Rotator Cuff Tears – An International Expert Delphi Consensus Statement

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INTRODUCTION:

Prior consensus guidelines have been developed using the Delphi method for a variety of shoulder pathologies. The Delphi method requires multiple rounds of questionnaires to encompass expert opinion on a topic, to ultimately lead to defined consensus statements. However, no such consensus statements exist for rotator cuff tears (RCTs). The purpose of this study was to establish consensus statements on the management of RCTs.

METHODS:

A consensus process on the treatment of RCT was conducted, with 97 shoulder/sports surgeons from 15 countries participating based on their level of expertise in the field. Experts were assigned to one of 9 working groups defined by specific subtopics of interest within RCTs, including 1) Diagnosis, 2) Non-operative Management, 3) Posterosuperior Repair, 4) Subscapularis Repair, 5) Graft/ Patch Augmentation and Superior Capsular Reconstruction, 6) Tendon Transfers, 7) Reverse Total Shoulder Arthroplasty, 8) Revision Surgery, and 9) Rehabilitation, Return to Play, and Follow-up. Consensus was defined as achieving 80-89% agreement, whereas strong consensus was defined as 90-99% agreement, and unanimous consensus was indicated by 100% agreement with a proposed statement.

RESULTS: Of 134 total questions and consensus statements, 2 achieved unanimous consensus (1%), 70 achieved strong consensus (52%), 40 achieved consensus (30%) and 22 did not achieve any level of consensus (16%).

DISCUSSION AND CONCLUSION:

Overall, 53% of statements obtained unanimous or strong consensus. The statements that reached unanimous consensus addressed the contraindications for performing a TT for a RCT and included degree of arthritis, infection, Hamada grade >3, anterosuperior escape of the humeral head, deltoid dysfunction, poor passive range of motion, medical unfitness for surgery, and poor expected postoperative compliance. The second unanimous consensus statement stated that surgical success should be defined as a) improved pain, b) improved range of motion, c) improved strength, d) improved quality of life, and e) patient satisfaction with treatment. There was no consensus on the timing of perioperative steroid injection, whether the tuberosity should be prepared in those undergoing repair, whether the coracoacromial ligament should be released, and for the length of time immobilized following an RCT repair. Additionally, the majority of statements on patches/graft augmentation and SCR did not achieve consensus.