Massive Cuff Tears: Decision Making and Algorithm

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Disclosures

- Available in the Handout and in the Course Book

The Critical Question: What are we treating…

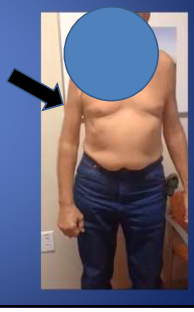
- Pain? Or Loss of Function…
- If Pain, then LOTS of Options…
  - Injections, PT, biceps, debridement/cuff partial repair, etc…
- But if Function…if you have Pseudoparalytic shoulder….a different animal.

"Pseudoparalysis"

- Can't Lift your arm due to a Massive Cuff Tear…
- Easy, Right?
- 78 yo with Bilat shoulder pain, and this is him trying to lift both shoulders…
- Pain, so we inject both shoudlers…

"Pseudo" Pseudoparalysis?

- But…
- We repeat his exam, after an injection…



Lesson #1:

- Pseudoparalysis can be mimicked in a patient with Pain…
- So before you can call it, you must make sure they are out of pain…

Problem # 2: The Literature

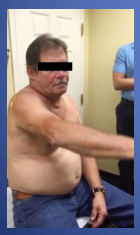
- Pseudoparalysis … when defined, often as
  - < 90 Degrees… and thus >90- Cured!



85 degrees elevation 95 degrees elevation

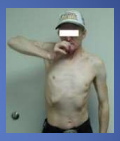
Lesson #2

- We Must Define Our Terms…
- These Right arms are Not the same




Problem #3: Its not just a problem of Elevation…

- External Rotation can be Pseudoparalytic too
- We have had no place to put this in the realm of pseudoparalysis…
- An approach that addresses "PseudoP" w/o dealing with the ER deficit?

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Lesson #3: We must Fully Classify motion loss in the massive Cuff tear

- Relatively pain free
- Due to massive cuff tear
- Loss of Forward Elevation And External Rotation must be appreciated

Problem #4: When your definitions aren't clear Everything Works


Pseudoparalysis: a systematic review of term definitions, treatment approaches, and outcomes of management techniques

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- 16 Studies: 6 different approaches
  - Non op Rehab (best outcomes of all!)
  - Rotator cuff Repair
  - Muscle Transfer
  - Hemiarthroplasty
  - RSA
  - RSA plus Muscle Transfer
- All approaches "worked" in "reversing" this…

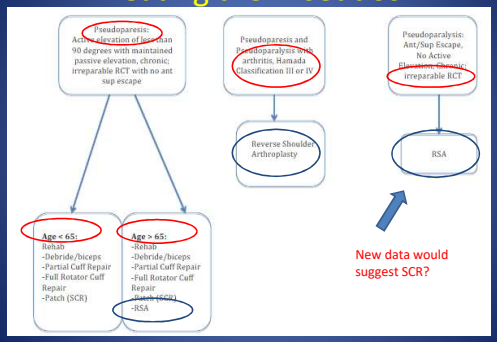
SO if they all work, what should we do??

- At least, lets define terms so that future studies can truly compare "Pseudoparalysis"
- Step 1: All future studies should include a statement that they did a lidocaine challenge to prove that their "reversal" wasn't due to pain relief
  - NONE of the 16 studies mentioned this…
- Step 2: Must differentiate on Severity:
  - Pseudoparalysis: No active Elevation
  - Pseudoparesis (Gerber JBJS 2005)- <90 degrees

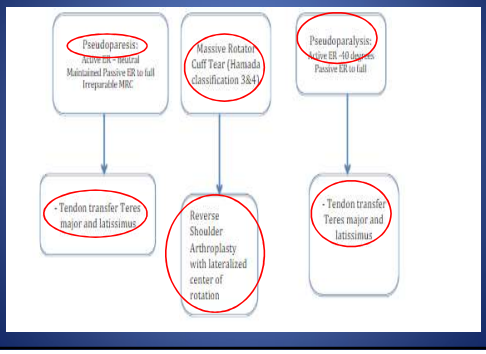
Defining Pseudoparalysis/ Pseudoparesis

- Step 3: Include External Rotation Lag
  - ER Pseudoparalysis: No Active ER, and lags back to -40 degrees
  - ER Pseudoparesis: Active ER to Neutral, but lags back to neutral with passive ER

Treating the "Pseudos"



Treating the ER Pseudos



Conclusions

- Pseudoparalysis should be Strictly defined
  - Rule out pain
  - Define degree (Paresis vs. paralysis)
  - Ensure we include FF and ER
- Treatment algorithms continue to evolve
  - If the cuff can be fixed, fix it!
  - If not, many options available
    - Age, expectations, pathology…

Thank you and Good Luck!

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