Date (CSS Member)	Message	Attached Documents
7/20/18 (Dr. Jon Warner)	Dear Members of the Codman Shoulder Society, Attached please find a case presentation from Dr. Hatch. Any comments or advice on this case would be greatly appreciated. Thank you in advance for your help. Here is my answer: LTT and LDT are both proven in such cases and are done effectively by many people as an arthroscopic-assisted approach. SCR is a static operation at best and remains proven only in small cohorts. Currently the promise of success is better than the reality, though I'm open minded to review larger studies by other surgeons. My choice, Arthroscopic-assisted LTT or LDT. Best Regards, Jon J.P. Warner, MD	Case Presentation PPT
7/20/18 (Dr. Peter Millett)	If she has 3-/5 strength in fwd flexion, I would do SCR. Looks like good, inact axial force couple. She should do well with SCR. Good luck - Peter Peter J. Millett, MD, MSc	
7/20/18 (Dr. Ruth Delaney)	Have had good results with SCR in patients like this with preserved force couple and no significant arthritis or humeral head superior migration - though I appreciate JP's scepticism. But, "absence of evidence is not evidence of absence"... We have not published yet, but our comparison of LDT vs SCR shows no significant difference in outcome measures, but higher subjective shoulder value with SCR trending towards statistical significance - work done with Albert Lin at UPMC. I think this patient would do well which whichever technique the surgeon is most comfortable with - LDT, LTT or SCR. Best, Ruth	

7/21/18 (Dr. Philippe Valenti)	dear friends if there is only and irreparable supraspinatus tear with no biceps and a good Ssc, IS and teres minor. I would try physiotherary first with reinforcement of the deltoid and I am sure this patient will recover a good function. kind regards Philippe Valenti, MD	
7/21/18 (Dr. Ronald Navarro)	Ruth! Who were you quoting? I modified. Does it fit the same intent? “The absence of evidence of peer reviewed efficacy of a treatment does not always mean that there exists no evidence that can later be proved to cite the presence of efficacy of a possible said treatment.” Btw JP I have been slow to get on the SCR train as my partner likes to do them (and in my capitated environment that doesn’t mean he is stealing food from my children). So embellishing the quote isn’t tacit agreement with the suggested treatment. Rick do what you do best. For some the answer to that might be RTSA! Sent from Navarro KP	
7/21/18 (Dr. Ruth Delaney)	Hi Ron, That’s actually a quote from one of JP’s talks, I couldn’t find the original reference to attribute the quote properly! I’ve gotten very picky about my SCR indications, we are definitely still learning. Ruth	
7/22/18 (Dr. Jon Warner)	Dear All: One of the Value add-ons of this group is conversations like this which allow us to crowdsource experts for our patients and highlight what we don't know. In this particular instance, we are discussion a "promising" new technique, namely SCR, but we have different ideas about for whom it is best treatment. Moreover, the few articles written on this are very optimistic about their successes. One can't help but imagine there may be more than one kind of confounding variable of bias in such small cohort studies. I'll remind you that Bhandari made us all aware that fragility due to small N in retrospective cohort studies usually means the conclusions are probably not valid. Furthermore, if you look at Codman Shoulder Society website at my blog, Warner's Corner, I've posted the article by Ionides	

	which is entitled "All Research is Wrong." He pointed out that 75% of all small retrospective cohort studies are ultimately proven incorrect by similar sized cohort studies. So what are we to do to understand if SCR is really "Worth it"? The only answer is a large cohort study where we agree on indications and we measure together. Randomization, as is usually the case, is very difficult but might be considered with perhaps arthroscopic partial repair. In fact, we did this with the Orthospace IDE. We have just finished a study reviewing our results and those of the SOS Global database analyzing outcomes of SCR vs Tendon transfer; and we have analyzed our "learning curve" at MGH for SCR as well. I encourage all of you to think about this and challenge one of you to move to a multicenter Codman Study group on this. Best Regards, JP Warner, MD	
7/22/18 (Dr. Ronald Navarro)	Dr. Valenti, Thank you for getting the group to see reason as an option! The American patient will unfortunately doctor shop. This is why more restricted networks may be a better answer to Care. All Shoulder specialists agree and the patient must prove commitment to PT bf any surgical approaches rendered. We are too afraid to solve for our American healthcare crisis by imparting discipline upon our patients (and maybe ourselves at times too). All the best, Ron Navarro	
7/22/18 (Dr. Jon Warner)	This is a wise statement and it goes to the heart of indications for SCR. JPW	

7/27/18 (Dr. Eric Wagner)	Colleagues, Similar to what we have emailed you about with the survey to help in planning a multicenter study, obviously this is a controversial topic. As those of you know who were at the Codman meeting, we have compared arthroscopic tendon transfers to SCR (+/- repair) using global SOS data. When examining process of recovery (SSV, VAS, ASES, etc), appears the recovery of arthroscopic tendon trasnfers (lat and lower trap) are basically equivalent to SCR with rotator cuff repair, and slightly better than SCR alone without repair. Furthermore, when comparing arthroscopic latissimus, arthroscopic lower trapezius, and open latissimus transfers. In the same process of recovery comparison analysis, the two arthroscopic procedures were superior to the open (without any difference between the two arthroscopic procedures). I have attached abstracts and graphs for your reference. Look forward to collaborating with many of you on some future multicenter studies to help better answer these and many other questions! -Eric	LD vs. LT Transfer Abstract, SCR vs. Transfer Abstract AAOS, Transfers-SCR Comparisons
8/2/18 (Dr. M. Daniel Hatch)	Thank you so much for all of your responses. As noted by the various options suggested, this is still a topic to be studied and understood better. I will keep the Codman Society as to surgery performed and outcome. Thank you again. Best Dan	

“Early Clinical Outcomes of Superior Capsular Reconstruction Compared to Tendon Transfers” (Wagner et al, AAOS Abstract)

“Postoperative Recovery Comparisons of Latissimus Dorsi Transfer to Lower Trapezius Trasnfer for the Treatment of Massive Rotator Cuff Tears” (Woodmass et al, Abstract)

“SCR vs. Tendon Transfers Comparisons” (Wagner, Powerpoint)