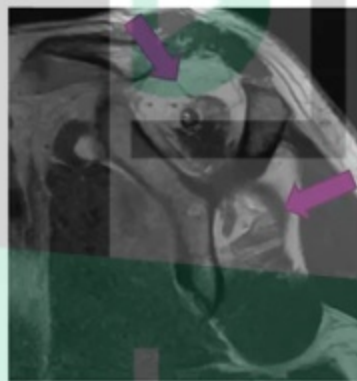
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## The Humeroscapular Motion Interface

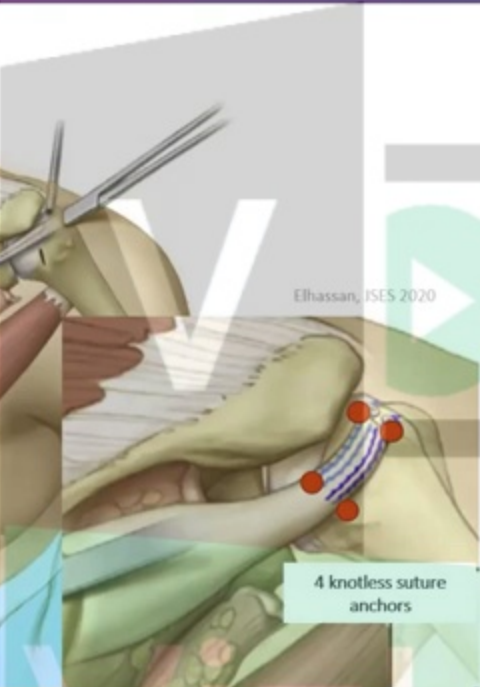
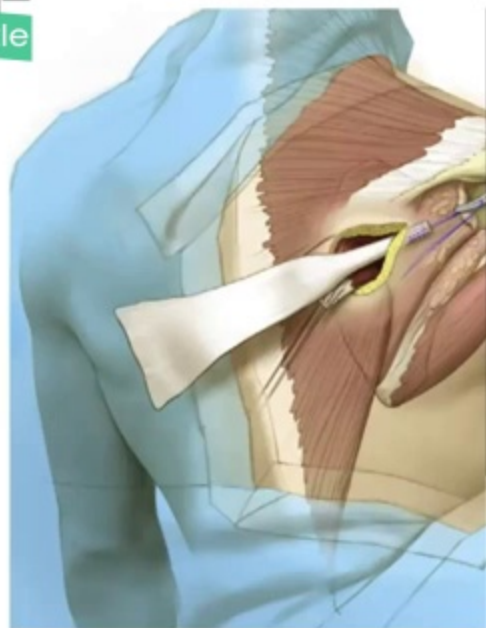
*Anthony A. Romeo, MD\**; *Todd Loutzenheiser, BS\*\**;  
*Yong Girl Rhee, MD, PhD†*; *John A. Sidles, PhD\*\**;  
*Douglas T. Harryman II, MD\*\**; and *Frederick A. Matsen III, MD\*\**



# Posterosuperior tear, failed repair in 39yo M



- ✗ Conservative management
- ✗ Debridement / "smooth and move"
  - Partial repair
  - Lower trapezius transfer
  - Latissimus dorsi transfer
  - Subacromial balloon spacer
  - Superior capsular reconstruction
  - Biological augmentation
  - CTA hemiarthroplasty
  - Reverse shoulder arthroplasty



Elhassan, ISES 2020

4 knotless suture anchors

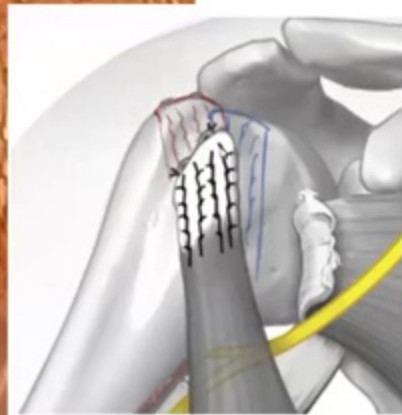


Locking stitch on tendon undersurface

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# Latissimus transfer for irreparable subscap



V  
**Thank You**



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