

Management of Rotator Cuff Pathology

Appropriate Use Criteria

Adapted by:

The American Academy of Orthopaedic Surgeons Board of Directors
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Disclaimer

Volunteer physicians from multiple medical specialties created and categorized these Appropriate Use Criteria. These Appropriate Use Criteria are not intended to be comprehensive or a fixed protocol, as some patients may require more or less treatment or different means of diagnosis. These Appropriate Use Criteria represent patients and situations that clinicians treating or diagnosing musculoskeletal conditions are most likely to encounter. The clinician's independent medical judgment, given the individual patient's clinical circumstances, should always determine patient care and treatment.

Disclosure Requirement

In accordance with American Academy of Orthopaedic Surgeons (AAOS) policy, all individuals whose names appear as authors or contributors to this document filed a disclosure statement as part of the submission process. All authors provided full disclosure of potential conflicts of interest prior to participation in the development of these Appropriate Use Criteria. Disclosure information for all panel members can be found in Appendix B.

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FDA Clearance

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To view the clinical practice guideline for this topic, please visit

<http://www.orthoguidelines.org/topic?id=1051>

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INTRODUCTION

AUC OVERVIEW

AAOS have developed this Appropriate Use Criteria (AUC) to determine appropriateness of treatments for rotator cuff pathologies. An “appropriate” healthcare service is one for which the expected health benefits exceed the expected negative consequences by a sufficiently wide margin.¹ Evidence-based information, in conjunction with the clinical expertise of physicians from multiple medical specialties, was used to develop the criteria in order to improve patient care and obtain the best outcomes while considering the subtleties and distinctions necessary in making clinical decisions. To provide the evidence foundation for this AUC, the AAOS Department of Clinical Quality and Value provided the writing panel and rating panel with the AAOS Clinical Practice Guideline on The Management of Rotator Cuff Injuries, which can be accessed via the following link:
<http://www.orthoguidelines.org/topic?id=1051>.

The purpose of this AUC is to help determine the appropriateness of clinical practice guideline recommendations for the heterogeneous patient population routinely seen in practice. The best available scientific evidence is synthesized with collective expert opinion on topics where gold standard randomized clinical trials are not available or are inadequately detailed for identifying distinct patient types. When there is evidence corroborated by consensus that expected benefits substantially outweigh potential risks, exclusive of cost, a procedure is determined to be appropriate. The AAOS uses the RAND/UCLA Appropriateness Method (RAM) to assess the appropriateness of a particular treatment.¹ This process includes reviewing the results of the evidence analysis, compiling a list of clinical vignettes, and having an expert panel comprised of representatives from multiple medical specialties to determine the appropriateness of each of the clinical indications for treatment as “Appropriate,” “May be Appropriate,” or “Rarely Appropriate.” To access

a more user-friendly version of the appropriate use criteria for this topic online, please visit our AUC web-based application at www.orthoguidelines.org/auc or download the OrthoGuidelines app from Google Play or Apple Store.

These criteria should not be construed as including all indications or excluding indications reasonably directed to obtaining the same results. The criteria intend to address the most common clinical scenarios facing qualified physicians managing patients with rotator cuff injuries. The ultimate judgment regarding any specific criteria should address all circumstances presented by the patient and the needs and resources particular to the locality or institution. It is also important to state that these criteria are not meant to supersede clinician expertise and experience or patient preference.

INTERPRETING THE APPROPRIATENESS RATING

To prevent misuse of these criteria, it is extremely important that the user of this document understands how to interpret the appropriateness ratings. The appropriateness rating scale ranges from one to nine and there are three main range categories that determine how the median rating is defined (i.e., 1-3 = “Rarely Appropriate”, 4-6 = “May Be Appropriate”, and 7-9 = “Appropriate”). Before these AUCs are consulted, the user should read through and understand all contents of this document.

DISEASE OVERVIEW

BURDEN OF DISEASE

Shoulder disease is a major cause of musculoskeletal disability in the United States. Chronic shoulder pain has been estimated to affect approximately 8% of all American adults, second only to chronic knee pain in our society’s burden of musculoskeletal disease. Rotator cuff pathology is the leading cause of shoulder-related disability seen by orthopaedic surgeons, and surgical volume is on the rise.² One study, for example, notes a 141% increase in rotator cuff

repairs from 1996 to 2006 in the United States.³ When reviewing the costs of rotator cuff repair, Mather et. al. report that approximately 250,000 rotator cuff repairs are performed annually in the U.S with accumulated societal savings estimated to total \$13,771 per patient over their lifetime as well as a mean difference in quality-adjusted life years (QUALYs) of 0.62, compared to nonoperative treatment. The study investigates direct and indirect costs as viewed from a societal perspective, as opposed to hospital or orthopaedic practice, defining direct costs as those associated with diagnosis and treatment based on national average Medicare reimbursements, and indirect costs as lost income due to inability to work or lower wages, missed workdays, and disability payments.⁴ This ultimately calculates to a lifetime societal savings of \$3,442,750,000, indicating that rotator cuff repair can be a cost-effective option for patients who may require this treatment.

ETIOLOGY

Rotator cuff tears have two main causes: injury and degeneration. Acute tears are usually due to injury. This type of tear can occur in isolation or with other shoulder injuries, such as a broken collarbone or dislocated shoulder. Degenerative tears are more common and are the result of a degradation of the tendon that occurs slowly over time. This degeneration naturally occurs as we age. Rotator cuff tears are more common in the dominant arm.⁵

INCIDENCE AND PREVALENCE

Approximately 4.5 million patient visits related to shoulder pain occur each year in the United States. More than two-thirds of patients treated with rotator cuff repair are of working age. The prevalence of rotator cuff tears increases with age, with 54% of asymptomatic patients aged 60 years and greater having sustained either a partial

or complete rotator cuff tear (RCT) on magnetic resonance imaging.⁶ Ultrasound (US) studies by Tempelhof et al. reveal that 13% of individuals in their fifth decade, 20% in their sixth decade, and 31% in their seventh decade of life have RCTs.⁷ From their study on 306 cadavers with an average age of 59 years, Lohr and Uhthoff noted a 19.9% and 32% prevalence of full- and partial-thickness tears, respectively.⁸ Not all of these tears are symptomatic.

RISK FACTORS

Because most rotator cuff tears are largely caused by the normal wear and tear that goes along with aging, people over 40 are at greater risk. People who do repetitive lifting or overhead activities, e.g. painters and carpenters, are also at higher risk for rotator cuff tears. Athletes are especially vulnerable to overuse tears, particularly in the setting of repetitive microtrauma as observed in tennis players and baseball pitchers. Although overuse tears caused by sports activity or overhead work also occur in younger people, most tears in young adults are caused by a traumatic injury, like a fall or shoulder dislocation.⁵

POTENTIAL BENEFITS, HARMS, AND CONTRAINDICATIONS

There are risks associated with both operative and non-operative treatment of rotator cuff injuries. For example, surgical complications include infection, stiffness, and potentially increased recovery time, and non-operative complications include potential increased structural damage over time and possible functional limitations. Treatment contraindications vary widely based on the specific condition and individual patient characteristics. Contraindications vary widely based on the treatment and the patient.

METHODS

This AUC is an update on the AAOS 2020 Management of Rotator Cuff Pathology AUC, and is based on a review of the available literature and a list of clinical scenarios (i.e., criteria) constructed and rated by experts in orthopaedic surgery and other relevant medical fields. This section describes the methods adapted from RAM.¹ This section also includes the activities and compositions of the various panels that developed, defined, reviewed, and rated the criteria.

Two panels participated in the development of the Management of Rotator Cuff Pathology AUC, a writing panel and a rating panel. Members of the writing panel developed a list of patient scenarios and relevant treatment options. Additional detail on how the writing panel developed the patient scenarios and treatments is discussed in the next section. The rating panel participated in two rounds of rating. Treatment ratings for “Physical therapy (formal or supervised home-based) +/- single corticosteroid injection”, “Repair” and “Arthroplasty” have been reissued and remain as determined by the 2020 Rating Panel credited above. During the first round, the rating panel was given approximately one month to independently rate the appropriateness of each of the other treatments for each of the relevant patient scenarios as ‘Appropriate’, ‘May Be Appropriate’, or ‘Rarely Appropriate’ via an electronic ballot. How the rating panel rates for appropriateness is described in more detailed below. After the first round of appropriateness ratings were submitted, AAOS staff calculated the median ratings for each patient scenario and specific treatment. A virtual rating panel meeting was held on Tuesday, January 28, 2026. During this meeting rating panel members addressed the scenarios/treatments which resulted in disagreement from round one rating. The rating panel members discussed the list of assumptions, patient indications, and treatments to identify areas that needed to be clarified/edited. After the discussion and subsequent changes, the group was asked to rerate their first-round ratings during the rating panel meeting, only if they were persuaded to do so by the discussion and available evidence. There was no attempt to obtain consensus about

appropriateness.

The AAOS Committee on Evidence Based Quality and Value, the AAOS Research and Quality Council, and the AAOS Board of Directors sequentially approve all AAOS AUC.

DEVELOPING CRITERIA

Panel members of the Management of Rotator Cuff Pathology AUC developed patient scenarios using the following guiding principles:

1. **Comprehensive** – Covers a wide range of patients.
2. **Mutually Exclusive** - There should be no overlap between patient scenarios/indications.
3. **Homogenous** –The final ratings should result in equal application within each of the patient scenarios.
4. **Manageable** – Number of total rating items (i.e., # of patient scenarios x # of treatments) should be practical for the rating panel. Target number of total rating items should be >1500. This means that not all patient indications and treatments can be assessed within one AUC.

The writing panel developed the scenarios by categorizing patients in terms of indications evident during the clinical decision-making process. These scenarios relied upon definitions and general assumptions, mutually agreed upon by the writing panel during the development of the scenarios. These definitions and assumptions were necessary to provide consistency in the interpretation of the clinical scenarios among experts rating on the scenarios, and readers using the final criteria.

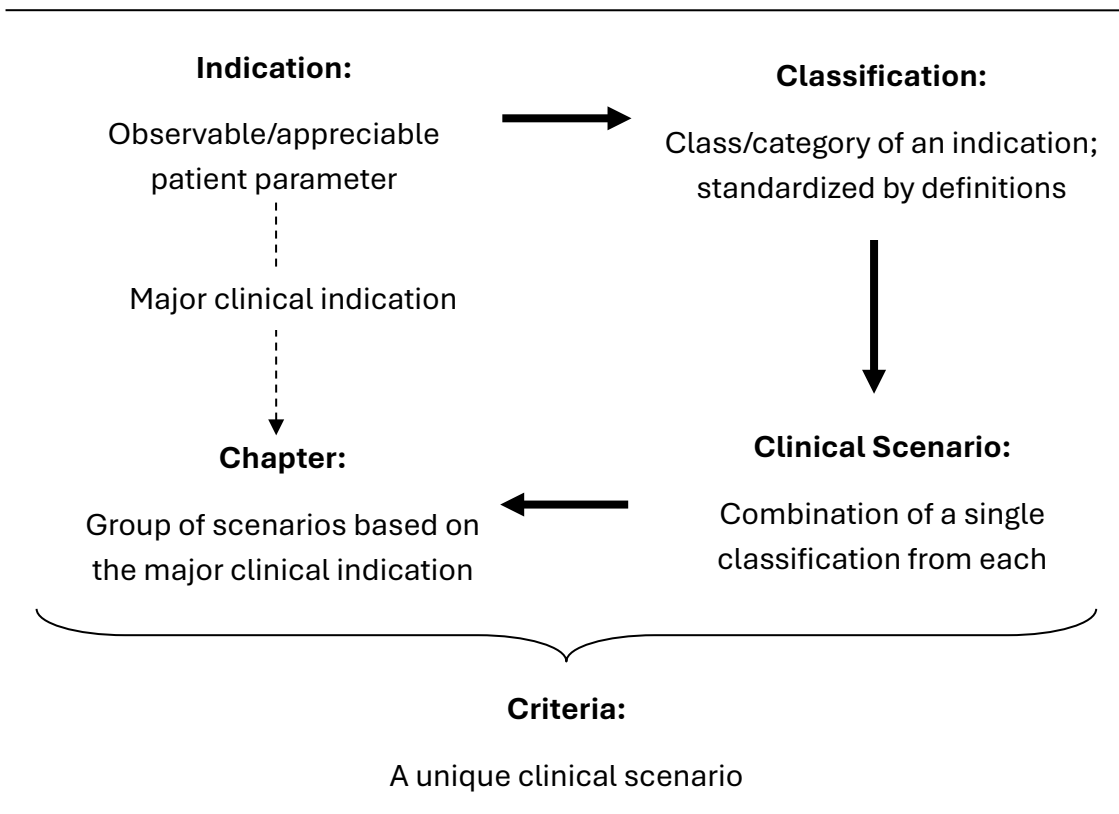
FORMULATING INDICATIONS AND SCENARIOS

The AUC writing panel began the development of the scenarios by identifying clinical indications typical of orthopaedic patients commonly presenting with rotator cuff pathology in clinical practice. Indications are most often parameters observable by the clinician, including symptoms or results of diagnostic tests. Additionally, “human factor” (e.g., activity level) or demographic variables can be considered.

Indications identified in clinical trials, derived from patient selection criteria, included in AAOS Clinical Practice Guidelines (<http://www.orthoguidelines.org/topic?id=1051>), served as a starting point for the writing panel, as well as ensured that these AUCs referenced the evidence base for this topic. The writing panel considered this initial list and other indications based on their clinical expertise and selected the most clinically relevant indications. The writing panel then defined distinct classes for each indication to stratify/categorize the indication.

The writing panel organized these indications into a matrix of clinical scenarios that addressed all combinations of the classifications. The writing panel was given the opportunity to remove any scenarios that rarely occur in clinical practice but agreed that all scenarios were clinically relevant. The major clinical decision-making indications chosen by the writing panel divided the matrix of clinical scenarios into chapters, as follows: Tear Size, Presentation, Symptom Severity, Identifiable Factors That Negatively Affect Healing or Outcomes, Atrophy/Fatty Infiltration, and Response to Previous Treatment

FIGURE 1. DEVELOPING CRITERIA



CREATING DEFINITIONS AND ASSUMPTIONS

The Management of Rotator Cuff Pathology AUC writing panel constructed concise and explicit definitions for the indications and classifications. This standardization helps ensure that the way the writing panel defined the patient indications is consistent among those reading the clinical scenario matrix or the final criteria. Definitions create explicit boundaries when possible and are based on standard medical practice or existing literature.

Additionally, the writing panel formulated a list of general assumptions in order to provide more consistent interpretations of a scenario. These assumptions differed from definitions in that they identified circumstances that exist outside of the control of the clinical decision-making process. Assumptions also address the use of existing published literature regarding the effectiveness of treatment and/or the procedural skill level of physicians. Assumptions also highlight intrinsic methods described in this document such as the role of cost considerations in rating appropriateness, or the validity of the definition of appropriateness. The main goal of assumptions is to focus scenarios so that they apply to the average patient presenting to an average physician at an average facility.

The definitions and assumptions should provide all readers with a common starting point in interpreting the clinical scenarios. The list of definitions and assumptions accompanied the matrix of clinical scenarios in all stages of AUC development and appears in the Writing Panel section of this document.

LITERATURE REVIEW

The Clinical Practice Guideline on the Management of Rotator Cuff Injuries, was used as the evidence base for this AUC (see here: <http://www.orthoguidelines.org/topic?id=1051>).⁹ This guideline helped to inform the decisions of the writing panel and rating panel where available and necessary.

RATING PANEL MODIFICATIONS TO WRITING PANEL DOCUMENT

At the start of the rating panel meeting, the rating panel was reminded that they could amend the original writing panel materials if the amendments resulted in more clinically relevant and practical criteria. To amend the original materials, a rating panel member must make a motion to amend and another member must “second” that motion, after which a vote is conducted. If the majority of rating panel members voted “yes” to amend the original materials, the amendments were accepted.

DETERMINING APPROPRIATENESS

RATING PANEL

As mentioned above, a multidisciplinary panel of clinicians was assembled to determine the appropriateness of treatments for the Management of Rotator Cuff Pathology AUC. A non-rating moderator, who is an orthopaedic surgeon, moderated the rating panel. The moderator was familiar with the methods and procedures of AAOS Appropriate Use Criteria and led the panel (as a non-rater) in discussions. Additionally, no member of the rating panel was involved in the development, i.e., writing panel, of the scenarios.

The rating panel used a modified Delphi procedure to determine appropriateness ratings. The rating panel participated in two rounds of rating while considering evidence-based information provided in the literature review

RATING APPROPRIATENESS

When rating the appropriateness of a scenario, the rating panel considered the following definition: An appropriate procedural step for a patient seeking care is one for which the procedure **is** generally acceptable, **is** a reasonable approach for the indication, and **is** likely to improve the patient’s health outcomes or survival.

The rating panel rated each scenario using their best clinical judgment, taking into consideration the available evidence, for an average patient presenting to an average physician at an average facility as detailed in Figure 2.

FIGURE 2. INTERPRETING THE 9-POINT APPROPRIATENESS SCALE

Rating	Explanation
7-9	<p style="text-align: center;">Appropriate:</p> <p>Appropriate for the indication provided, meaning treatment is generally acceptable and is a reasonable approach for the indication and is likely to improve the patient’s health outcomes or survival.</p>
4-6	<p style="text-align: center;">May Be Appropriate:</p> <p>Uncertain for the indication provided, meaning treatment may be acceptable and may be a reasonable approach for the indication, but with uncertainty implying that more research and/or patient information is needed to further classify the indication.</p>
1-3	<p style="text-align: center;">Rarely Appropriate:</p> <p>Rarely an appropriate option for management of patients in this population due to the lack of a clear benefit/risk advantage; rarely an effective option for individual care plans; exceptions should have documentation of the clinical reasons for proceeding with this care option (i.e., procedure is not generally acceptable and is not generally reasonable for the indication).</p>

ROUND ONE RATING

The first round of rating occurred after approval of the final indications, scenarios, and assumptions by the writing panel. The rating panel rated the scenarios electronically using the AAOS AUC Electronic Ballot Tool, a personalized ballot created by AAOS staff. There was no interaction between rating panel members while completing the first round of rating. Panelists considered the following materials:

- The instructions for rating appropriateness
- The completed literature review, that is appropriately referenced when evidence is available for a scenario
- The list of indications, definitions, and assumptions, to ensure consistency in the interpretation of the clinical scenarios

ROUND TWO RATING

The second round of rating occurred after the virtual rating panel meeting on April 1, 2025. Prior

to the meeting, each rating panelist received a personalized document that included his/her first-round ratings along with summarized results of the first-round ratings that resulted in disagreement. These results indicated the frequency of ratings for a scenario for all panelists. The document contained no identifying information for other panelists’ ratings. The moderator also used a document that summarized the results of the panelists’ first round rating. These personalized documents served as the basis for discussions of scenarios which resulted in disagreement.

During the discussion, the rating panel members were allowed to add or edit the assumptions list, patient indications, and/or treatments if clarification was needed. Rating panel members were also able to record a new rating for any scenarios/treatments, if they were persuaded to do so by the discussion and/or the evidence. There was no attempt to obtain consensus among the panel members. After the final ratings were submitted, AAOS staff used the AAOS AUC Electronic Ballot Tool to export the median values and level of agreement for all rating items.

FINAL RATINGS

Using the median value of the second-round ratings, AAOS staff determined the final levels of appropriateness. Disagreement among raters can affect the final rating. Agreement and disagreement were determined using the BIOMED definitions of Agreement and Disagreement, as reported in the RAND/UCLA Appropriate Method User’s Manual, for a panel of 8-10 rating members (Figure 3).¹ The 8-10 panel member disagreement cutoff was used for this rating panel. For this panel size, disagreement is defined as when ≥ 3

members’ appropriateness ratings fell within the appropriate (7-9) and rarely appropriate (1-3) ranges for any scenario (i.e., ≥ 3 members’ ratings fell between 1-3 and ≥ 3 members’ ratings fell between 7-9 on any given scenario and its treatment). Agreement is defined as ≤ 2 panelists rating outside of the 3-point range containing the median. If there is disagreement in the rating panel ratings after the last round of rating, that rating item is labeled as “5” regardless of median score. The classifications presented in figure 4 determined final levels of appropriateness.

FIGURE 3. DEFINING AGREEMENT AND DISAGREEMENT FOR APPROPRIATENESS RATINGS

Panel Size	<u>Disagreement</u>	<u>Agreement</u>
	Number of panelists rating in each extreme (1-3 and 7-9)	Number of panelists rating outside the 3-point region containing the median (1-3, 4-6, 7-9)
8,9,10	≥ 3	≤ 2
11,12,13	≥ 4	≤ 3
14,15,16	≥ 5	≤ 4
17,18,19	≥ 6	≤ 5

Adapted from RAND/UCLA Appropriate Method User’s Manual¹

FIGURE 4. INTERPRETING FINAL RATINGS OF CRITERIA

Level of Appropriateness	Description
Appropriate	<ul style="list-style-type: none"> • Median panel rating between 7-9 and no disagreement
May Be Appropriate	<ul style="list-style-type: none"> • Median panel rating between 4-6 or • Median panel rating 1-9 with disagreement
Rarely Appropriate	<ul style="list-style-type: none"> • Median panel rating between 1-3 and no disagreement

REVISION PLANS

These criteria represent a cross-sectional view of current methods of care for patients with rotator cuff injury and may become outdated as new evidence becomes available or clinical decision-making indicators are improved. In accordance with guideline and appropriate use criteria standards, AAOS will update or withdraw these criteria in five years. AAOS will issue updates in accordance with new evidence, changing practice, rapidly emerging treatment options, and new technology.

DISSEMINATING APPROPRIATE USE CRITERIA



All AAOS AUCs can be accessed via a user-friendly app that is available via the OrthoGuidelines website (www.orthoguidelines.org/auc) or as a native app via the Apple and Google Play stores.

Publication of the AUC document is on the AAOS website at [<https://www.aaos.org/quality/quality-programs/>]. This document provides interested

readers with full documentation about the development of Appropriate Use Criteria and further details of the criteria ratings.

AUCs are first announced by an Academy press release and then published on the AAOS website. AUC summaries are published in *AAOS Now* and the *Journal of the American Academy of Orthopaedic Surgeons (JAAOS)*. AUCs may also be promoted via JAAOS' Unplugged podcast. In addition, most appropriate use criteria are promoted at the AAOS Annual Meeting in the Resource Center.

The dissemination efforts of AUCs may include the AAOS Learning Management Systems (LMS), AAOS' Education by Specialty Area pages, webinars, and media briefings. In addition, AUCs are also promoted in relevant Continuing Medical Education (CME) courses. Specialty Societies that participated in the development of the AUC are invited to endorse the AUC and share the links to the online tool and full AUC pdf to their membership via their websites.

Other dissemination efforts outside of the AAOS include submitting AUCs to the Guidelines International Network and to other medical specialty societies' meetings.

ASSUMPTIONS, PATIENT INDICATIONS AND TREATMENTS

ASSUMPTIONS

The purpose of this AUC is to report on the optimal management of symptomatic full-thickness rotator cuff tears based on expert experience and review of the literature as an appropriate use document for AAOS members, assuming the patient has sufficient pain and/or dysfunction that they are seeking out the opinion of an orthopaedist and that the treating clinician is trained and capable of effectively performing the recommended treatment(s). This AUC is not meant to be used as a standalone algorithm and should be used in conjunction with clinical evaluation, clinician judgment, and patient preference. Confounding factors and concurrent diagnoses may alter the treatment. The target patient group is assumed to have a clinical history (i.e. anterolateral shoulder pain not radiating past the elbow), physical examination (e.g. weakness with testing rotator cuff strength, positive lift off or belly press test, external rotation lag, positive drop arm test, and/or pain relief but sustained weakness after impingement test), and imaging findings (i.e. MRI or ultrasound) all consistent with a full-thickness rotator cuff tear. This exercise implies that imaging results have been obtained for treatment decision purposes. This does not imply that this document recommends an MRI be obtained in all scenarios. Several caveats and confounding variables must be addressed before the physician can start applying these criteria to treat their patients. Rotator cuff tears can present in an acute or chronic fashion.

The clinician has to take a full history, as well as conduct a thorough physical exam. Pain patterns that do not fit or are suggestive of other pathologies need to be assessed, i.e. radiculopathy. The physical exam should include assessment of potential alternative pathologies with a similar presentation (adhesive capsulitis) that may exist separately from or concurrently with rotator cuff pathology.

It is assumed that the patient scenarios are a snapshot in time. The patient scenarios do not account for changes in symptoms and other findings that may occur during follow-up. That is, a patient presenting initially in one scenario may subsequently present in a different scenario on follow-up. Furthermore, the AUC voting panel acknowledges that each AUC scenario is a generalization based only on a handful of prognostic factors and only these factors were considered when voting was conducted. Additional factors that were not considered, such as patient age or participation in professional sports, might drastically alter the vote for any specific patient scenario.

For surgical candidates with any other concomitant diagnoses, such as biceps tendonitis, labral fraying/tearing, and acromioclavicular arthritis with osteophytes, these appropriate use criteria may still be applicable if the candidate meets both of the following conditions:

1. After the history, exam, and imaging review, the clinician determines that the rotator cuff tear accounts for the majority of the symptoms.

2. Treatment of this secondary pathology is necessary as part of the surgical procedure to treat potential pain generators and relieve pathology that may deteriorate the surgical outcome.

Ultimately, the treating physician needs to a) tailor the treatment to the severity of the symptoms as described by the patient and appreciated through the history and b) use their expertise, knowledge, and experience to treat the individual patient with the optimal management (considering patient's expectations) for that particular patient after discussing the options with the patient.

CONDITIONS NOT COVERED WITHIN THIS DOCUMENT

These conditions listed below are specifically not addressed in this AUC, there is no comment regarding recommendations for treatment or non-treatment for these patients:

- Rotator cuff re-tears/history of previous rotator cuff repair
- Partial-thickness tears or rotator cuff tendonitis/ rotator cuff bursitis
- Secondary diagnosis that the surgeon determines is more likely to be the relevant pathology creating pain such as:
 - Glenohumeral Arthrosis
 - Calcific tendinitis
 - Plexopathy, radiculopathy or muscle weakness from SSN nerve compression
 - Isolated clinically symptomatic AC joint arthritis

Definitions

- Repair in the treatments list of this tool can include single and double row, mini-open, and arthroscopic
- Repair with graft or biologic scaffold in the treatments list of this tool does not include PRP, marrow stimulation, or BMAC

Disclaimer

Volunteer physicians from multiple medical specialties created and categorized these Appropriate Use Criteria. These Appropriate Use Criteria are not intended to be comprehensive or a fixed protocol, as some patients may require more or less treatment or different means of diagnosis. These Appropriate Use Criteria represent patients and situations that clinicians treating or diagnosing musculoskeletal conditions are most likely to encounter. The clinician's independent medical judgment, given the individual patient's clinical circumstances, should always determine patient care and treatment. Practitioners are advised to consider management options in the context of their own training and background and institutional capabilities when selecting recommended treatment options.

INDICATIONS

Tear Size

- C1-C2: Small or Medium full-thickness defect <3cm in any direction
- C3: Large, full-thickness defect 3-5 cm in any direction
- C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm

Presentation

- Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months)
- Acute event on Chronic degenerative tear
- Chronic

Symptom Severity

- Mild Symptom Severity
 - *ADL: Can perform with some pain at previous level*
 - *Work/activities that require overhead motion or lifting away from body: Can perform with some pain at previous level*
 - *Recreation/Hobbies/ Sports: Can perform with some pain at previous level*
 - *Sleep/Rest: Only occasional disruption, largely good sleep, good rest*
 - *Pain at rest: Absent*
 - *Active Range of Motion: Full Functional, Complete flexion arc/able to maintain full flexion*
 - *Weakness: Mild*
- Moderate Symptom Severity
 - *ADL: Painful, notes restrictions with certain ADL's*
 - *Work/activities that require overhead motion or lifting away from body: Painful, cannot perform at previous level, requires restrictions*
 - *Recreation/Hobbies/ Sports: Painful, cannot perform at previous level*
 - *Sleep/Rest: Affected significantly, needs medications to sleep, wakes up often, does not get rest as before*
 - *Pain at rest: Absent or rare, not significant complaint*
 - *Active Range of Motion: More than half, Ability to lift to 90*
 - *Weakness: Moderate*
- Severe Symptom Severity
 - *ADL: Painful with almost all ADL's*
 - *Work/activities that require overhead motion or lifting away from body: Painful, can't perform any labor with that arm, can't lift arm/ pseudoparalysis*
 - *Recreation/Hobbies/ Sports: Has to give up*
 - *Sleep/Rest: Sleep and rest are poor, requires narcotics*
 - *Pain at rest: Present, can never get quite pain free or comfortable, needs narcotics*
 - *Active Range of Motion: Half or less*
 - *Weakness: Profound, Drop arm sign+*

Identifiable Factors that Negatively Affect Healing or Outcome

- Identifiable Factors that Negatively Affect Healing or Outcome Present
- No Identifiable Factors that Negatively Affect Healing or Outcome

Atrophy/Fatty Infiltration

- G 0-2
- G 3-4

Response to Previous Treatment

- No Response to Previous Treatment
- No prior treatment

TREATMENTS

- Physical therapy (formal or supervised home-based) +/- single corticosteroid injection
- Repair
- Repair with graft or biologic scaffold
- Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/
/debridement)
- Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, Tendon
Transfer
- Arthroplasty

FINAL APPROPRIATENESS RATINGS

For a user-friendly version of these appropriate use criteria, please access our AUC web-based application at www.orthoguidelines.org/auc. The OrthoGuidelines native app can also be downloaded via the Apple or Google Play stores.

Web-Based AUC Application Screenshot

INDICATION PROFILE	PROCEDURE RECOMMENDATIONS
<p>Tear Size i</p> <p><input checked="" type="radio"/> C1-C2: Small or Medium full-thickness defect <3cm in any direction</p> <p><input type="radio"/> C3: Large, full-thickness defect 3-5 cm in any direction</p> <p><input type="radio"/> C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm</p>	<p><input checked="" type="checkbox"/> Physical therapy (formal or supervised home-based) +/- single corticosteroid injection + 8</p>
<p>Presentation</p> <p><input checked="" type="radio"/> Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months)</p> <p><input type="radio"/> Acute Event on Chronic Degenerative Tear</p> <p><input type="radio"/> Chronic</p>	<p><input checked="" type="checkbox"/> Repair + 8</p>
<p>Symptom Severity</p> <p><input checked="" type="radio"/> Mild Symptom Severity</p> <p><input type="radio"/> Moderate Symptom Severity</p> <p><input type="radio"/> Severe Symptom Severity</p>	<p><input type="checkbox"/> Repair with graft or biologic scaffold - 5</p>
<p>Identifiable Factors That Negatively Affect Healing or Outcomes</p> <p><input checked="" type="radio"/> Identifiable Factors that Negatively Affect Healing or Outcome Present</p> <p><input type="radio"/> No Identifiable Factors that Negatively Affect Healing or Outcome</p>	<p><input type="checkbox"/> Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement) + 2</p>
<p>Atrophy/Fatty Infiltration</p> <p><input checked="" type="radio"/> G 0-2</p> <p><input type="radio"/> G 3-4</p>	<p><input type="checkbox"/> Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer + 2</p>
<p>Response to Previous Treatment</p> <p><input checked="" type="radio"/> No Response to Previous Treatment</p> <p><input type="radio"/> No Prior Treatment</p>	<p><input type="checkbox"/> Arthroplasty + 1</p>

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RESULTS

The following Appropriate Use Criteria tables contain the final appropriateness ratings assigned by the members of the rating panel. Patient characteristics are found under the column titled “Scenario”. The Appropriate Use Criteria for each patient scenario can be found next to the corresponding the treatment rows. These criteria are formatted by appropriateness, median rating, and + or - indicating agreement or disagreement amongst the rating panel, respectively.

Out of 1,296 total rating items, 443 (34.2%) rating items were rated as “Appropriate”, 559 (43.1%) rating items were rated as “May Be Appropriate”, and 294 (22.7%) rating items were rated as “Rarely Appropriate” (Figure 5). Additionally, the rating panel members were in statistical agreement on 397 (30.6%) rating items and statistical disagreement on 190 (14.7%) rating items (Figure 6). 709 (54.7%) items did not reach agreement nor disagreement. The distribution of appropriateness ratings on the 9-point scale can be seen in Figure 7.

FIGURE 5. BREAKDOWN OF APPROPRIATENESS RATINGS

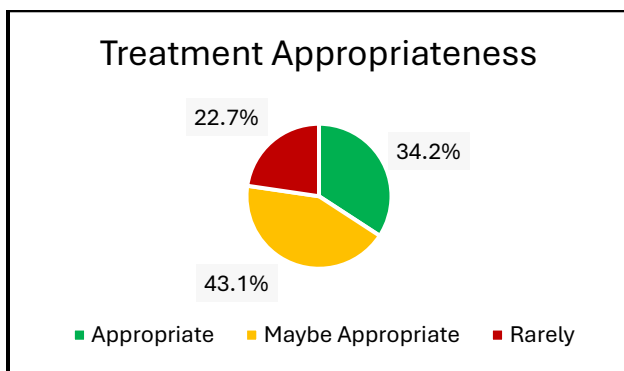


FIGURE 6. BREAKDOWN OF AGREEMENT AMONGST RATING PANEL

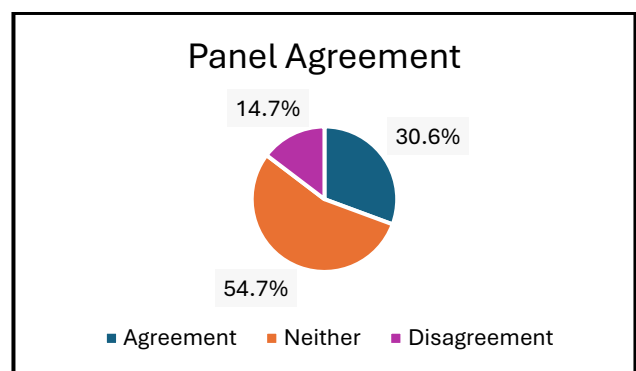
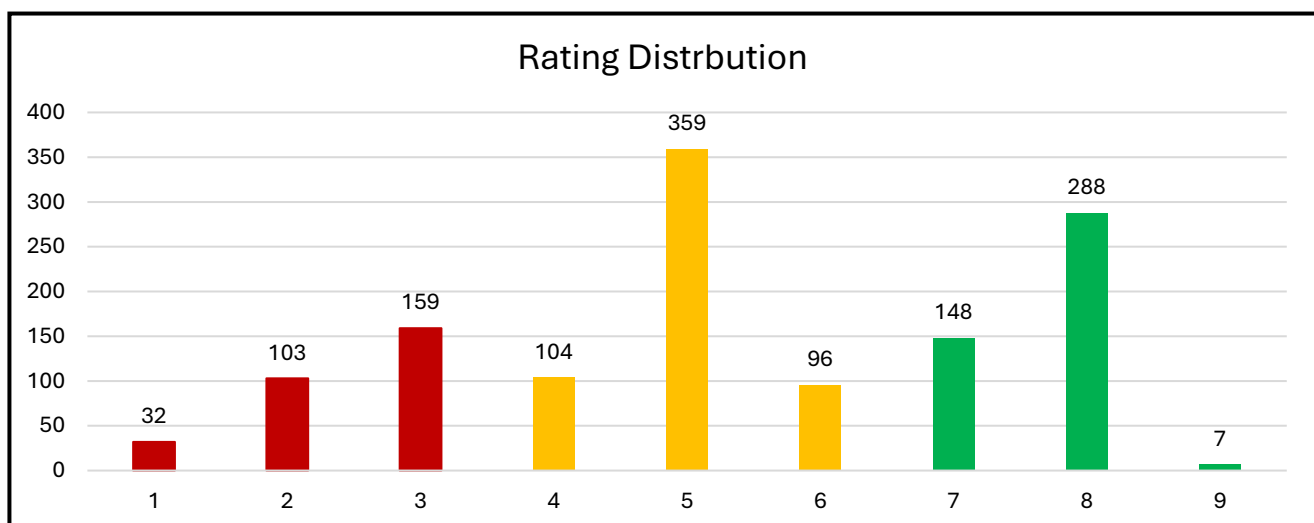


FIGURE 7. DISTRIBUTION OF APPROPRIATENESS ON 9-POINT RATING SCALE



APPROPRIATENESS RATINGS BY PATIENT SCENARIO

Interpreting the AUC tables:

- Each scenario grouping reports the associated appropriateness rating (i.e., Appropriate, May Be Appropriate, or Rarely Appropriate) of each treatment, followed by the median panel rating, and the panel's agreement in parentheses.

SCENARIO	Treatment	Appropriateness Rating
Scenario 1: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Mild Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 2(+)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	Rarely Appropriate, 2(+)
	Arthroplasty	Rarely Appropriate, 1(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 2: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Mild Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 2(+)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	Rarely Appropriate, 2(+)
	Arthroplasty	Rarely Appropriate, 1(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 3: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Mild Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 4: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Mild Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 5

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 5: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Mild Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 2(+)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	Rarely Appropriate, 2(+)
	Arthroplasty	Rarely Appropriate, 1(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 6: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Mild Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	Rarely Appropriate, 3

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3(+)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	Rarely Appropriate, 3(+)
	Arthroplasty	Rarely Appropriate, 1(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 7: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Mild Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8
	Repair with graft or biologic scaffold	May Be Appropriate, 5
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Rarely Appropriate, 1(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 8: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Mild Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 4

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 4
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberooplasty, tendon transfer	May Be Appropriate, 4
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 9: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Moderate Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 2(+)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberooplasty, tendon transfer	Rarely Appropriate, 2(+)
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 10: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Moderate Symptom Severity; Identifiable Factors that Negatively Affect	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)

Healing or Outcome Present; G 0-2; No Prior Treatment	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 2(+)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	Rarely Appropriate, 2(+)
	Arthroplasty	Rarely Appropriate, 1(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 11: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Moderate Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 4
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 12: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Moderate Symptom Severity; Identifiable Factors that Negatively Affect	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 4

Healing or Outcome Present; G 3-4; No Prior Treatment	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 13: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Moderate Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 2(+)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	Rarely Appropriate, 2(+)
	Arthroplasty	Rarely Appropriate, 1(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 14: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Moderate Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3(+)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	Rarely Appropriate, 3(+)
	Arthroplasty	Rarely Appropriate, 1(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 15: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Moderate Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5(-)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 16: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Moderate Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 5

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 17: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Severe Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 2(+)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	Rarely Appropriate, 2(+)
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 18: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Severe Symptom Severity; Identifiable Factors that Negatively Affect	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)

Healing or Outcome Present; G 0-2; No Prior Treatment	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 2(+)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	Rarely Appropriate, 2(+)
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 19: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Severe Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 5
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 20: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Severe Symptom Severity; Identifiable Factors that Negatively Affect	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 5

Healing or Outcome Present; G 3-4; No Prior Treatment	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 21: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Severe Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 2(+)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	Rarely Appropriate, 2(+)
	Arthroplasty	Rarely Appropriate, 1(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 22: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Severe Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 2(+)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	Rarely Appropriate, 2(+)
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 23: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Severe Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8
	Repair with graft or biologic scaffold	May Be Appropriate, 5
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5(-)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 24: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Severe Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 5

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5(-)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 25: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Event on Chronic Degenerative Tear; Mild Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	Rarely Appropriate, 3(+)
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 26: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Event on Chronic Degenerative Tear; Mild Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3(+)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	Rarely Appropriate, 3(+)
	Arthroplasty	Rarely Appropriate, 1(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 27: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Event on Chronic Degenerative Tear; Mild Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 5
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 28: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Event on Chronic Degenerative Tear; Mild Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 4

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberooplasty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 29: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Event on Chronic Degenerative Tear; Mild Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberooplasty, tendon transfer	Rarely Appropriate, 3(+)
	Arthroplasty	Rarely Appropriate, 1(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 30: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Event on Chronic Degenerative Tear; Mild Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 4

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3(+)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	Rarely Appropriate, 3(+)
	Arthroplasty	Rarely Appropriate, 1(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 31: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Event on Chronic Degenerative Tear; Mild Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 4
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 32: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Event on Chronic Degenerative Tear; Mild Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 4

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Rarely Appropriate, 1(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 33: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Event on Chronic Degenerative Tear; Moderate Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	Rarely Appropriate, 3(+)
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 34: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Event on Chronic Degenerative Tear; Moderate Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	Rarely Appropriate, 3(+)
	Arthroplasty	Rarely Appropriate, 1(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 35: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Event on Chronic Degenerative Tear; Moderate Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 4
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 6
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 36: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Event on Chronic Degenerative Tear; Moderate Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 9(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 4

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 37: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Event on Chronic Degenerative Tear; Moderate Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	Rarely Appropriate, 3(+)
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 38: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Event on Chronic Degenerative Tear; Moderate Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	Rarely Appropriate, 3(+)
	Arthroplasty	Rarely Appropriate, 1(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 39: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Event on Chronic Degenerative Tear; Moderate Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 4
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 6
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 40: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Event on Chronic Degenerative Tear; Moderate Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 4

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberooplasty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 41: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Event on Chronic Degenerative Tear; Severe Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberooplasty, tendon transfer	Rarely Appropriate, 3(+)
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 42: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Event on Chronic Degenerative Tear; Severe Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	Rarely Appropriate, 3(+)
	Arthroplasty	Rarely Appropriate, 1(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 43: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Event on Chronic Degenerative Tear; Severe Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 4
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 6
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 44: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Event on Chronic Degenerative Tear; Severe Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 5

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberooplasty, tendon transfer	May Be Appropriate, 6
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 45: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Event on Chronic Degenerative Tear; Severe Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberooplasty, tendon transfer	Rarely Appropriate, 3(+)
	Arthroplasty	Rarely Appropriate, 1(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 46: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Event on Chronic Degenerative Tear; Severe Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	Rarely Appropriate, 3(+)
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 47: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Event on Chronic Degenerative Tear; Severe Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 6
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 48: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Acute Event on Chronic Degenerative Tear; Severe Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 4

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5(-)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 49: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Chronic; Mild Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	Rarely Appropriate, 3
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3(+)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	Rarely Appropriate, 3(+)
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 50: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Chronic; Mild Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	Rarely Appropriate, 3

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	Rarely Appropriate, 3(+)
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 51: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Chronic; Mild Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	Rarely Appropriate, 3
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 4
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 4
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 52: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Chronic; Mild Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	Rarely Appropriate, 3

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	Rarely Appropriate, 3
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 53: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Chronic; Mild Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	Rarely Appropriate, 3
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	Rarely Appropriate, 3(+)
	Arthroplasty	Rarely Appropriate, 1(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 54: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Chronic; Mild Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	Rarely Appropriate, 3

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	Rarely Appropriate, 3(+)
	Arthroplasty	Rarely Appropriate, 1(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 55: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Chronic; Mild Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	Rarely Appropriate, 3
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 56: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Chronic; Mild Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	May Be Appropriate, 6
	Repair with graft or biologic scaffold	Rarely Appropriate, 3

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	Rarely Appropriate, 3
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 57: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Chronic; Moderate Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	Rarely Appropriate, 3(+)
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 58: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Chronic; Moderate Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	Rarely Appropriate, 3

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	Rarely Appropriate, 3(+)
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 59: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Chronic; Moderate Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	Rarely Appropriate, 3
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5(-)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 60: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Chronic; Moderate Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	May Be Appropriate, 6
	Repair with graft or biologic scaffold	Rarely Appropriate, 3

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	Rarely Appropriate, 3
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 61: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Chronic; Moderate Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	Rarely Appropriate, 3
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	Rarely Appropriate, 3(+)
	Arthroplasty	Rarely Appropriate, 1(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 62: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Chronic; Moderate Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	Rarely Appropriate, 3(+)
	Arthroplasty	Rarely Appropriate, 1(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 63: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Chronic; Moderate Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 4
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 64: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Chronic; Moderate Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	Rarely Appropriate, 3

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 4
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 4
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 65: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Chronic; Severe Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	Rarely Appropriate, 3(+)
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 66: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Chronic; Severe Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	Rarely Appropriate, 3(+)
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 67: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Chronic; Severe Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 4
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Rarely Appropriate, 3
SCENARIO	Treatment	Appropriateness Rating
Scenario 68: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Chronic; Severe Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 9(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 4

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 69: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Chronic; Severe Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	Rarely Appropriate, 3(+)
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 70: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Chronic; Severe Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	Rarely Appropriate, 3(+)
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 71: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Chronic; Severe Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 4
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Rarely Appropriate, 3(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 72: C1-C2: Small or Medium full-thickness defect <3cm in any direction; Chronic; Severe Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 4

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Rarely Appropriate, 2
SCENARIO	Treatment	Appropriateness Rating
Scenario 73: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Mild Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	Rarely Appropriate, 3(+)
	Arthroplasty	Rarely Appropriate, 2
SCENARIO	Treatment	Appropriateness Rating
Scenario 74: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Mild Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	Rarely Appropriate, 3(+)
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 75: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Mild Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 6
	Arthroplasty	May Be Appropriate, 4
SCENARIO	Treatment	Appropriateness Rating
Scenario 76: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Mild Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	May Be Appropriate, 4
SCENARIO	Treatment	Appropriateness Rating
Scenario 77: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Mild Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	Rarely Appropriate, 3(+)
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 78: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Mild Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3(+)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	Rarely Appropriate, 3(+)
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 79: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Mild Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 6
	Arthroplasty	Rarely Appropriate, 3
SCENARIO	Treatment	Appropriateness Rating
Scenario 80: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Mild Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8
	Repair with graft or biologic scaffold	May Be Appropriate, 5

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 6
	Arthroplasty	Rarely Appropriate, 3
SCENARIO	Treatment	Appropriateness Rating
Scenario 81: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Moderate Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	May Be Appropriate, 6
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	Rarely Appropriate, 3(+)
	Arthroplasty	Rarely Appropriate, 3
SCENARIO	Treatment	Appropriateness Rating
Scenario 82: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Moderate Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	Rarely Appropriate, 3(+)
	Arthroplasty	Rarely Appropriate, 2
SCENARIO	Treatment	Appropriateness Rating
Scenario 83: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Moderate Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 6
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 84: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Moderate Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Rarely Appropriate, 3
SCENARIO	Treatment	Appropriateness Rating
Scenario 85: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Moderate Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	Rarely Appropriate, 3(+)
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 86: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Moderate Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	Rarely Appropriate, 3(+)
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 87: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Moderate Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 6
	Arthroplasty	May Be Appropriate, 4
SCENARIO	Treatment	Appropriateness Rating
Scenario 88: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Moderate Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 6
	Arthroplasty	Rarely Appropriate, 3
SCENARIO	Treatment	Appropriateness Rating
Scenario 89: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Severe Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	May Be Appropriate, 6
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 4
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 4(+)
	Arthroplasty	Rarely Appropriate, 3
SCENARIO	Treatment	Appropriateness Rating
Scenario 90: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Severe Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 4
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 4(+)
	Arthroplasty	Rarely Appropriate, 2
SCENARIO	Treatment	Appropriateness Rating
Scenario 91: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Severe Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 6
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 92: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Severe Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 7(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	May Be Appropriate, 4
SCENARIO	Treatment	Appropriateness Rating
Scenario 93: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Severe Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	Rarely Appropriate, 3(+)
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 94: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Severe Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	Rarely Appropriate, 3(+)
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 95: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Severe Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 6
	Arthroplasty	May Be Appropriate, 4
SCENARIO	Treatment	Appropriateness Rating
Scenario 96: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Severe Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7
	Repair	Appropriate, 8
	Repair with graft or biologic scaffold	May Be Appropriate, 5

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 6
	Arthroplasty	May Be Appropriate, 4
SCENARIO	Treatment	Appropriateness Rating
Scenario 97: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Event on Chronic Degenerative Tear; Mild Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	Appropriate, 7
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 4
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 4(+)
	Arthroplasty	Rarely Appropriate, 2
SCENARIO	Treatment	Appropriateness Rating
Scenario 98: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Event on Chronic Degenerative Tear; Mild Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 7(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 6

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberooplasty, tendon transfer	Rarely Appropriate, 3(+)
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 99: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Event on Chronic Degenerative Tear; Mild Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 4
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberooplasty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Appropriate, 7(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 100: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Event on Chronic Degenerative Tear; Mild Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 4

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5(-)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	May Be Appropriate, 5
SCENARIO	Treatment	Appropriateness Rating
Scenario 101: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Event on Chronic Degenerative Tear; Mild Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 6
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 5(+)
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 102: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Event on Chronic Degenerative Tear; Mild Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 7(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 6

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 4
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 4(+)
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 103: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Event on Chronic Degenerative Tear; Mild Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 4
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 6(-)
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 104: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Event on Chronic Degenerative Tear; Mild Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	May Be Appropriate, 6
	Repair with graft or biologic scaffold	May Be Appropriate, 4

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5(-)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 5(-)
	Arthroplasty	May Be Appropriate, 5
SCENARIO	Treatment	Appropriateness Rating
Scenario 105: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Event on Chronic Degenerative Tear; Moderate Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 6
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 4
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 4(+)
	Arthroplasty	May Be Appropriate, 4
SCENARIO	Treatment	Appropriateness Rating
Scenario 106: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Event on Chronic Degenerative Tear; Moderate Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 4
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 4(+)
	Arthroplasty	Rarely Appropriate, 2
SCENARIO	Treatment	Appropriateness Rating
Scenario 107: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Event on Chronic Degenerative Tear; Moderate Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 4
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 6
	Arthroplasty	Appropriate, 7
SCENARIO	Treatment	Appropriateness Rating
Scenario 108: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Event on Chronic Degenerative Tear; Moderate Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 4

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	May Be Appropriate, 5
SCENARIO	Treatment	Appropriateness Rating
Scenario 109: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Event on Chronic Degenerative Tear; Moderate Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 6
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 5(+)
	Arthroplasty	Rarely Appropriate, 2
SCENARIO	Treatment	Appropriateness Rating
Scenario 110: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Event on Chronic Degenerative Tear; Moderate Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 6

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 4
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 4(+)
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 111: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Event on Chronic Degenerative Tear; Moderate Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Appropriate, 7
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	Appropriate, 7
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 112: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Event on Chronic Degenerative Tear; Moderate Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 4

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	May Be Appropriate, 5
SCENARIO	Treatment	Appropriateness Rating
Scenario 113: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Event on Chronic Degenerative Tear; Severe Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	Appropriate, 7
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 5(+)
	Arthroplasty	May Be Appropriate, 4
SCENARIO	Treatment	Appropriateness Rating
Scenario 114: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Event on Chronic Degenerative Tear; Severe Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	Appropriate, 7

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 4
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 4(+)
	Arthroplasty	Rarely Appropriate, 3
SCENARIO	Treatment	Appropriateness Rating
Scenario 115: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Event on Chronic Degenerative Tear; Severe Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 4
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5(-)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Appropriate, 7
SCENARIO	Treatment	Appropriateness Rating
Scenario 116: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Event on Chronic Degenerative Tear; Severe Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 4

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 117: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Event on Chronic Degenerative Tear; Severe Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 6
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5(+)
	Arthroplasty	Rarely Appropriate, 3
SCENARIO	Treatment	Appropriateness Rating
Scenario 118: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Event on Chronic Degenerative Tear; Severe Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 6

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 5(+)
	Arthroplasty	Rarely Appropriate, 3
SCENARIO	Treatment	Appropriateness Rating
Scenario 119: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Event on Chronic Degenerative Tear; Severe Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 4
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 6
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 120: C3: Large, full-thickness defect 3-5 cm in any direction; Acute Event on Chronic Degenerative Tear; Severe Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 4

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5(-)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	May Be Appropriate, 5
SCENARIO	Treatment	Appropriateness Rating
Scenario 121: C3: Large, full-thickness defect 3-5 cm in any direction; Chronic; Mild Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 6
	Arthroplasty	Rarely Appropriate, 3
SCENARIO	Treatment	Appropriateness Rating
Scenario 122: C3: Large, full-thickness defect 3-5 cm in any direction; Chronic; Mild Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 5

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 123: C3: Large, full-thickness defect 3-5 cm in any direction; Chronic; Mild Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	Rarely Appropriate, 3
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 4
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 4
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 124: C3: Large, full-thickness defect 3-5 cm in any direction; Chronic; Mild Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	Rarely Appropriate, 3

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	Rarely Appropriate, 3
	Arthroplasty	May Be Appropriate, 5
SCENARIO	Treatment	Appropriateness Rating
Scenario 125: C3: Large, full-thickness defect 3-5 cm in any direction; Chronic; Mild Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Rarely Appropriate, 2
SCENARIO	Treatment	Appropriateness Rating
Scenario 126: C3: Large, full-thickness defect 3-5 cm in any direction; Chronic; Mild Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 127: C3: Large, full-thickness defect 3-5 cm in any direction; Chronic; Mild Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 5
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 128: C3: Large, full-thickness defect 3-5 cm in any direction; Chronic; Mild Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 5

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 4
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 4
	Arthroplasty	May Be Appropriate, 4
SCENARIO	Treatment	Appropriateness Rating
Scenario 129: C3: Large, full-thickness defect 3-5 cm in any direction; Chronic; Moderate Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Rarely Appropriate, 2
SCENARIO	Treatment	Appropriateness Rating
Scenario 130: C3: Large, full-thickness defect 3-5 cm in any direction; Chronic; Moderate Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberooplasty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Rarely Appropriate, 3(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 131: C3: Large, full-thickness defect 3-5 cm in any direction; Chronic; Moderate Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 5
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberooplasty, tendon transfer	May Be Appropriate, 6
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 132: C3: Large, full-thickness defect 3-5 cm in any direction; Chronic; Moderate Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 4

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 4
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 4
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 133: C3: Large, full-thickness defect 3-5 cm in any direction; Chronic; Moderate Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Rarely Appropriate, 3
SCENARIO	Treatment	Appropriateness Rating
Scenario 134: C3: Large, full-thickness defect 3-5 cm in any direction; Chronic; Moderate Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberooplasty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Rarely Appropriate, 2(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 135: C3: Large, full-thickness defect 3-5 cm in any direction; Chronic; Moderate Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 4
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberooplasty, tendon transfer	May Be Appropriate, 6
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 136: C3: Large, full-thickness defect 3-5 cm in any direction; Chronic; Moderate Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 9(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 4

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 4
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 4
	Arthroplasty	May Be Appropriate, 5
SCENARIO	Treatment	Appropriateness Rating
Scenario 137: C3: Large, full-thickness defect 3-5 cm in any direction; Chronic; Severe Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 6
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 6
	Arthroplasty	May Be Appropriate, 5
SCENARIO	Treatment	Appropriateness Rating
Scenario 138: C3: Large, full-thickness defect 3-5 cm in any direction; Chronic; Severe Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 6

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Rarely Appropriate, 3
SCENARIO	Treatment	Appropriateness Rating
Scenario 139: C3: Large, full-thickness defect 3-5 cm in any direction; Chronic; Severe Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Appropriate, 7
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	Appropriate, 7
	Arthroplasty	Appropriate, 7
SCENARIO	Treatment	Appropriateness Rating
Scenario 140: C3: Large, full-thickness defect 3-5 cm in any direction; Chronic; Severe Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5(-)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	May Be Appropriate, 5
SCENARIO	Treatment	Appropriateness Rating
Scenario 141: C3: Large, full-thickness defect 3-5 cm in any direction; Chronic; Severe Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 6
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 6
	Arthroplasty	May Be Appropriate, 4
SCENARIO	Treatment	Appropriateness Rating
Scenario 142: C3: Large, full-thickness defect 3-5 cm in any direction; Chronic; Severe Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 6

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Rarely Appropriate, 3
SCENARIO	Treatment	Appropriateness Rating
Scenario 143: C3: Large, full-thickness defect 3-5 cm in any direction; Chronic; Severe Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7
	Repair	Appropriate, 8
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Appropriate, 7
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	Appropriate, 7
	Arthroplasty	Appropriate, 7
SCENARIO	Treatment	Appropriateness Rating
Scenario 144: C3: Large, full-thickness defect 3-5 cm in any direction; Chronic; Severe Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 5

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5(-)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5(-)
	Arthroplasty	May Be Appropriate, 5
SCENARIO	Treatment	Appropriateness Rating
Scenario 145: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Mild Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 8
	Repair with graft or biologic scaffold	Appropriate, 7
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5(-)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	May Be Appropriate, 4
SCENARIO	Treatment	Appropriateness Rating
Scenario 146: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Mild Symptom Severity; Identifiable Factors that	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8
	Repair with graft or biologic scaffold	May Be Appropriate, 6

Negatively Affect Healing or Outcome Present; G 0-2; No Prior Treatment	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	May Be Appropriate, 4
SCENARIO	Treatment	Appropriateness Rating
Scenario 147: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Mild Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	May Be Appropriate, 5(-)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Appropriate, 7
SCENARIO	Treatment	Appropriateness Rating
Scenario 148: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Mild Symptom Severity; Identifiable Factors that	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)

Negatively Affect Healing or Outcome Present; G 3-4; No Prior Treatment	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	May Be Appropriate, 5
SCENARIO	Treatment	Appropriateness Rating
Scenario 149: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Mild Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8
	Repair with graft or biologic scaffold	May Be Appropriate, 6
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 150: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Mild Symptom Severity; No Identifiable Factors that	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5

Negatively Affect Healing or Outcome; G 0-2; No Prior Treatment	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Rarely Appropriate, 3
SCENARIO	Treatment	Appropriateness Rating
Scenario 151: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Mild Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	May Be Appropriate, 5(-)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	May Be Appropriate, 6
SCENARIO	Treatment	Appropriateness Rating
Scenario 152: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Mild Symptom Severity; No Identifiable Factors that	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	May Be Appropriate, 6
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)

Negatively Affect Healing or Outcome; G 3-4; No Prior Treatment	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5(-)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5(-)
	Arthroplasty	May Be Appropriate, 5
SCENARIO	Treatment	Appropriateness Rating
Scenario 153: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Moderate Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7
	Repair	May Be Appropriate, 5(-)
	Repair with graft or biologic scaffold	Appropriate, 7
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 6
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 154: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Moderate Symptom Severity; Identifiable Factors that	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 6

Negatively Affect Healing or Outcome Present; G 0-2; No Prior Treatment	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5(-)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 155: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Moderate Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	May Be Appropriate, 6
	Repair	May Be Appropriate, 5(-)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Appropriate, 7
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	Appropriate, 7
	Arthroplasty	Appropriate, 7(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 156: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Moderate Symptom Severity; Identifiable Factors that	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	May Be Appropriate, 5(-)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)

Negatively Affect Healing or Outcome Present; G 3-4; No Prior Treatment	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5(-)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	May Be Appropriate, 6
SCENARIO	Treatment	Appropriateness Rating
Scenario 157: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Moderate Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 6
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 6
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 158: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Moderate Symptom Severity; No Identifiable Factors that	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 6

Negatively Affect Healing or Outcome; G 0-2; No Prior Treatment	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 159: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Moderate Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7
	Repair	May Be Appropriate, 5(-)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 6
	Arthroplasty	Appropriate, 7(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 160: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Moderate Symptom Severity; No Identifiable Factors that	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 9(+)
	Repair	May Be Appropriate, 6
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)

Negatively Affect Healing or Outcome; G 3-4; No Prior Treatment	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5(-)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	May Be Appropriate, 6
SCENARIO	Treatment	Appropriateness Rating
Scenario 161: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Severe Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 8
	Repair with graft or biologic scaffold	Appropriate, 7
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 6
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 162: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Severe Symptom Severity; Identifiable Factors that	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 8
	Repair with graft or biologic scaffold	Appropriate, 7

Negatively Affect Healing or Outcome Present; G 0-2; No Prior Treatment	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5(-)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 163: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Severe Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7
	Repair	May Be Appropriate, 5(-)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 6
	Arthroplasty	Appropriate, 7(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 164: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Severe Symptom Severity; Identifiable Factors that	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	May Be Appropriate, 5(-)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)

Negatively Affect Healing or Outcome Present; G 3-4; No Prior Treatment	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5(-)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	May Be Appropriate, 6
SCENARIO	Treatment	Appropriateness Rating
Scenario 165: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Severe Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 6
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 6
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 166: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Severe Symptom Severity; No Identifiable Factors that	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 6

Negatively Affect Healing or Outcome; G 0-2; No Prior Treatment	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5(-)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 167: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Severe Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7
	Repair	May Be Appropriate, 5(-)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Appropriate, 7
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	Appropriate, 7
	Arthroplasty	Appropriate, 8
SCENARIO	Treatment	Appropriateness Rating
Scenario 168: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Traumatic Tear, without evidence of degeneration on imaging (within approximately 2 months); Severe Symptom Severity; No Identifiable Factors that	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	May Be Appropriate, 5(-)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)

Negatively Affect Healing or Outcome; G 3-4; No Prior Treatment	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5(-)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 5(-)
	Arthroplasty	May Be Appropriate, 6
SCENARIO	Treatment	Appropriateness Rating
Scenario 169: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Event on Chronic Degenerative Tear; Mild Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 7(+)
	Repair with graft or biologic scaffold	Appropriate, 7
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 170: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Event on Chronic Degenerative Tear; Mild Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	Appropriate, 7

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 171: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Event on Chronic Degenerative Tear; Mild Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	May Be Appropriate, 5(-)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5(-)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Appropriate, 7
SCENARIO	Treatment	Appropriateness Rating
Scenario 172: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Event on Chronic Degenerative Tear; Mild Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	May Be Appropriate, 5(-)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5(-)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	May Be Appropriate, 4
SCENARIO	Treatment	Appropriateness Rating
Scenario 173: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Event on Chronic Degenerative Tear; Mild Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 8
	Repair with graft or biologic scaffold	May Be Appropriate, 6
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 6
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 174: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Event on Chronic Degenerative Tear; Mild Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5(-)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Rarely Appropriate, 3
SCENARIO	Treatment	Appropriateness Rating
Scenario 175: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Event on Chronic Degenerative Tear; Mild Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	May Be Appropriate, 5(-)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 6(-)
	Arthroplasty	May Be Appropriate, 6
SCENARIO	Treatment	Appropriateness Rating
Scenario 176: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Event on Chronic Degenerative Tear; Mild Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	May Be Appropriate, 6
	Repair with graft or biologic scaffold	Rarely Appropriate, 3

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberooplasty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	May Be Appropriate, 4
SCENARIO	Treatment	Appropriateness Rating
Scenario 177: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Event on Chronic Degenerative Tear; Moderate Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	Appropriate, 7
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberooplasty, tendon transfer	May Be Appropriate, 6(-)
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 178: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Event on Chronic Degenerative Tear; Moderate Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5(-)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5(-)
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 179: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Event on Chronic Degenerative Tear; Moderate Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7
	Repair	Appropriate, 7
	Repair with graft or biologic scaffold	Rarely Appropriate, 3
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5(-)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Appropriate, 8(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 180: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Event on Chronic Degenerative Tear; Moderate Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	May Be Appropriate, 5(-)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5(-)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	May Be Appropriate, 6
SCENARIO	Treatment	Appropriateness Rating
Scenario 181: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Event on Chronic Degenerative Tear; Moderate Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 6
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 6
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 182: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Event on Chronic Degenerative Tear; Moderate Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5(-)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberooplasty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 183: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Event on Chronic Degenerative Tear; Moderate Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	May Be Appropriate, 6
	Repair	May Be Appropriate, 5(-)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Appropriate, 7
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberooplasty, tendon transfer	Appropriate, 7
	Arthroplasty	Appropriate, 7(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 184: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Event on Chronic Degenerative Tear; Moderate Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 9(+)
	Repair	May Be Appropriate, 5(-)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5(-)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5(-)
	Arthroplasty	May Be Appropriate, 6
SCENARIO	Treatment	Appropriateness Rating
Scenario 185: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Event on Chronic Degenerative Tear; Severe Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7
	Repair	Appropriate, 8
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Appropriate, 7
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	Appropriate, 7(-)
	Arthroplasty	Appropriate, 7
SCENARIO	Treatment	Appropriateness Rating
Scenario 186: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Event on Chronic Degenerative Tear; Severe Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 9
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	Appropriate, 7

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Appropriate, 7
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	Appropriate, 7(-)
	Arthroplasty	May Be Appropriate, 6
SCENARIO	Treatment	Appropriateness Rating
Scenario 187: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Event on Chronic Degenerative Tear; Severe Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	May Be Appropriate, 6
	Repair	May Be Appropriate, 5(-)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Appropriate, 7
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	Appropriate, 7
	Arthroplasty	Appropriate, 8(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 188: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Event on Chronic Degenerative Tear; Severe Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	May Be Appropriate, 5(-)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5(-)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	May Be Appropriate, 6
SCENARIO	Treatment	Appropriateness Rating
Scenario 189: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Event on Chronic Degenerative Tear; Severe Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	Appropriate, 7
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Appropriate, 7
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	Appropriate, 7(-)
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 190: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Event on Chronic Degenerative Tear; Severe Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	Appropriate, 7

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Appropriate, 7
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	Appropriate, 7(-)
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 191: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Event on Chronic Degenerative Tear; Severe Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7
	Repair	May Be Appropriate, 5(-)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Appropriate, 7
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	Appropriate, 7
	Arthroplasty	Appropriate, 8(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 192: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Acute Event on Chronic Degenerative Tear; Severe Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	May Be Appropriate, 5(-)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5(-)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberooplasty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 193: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Chronic; Mild Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 7(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberooplasty, tendon transfer	May Be Appropriate, 6
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 194: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Chronic; Mild Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 195: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Chronic; Mild Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	May Be Appropriate, 4
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5(-)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Appropriate, 8
SCENARIO	Treatment	Appropriateness Rating
Scenario 196: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Chronic; Mild Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Rarely Appropriate, 3
	Repair with graft or biologic scaffold	Rarely Appropriate, 3

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	Rarely Appropriate, 3
	Arthroplasty	May Be Appropriate, 5
SCENARIO	Treatment	Appropriateness Rating
Scenario 197: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Chronic; Mild Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 6
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 6
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 198: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Chronic; Mild Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 199: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Chronic; Mild Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	May Be Appropriate, 5(-)
	Repair with graft or biologic scaffold	Rarely Appropriate, 3
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5(-)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	May Be Appropriate, 5
SCENARIO	Treatment	Appropriateness Rating
Scenario 200: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Chronic; Mild Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	May Be Appropriate, 4
	Repair with graft or biologic scaffold	Rarely Appropriate, 3

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Rarely Appropriate, 3
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberooplasty, tendon transfer	Rarely Appropriate, 3
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 201: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Chronic; Moderate Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7
	Repair	Appropriate, 7(+)
	Repair with graft or biologic scaffold	Appropriate, 7
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberooplasty, tendon transfer	May Be Appropriate, 6
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 202: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Chronic; Moderate Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 203: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Chronic; Moderate Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	May Be Appropriate, 5(-)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Appropriate, 7
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	Appropriate, 7
	Arthroplasty	Appropriate, 8(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 204: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Chronic; Moderate Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8(+)
	Repair	Rarely Appropriate, 3
	Repair with graft or biologic scaffold	May Be Appropriate, 4

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 4
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberooplasty, tendon transfer	May Be Appropriate, 4
	Arthroplasty	Appropriate, 7
SCENARIO	Treatment	Appropriateness Rating
Scenario 205: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Chronic; Moderate Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7
	Repair	Appropriate, 8
	Repair with graft or biologic scaffold	May Be Appropriate, 5
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberooplasty, tendon transfer	May Be Appropriate, 6
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 206: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Chronic; Moderate Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 8(+)
	Repair with graft or biologic scaffold	May Be Appropriate, 5

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 207: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Chronic; Moderate Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	May Be Appropriate, 5(-)
	Repair with graft or biologic scaffold	May Be Appropriate, 4
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 6
	Arthroplasty	Appropriate, 8(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 208: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Chronic; Moderate Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 9(+)
	Repair	May Be Appropriate, 5(-)
	Repair with graft or biologic scaffold	May Be Appropriate, 4

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 4
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 4
	Arthroplasty	Appropriate, 7
SCENARIO	Treatment	Appropriateness Rating
Scenario 209: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Chronic; Severe Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7
	Repair	Appropriate, 8
	Repair with graft or biologic scaffold	May Be Appropriate, 5
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 6
	Arthroplasty	Appropriate, 7
SCENARIO	Treatment	Appropriateness Rating
Scenario 210: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Chronic; Severe Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 8
	Repair with graft or biologic scaffold	May Be Appropriate, 5

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 211: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Chronic; Severe Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	May Be Appropriate, 6
	Repair	May Be Appropriate, 5(-)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 6
	Arthroplasty	Appropriate, 8(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 212: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Chronic; Severe Symptom Severity; Identifiable Factors that Negatively Affect Healing or Outcome Present; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	May Be Appropriate, 4
	Repair with graft or biologic scaffold	Rarely Appropriate, 3

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5(-)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Appropriate, 7
SCENARIO	Treatment	Appropriateness Rating
Scenario 213: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Chronic; Severe Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7
	Repair	Appropriate, 8
	Repair with graft or biologic scaffold	May Be Appropriate, 6
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 6
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 214: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Chronic; Severe Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 0-2; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	Appropriate, 8
	Repair with graft or biologic scaffold	May Be Appropriate, 6

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 6
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	May Be Appropriate, 6
	Arthroplasty	May Be Appropriate, 5(-)
SCENARIO	Treatment	Appropriateness Rating
Scenario 215: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Chronic; Severe Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Response to Previous Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 7
	Repair	May Be Appropriate, 5(-)
	Repair with graft or biologic scaffold	May Be Appropriate, 5(-)
	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	Appropriate, 7
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberoplasty, tendon transfer	Appropriate, 7
	Arthroplasty	Appropriate, 8(+)
SCENARIO	Treatment	Appropriateness Rating
Scenario 216: C4: Massive rotator cuff tear involving two or more rotator cuff tendons, greater than 5 cm; Chronic; Severe Symptom Severity; No Identifiable Factors that Negatively Affect Healing or Outcome; G 3-4; No Prior Treatment	Physical therapy (formal or supervised home-based) +/- single corticosteroid injection	Appropriate, 8
	Repair	May Be Appropriate, 5(-)
	Repair with graft or biologic scaffold	May Be Appropriate, 4

	Partial Repair (with or without biceps anterior cable reconstruction, tenotomy/tenodesis/debridement)	May Be Appropriate, 5(-)
	Reconstructive procedures (+/- repair) i.e., Balloon interposition, tuberopecty, tendon transfer	May Be Appropriate, 5
	Arthroplasty	Appropriate, 7

APPENDICES

APPENDIX A. DOCUMENTATION OF APPROVAL

AAOS BODIES THAT APPROVED THIS APPROPRIATE USE CRITERIA:

Evidence-Based Quality and Value Committee: Approved March 20, 2026

The AAOS Committee on Evidence Based Quality and Value consists of 15 AAOS members. The overall purpose of this committee is to plan, organize, direct, and evaluate initiatives related to Clinical Practice Guidelines, Appropriate Use Criteria, and Quality Measures.

Research and Quality Council: Approved on xx/xx/xxxx

To enhance the mission of the AAOS, the Research and Quality Council promotes the most ethically and scientifically sound basic, clinical, and translational research possible to ensure the future care for patients with musculoskeletal disorders. The Council also serves as the primary resource to educate its members, the public, and public policy makers regarding evidenced-based medical practice, orthopaedic devices and biologics regulatory pathways and standards development, patient safety, and other related areas of importance.

Board of Directors: Approved on xx/xx/xxxx

The 17 member AAOS Board of Directors manages the affairs of the AAOS, sets policy, and determines and continually reassesses the Strategic Plan.

APPENDIX B. DISCLOSURE INFORMATION

WRITING PANEL MEMBER DISCLOSURES

Joseph Kearns, PT, DPT

Submitted on 05/23/2025

This individual has nothing to disclose.

Jay Keener, MD, FAAOS

Submitted on 01/23/2025

This individual has nothing to disclose

Alex McDonald, MD

Submitted on 6/11/205

This individual has nothing to disclose.

Bruce Miller, MD, FAAOS

Submitted on 05/05/2025

Anthrex, Inc.: Type: Other Professional Activities

Type: Other Intellectual Property

Editorial Board, American Journal of Sports Medicine: Type: Editorial or Governing Board - Self

FH Orthopaedics: IP Royalties

Daniel Safford, PT, DPT, MAT

Submitted on 05/27/2025

This individual has nothing to disclose.

Anup Shah, MD, FAAOS

Submitted on 10/9/2024

Arthrex: Type Other Professional Activities

Medacta USA: Other Professional Activities

ASES: Membership Committee

AOSSM: Research Committee: Type: Board of Directors or Committee Member Self

Umasuthan Srikumaran, MD, MBA, MPH

Submitted on 05/07/2025

FX Shoulder USA, Inc.: Type: Other Professional Activities

Tigon: Type: Stock

Sonogen: Type: Stock Option

AAOS Shoulder and Elbow Content Committee: ASES Board of Directors/President: Type: Board of Directors or Committee Member Self

Brian R. Waterman, MD, FAAOS

Submitted on 05/09/25

Johnson & Johnson/Depuy Orthopedic Type: Other Professional Activities

Elsevier: Type: Other Professional Activities

Kaliber AI: Type: Stock Option

Sparta: Type: Stock

Arthrex GmbH: Type: Other Professional Activities

Sparta: Type: Other Professional Activities

Vericel Corporation: Type: Other Professional Activities

Arthroscopy Journal (Journal Board of Trustees, 2025-Present); American Shoulder Elbow Surgeons (Podcast Host, Technology Committee of Delegates), American Orthopaedic Association (Traveling Fellowship Committee), American Academy of Orthopaedic Surgeons (ICL member self)

Journal of Cartilage & Joint Preservation; Video Journal of Sports Medicine; Arthroscopy Journal; Type: Editorial or governing board Self

Branden Westerdahl, PT, DPT

Submitted on 06/13/2025

This individual has nothing to disclose.

RATING PANEL (2026) MEMBER DISCLOSURES

Abdulaziz Ahmed, MD

Submitted on 10/12/2024

Arthroscopy Journal: Type: Other Professional Activities

American Orthopaedic Society for Sports Medicine: Type: Other Professional Activities

American Shoulder and Elbow Surgeons: Type: Other Professional Activities

American Shoulder and Elbow Surgeons: American Orthopaedic Society for Sports Medicine: Type: Board of Directors or Committee Member

Arthroscopy Journal: I am an Editorial Board Member Starting on 01/01/2025: Type: Editorial or Governing Board: Self

Kathryn M. Alfonso, DO

Submitted on 08/19/2025

This individual has nothing to disclose.

Kamal Bohsali, MD, FAAOS, FACS

Submitted on 04/9/2025

American Shoulder and Elbow Surgeons: Type: Other Professional Activities

Orthopaedics, Helio-Slack: Type: Other Professional Activities

Arthroscopy Association of North America: Type: Other Professional Activities

American Academy of Orthopaedic Surgeons: Type: Other Professional Activities

American Academy of Orthopaedic Surgeons: EBQV, Member

American Shoulder and Elbow Surgeons, Membership Committee, Member: Type: Board of Directors or Committee Member Self Orthopaedic

Arthroscopy: Type: Editorial or Governing Board Self

Charles Cogan, MD

Submitted on 12/31/2024

This individual reported nothing to disclose

Gregory L. Cvetanovich, MD, FAAOS

Submitted on 05/05/2025

Smith and Nephew: Type: IP Royalties

AAOS Committee Member

AOSSM Committee Member

ASES Committee Member

AANA Committee Member: Type: Board of Directors

Henry Goitz, MD, FAAOS

Submitted on 06/01/2023

This Individual reported nothing to disclose.

Kevin Magone, MD

Submitted on: 10/25/2024

This individual reported nothing to disclose.

Deepa Rajakrishnan, MD

Submitted on 06/18/2025

This individual reported nothing to disclose.

Stephen C. Weber, MD

Submitted on 04/10/2025

NDA Partners: Type: Other Professional Activities

Archive of Orthopaedics and Traumatologic Surgery: Type: Other Professional Activities

ProPharma: Type: Other Professional Activities

Journal of Arthroscopy: Type: Other Professional Activities

J Arthroscopy: Type: Editorial or Governing Board - Self

RATING PANEL (2020) MEMBER DISCLOSURES

Derek F Papp, MD, FAAOS

Submitted on: 07/08/2019

Arthroscopy Association of North America: Board or committee member (\$0)

Shawn F Kane

Submitted on: 12/16/2019

American College of Sports Medicine: Publishing royalties, financial or material support (\$10,000)

Current Sports Medicine Reports (Self)

R. Amadeus Mason, MD

Submitted on: 12/19/2019

This individual reported nothing to disclose

Michael Cusick, MD, FAAOS

Submitted on: 10/06/2014

This individual reported nothing to disclose

Sara Louise Edwards, MD, FAAOS

Submitted on: 01/16/2020

This individual reported nothing to disclose

Charles A Thigpen, PhD, PT, ATC

Submitted on: 01/03/2020

Breg: Paid consultant (\$2,500) brace consultant (Self)

Players Health: Stock or stock Options Number of Shares: 30,000 N/A (Self)

Trex: Stock or stock Options Number of Shares: 30,000 N/A (Self)

Kent Jason Lowry, MD, FAAOS

Submitted on: 02/02/2020

AAOS: Board or committee member (\$0)

ASTM: Board or committee member (\$0)

Henry Bone Ellis Jr, MD, FAAOS

Submitted on: 02/03/2020

AAOS: Board or committee member (\$0) Evidence Based, Quality, and Value (Self)

Pediatric Orthopaedic Society of North America: Board or committee member (\$0)

Pediatric Research in Sports Medicine: Board or committee member (\$0)

Gautam P Yagnik, MD, FAAOS

Submitted on: 03/02/2020

Arthrex, Inc: Paid presenter or speaker (\$9,240) Number of Presentations: 3 Presentations: Video, Pump & Shavers

Teaching, Future Meeting Faculty (Self)(Self)

Arthrex, Inc: Paid consultant; Paid consultant (\$5,040) Distal Clavicle Fractures, Patch Grafts (Self)

Michael Edward Angeline, MD, FAAOS

Submitted on: 03/27/2020

AAOS: Board or committee member (\$0)

American Orthopaedic Society for Sports Medicine: Board or committee member (\$0)

American Shoulder and Elbow Surgeons: Board or committee member (\$0)

Baxter International Inc.: Stock or stock Options Number of Shares: 0

The American Journal of Sports Medicine: Editorial or governing board (\$0)

APPENDIX C. REFERENCES

1. Fitch K, ed. *The Rand/UCLA Appropriateness Method User's Manual*. Rand; 2001.
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3. Colvin AC, Egorova N, Harrison AK, Moskowitz A, Flatow EL. National trends in rotator cuff repair. *J Bone Joint Surg Am*. 2012;94(3):227-233. doi:10.2106/JBJS.J.00739
4. Mather RC, Koenig L, Acevedo D, et al. The societal and economic value of rotator cuff repair. *J Bone Joint Surg Am*. 2013;95(22):1993-2000. doi:10.2106/JBJS.L.01495
5. Rotator Cuff Tears - OrthoInfo - AAOS. Accessed March 11, 2026. <https://www.orthoinfo.org/en/diseases--conditions/rotator-cuff-tears/>
6. Sher JS, Uribe JW, Posada A, Murphy BJ, Zlatkin MB. Abnormal findings on magnetic resonance images of asymptomatic shoulders. *J Bone Joint Surg Am*. 1995;77(1):10-15. doi:10.2106/00004623-199501000-00002
7. Tempelhof S, Rupp S, Seil R. Age-related prevalence of rotator cuff tears in asymptomatic shoulders. *J Shoulder Elbow Surg*. 1999;8(4):296-299. doi:10.1016/s1058-2746(99)90148-9
8. Uhthoff H, Loehr J, Sarkar K. The pathogenesis of rotator cuff tears. Proceedings of the third international conference on surgery of the shoulder. In: 1986:211-212.
9. The American Academy of Orthopaedic Surgeons. The American Academy of Orthopaedic Surgeons Management of Rotator Cuff Injuries Evidence-Based Clinical Practice Guideline. Published online August 18, 2025. <https://www.aaos.org/globalassets/quality-and-practice-resources/rotator-cuff/rotator-cuff-2025/rotator-cuff-cpg.pdf>