

Impactful Statements

Rotator Cuff Injuries

An impactful recommendation is one that offers the potential for current evidence to change care offered to patients. This influence can be due to one or more of the following:

- Evidence highlighting current variations in care that were previously unsupported by evidence
- Current evidence supporting a significant difference or change from current clinical practice or previously held "gold standard" care

The following impactful statements are based on the Rotator Cuff Injuries Clinical Practice Guideline:

1. Chronic small and medium sized rotator cuff tears should be treated with an initial course of physical therapy.
2. Open and arthroscopic repair yield similar long term outcomes.
3. Several techniques may be used to improve rotator cuff healing including marrow stimulation and/or double-row constructs.
4. Patient factors that negatively affect outcome after rotator cuff repair include higher BMI, increasing age, worker's compensation, diabetes, and comorbidities.
5. While physical therapy improves PROs, rotator cuff tear size, atrophy, and fatty infiltration may progress with time with non-operative treatment.

The following guideline recommendations are the basis of the impactful statements:

1. Strong evidence supports that both physical therapy and operative treatment result in significant improvement in patient-reported outcomes for patients with symptomatic small to medium full-thickness rotator cuff tears.
2. Strong evidence supports no difference in long-term (>1 year) patient-reported outcomes or cuff healing

rates between open and arthroscopic repairs.

3. Strong evidence support lower re-tear rates after double row repair compared to single row vertical mattress repair when evaluating for both partial and full thickness retears after primary repair. Limited evidence suggest that marrow stimulation may decrease re-tear rates in patients with larger tear sizes.
4. Strong evidence supports that older age is associated with higher failure rates and poorer patient reported outcomes after rotator cuff repair. Moderate evidence supports that higher BMI is correlated with higher re-tear rates after rotator cuff repair surgery; however, strong evidence supports that there is no correlation between higher BMI and worse patient-reported outcomes following rotator cuff repair. Strong evidence supports the presence of a worker's compensation claim is associated with poorer patient reported outcomes after rotator cuff repair. Moderate evidence supports the association of poorer patient reported outcomes in patients with comorbidities. Moderate evidence suggests that patients with diabetes will have higher re-tear rates and poorer quality of life and patient reported outcome scores after rotator cuff repair.
5. Strong evidence supports that patient reported outcomes (PRO) improve with physical therapy in symptomatic patients with full thickness rotator cuff tears. However, the rotator cuff tear size, muscle atrophy, and fatty infiltration may progress over 5 to 10 years with non operative management.