

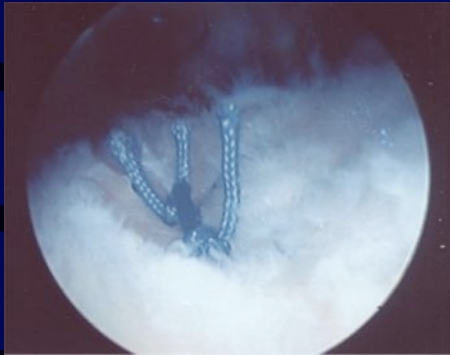
CONSENSUS

- Partial tear
 - Bursal
 - Articular
- Full thickness tear
 - Isolated
 - Large repairable
 - Unrepairable

Bursal Tear

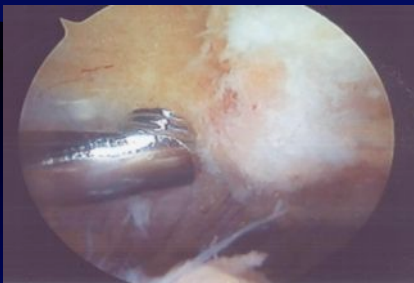
1. The quality of the result of the isolated acromioplasty decreases with the size of the tear
2. It is necessary to perform a repair of the cuff if the size of the tear $> 50\%$
3. The results of isolated acromioplasty are stable after 8 years, if the size of the tear $< 50\%$

Bursal Tear > 50%



Suture of the tear and acromioplasty

Bursal Tear < 50%



acromioplasty

Articular-side Tear



All the tears get worse with time !!

Tear < 50%



Shaving or Suture
of the tear and
acromioplasty
(age-dependent)

Tear > 50%



Suture of the tear and
acromioplasty

Full thickness tears

- Repair and results will depend on:
 - Size of tear
 - Muscle quality (atrophy & fatty degeneration)
 - Direction in which tendon can be repositioned
 - Position of anchors
 - Adequate footprint

Arthroscopic Repair of Supraspinatus Tears

- The rate of complete tendon healing with arthroscopic technique is equivalent to those reported with open or mini-open techniques
- Absence of healing or incomplete healing does not compromise functional results & patient's satisfaction
- Strength is significantly better if the tendon heals (factor \pm x2)
- Old patients, over 65 years, have only 40% chance of tendon healing

PRO suture

- Better strength
- Diminishes risk of enlargement of tear
- Restore suspension bridge
- Tissue interposition and thus less pain
- If technically possible, why not do it
- Single or double row ?



PRO debridement, ASD, Biceps tenotomy or tenodesis

- Elderly
- Unreparable cuff (tendon, muscle quality)
- Quality of infraspinatus (Walch)