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**Regarding “Subacromial
Decompression in Patients
With Shoulder
Impingement With an
Intact Rotator Cuff: An
Expert Consensus
Statement Using the
Modified Delphi Technique
Comparing North
American to European
Shoulder Surgeons”**



Shoulder Impingement With an Intact Rotator Cuff: An Expert Consensus Statement Using the Modified Delphi Technique Comparing North American to European Shoulder Surgeons.” Undoubtedly, the management of patients with subacromial impingement (SI) is still controversial, expressed in this study by the fact that consensus could only be reached for 22% of the 71 Likert style items included.

We wish to congratulate the authors for the enormous effort involved in carrying out this consensus, and we would like to raise a few observations about the interpretation of the study results and the role of subacromial decompression (SAD) in patients with SI.

In 2009, Ketola et al.² performed a randomized controlled trial (RCT) including 134 patients in which they compared a supervised exercise program (n = 66) with arthroscopic acromioplasty followed by a supervised exercise program (n = 68). No statistically significant difference was found neither in relation to the visual analog scale score nor in the secondary outcomes considered, which were pain at night, disability, shoulder disability questionnaire score, number of days experiencing pain, and number of patients without pain. In a similar study, Farfaras et al.³ randomized 55 patients with SI into open acromioplasty (n = 15), arthroscopic acromioplasty (n = 19), or physiotherapy (n = 21) treatment, and the authors also found no significant differences between the 3 groups in a period up to 3 years after the intervention.³ Some recent RCTs were performed, including a placebo surgery control group.^{4,5}

In 2018, Beard et al.⁴ performed a multicenter, randomized, placebo-controlled, 3-group trial in 32 British hospitals. They included 313 patients who were randomly assigned to 1 of 3 treatment groups: (1) decompression surgery (n = 106), (2) diagnostic arthroscopy only (n = 103), and (3) no treatment (n = 104). No clinically significant difference was found by the authors in terms of pain or functional scores when comparing the surgical groups with the no-treatment group. Moreover, surgical decompression did not result in any additional positive effect when compared with arthroscopy only.

In 2018, Paavola et al.⁵ performed another multicenter, 3-group, randomized, double-blind, sham-controlled trial in 3 Finnish public hospitals. They included 210 patients suffering from SI who were randomly classified into 1 of the following 3 treatment groups: (1) decompression surgery (n = 59), (2) diagnostic arthroscopy only (n = 63), and (3) exercise therapy (n = 71). They found that SAD was not any better than diagnostic arthroscopy at 24 months. Likewise, there appear to be no long-term benefits associated with SAD in patients with SI. In 2017, Ketola et al.⁶ published the long-term outcomes from their previously published RCT in 2009.² From the initial 134

We read with great interest the study by Hohmann et al.,¹ “Subacromial Decompression in Patients With

patients, 90 (64%) were evaluated for a mean period of 12 years after being randomized. In line with the results obtained in the short-term assessment, the final long-term follow-up revealed no statistically significant differences in either pain or any functional outcome measures. Therefore, it is important to emphasize that multiple, high-quality randomized controlled trials showed that SAD failed to provide improvements in pain, function, or quality of life compared with a placebo surgical procedure or other conservative treatments for patients with SI. It is time to ask ourselves why and for what we shoulder surgeons keep doing SAD when the benefits of this procedure still need to be proven.

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Investigation performed at the Shoulder Unit Department of Orthopaedic Surgery.

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Author Reply to “Regarding ‘Subacromial Decompression in Patients With Shoulder Impingement With an Intact Rotator Cuff: An Expert Consensus Statement Using the Modified Delphi Technique Comparing North American to European Shoulder Surgeons’”



We thank Drs. Rossi and Ranalletta¹ for their letter to the editor regarding our Delphi Consensus paper debating the merits of arthroscopic subacromial decompression (SAD) for patients with an intact rotator cuff.² As they¹ have highlighted in their letter, SAD in patients with an intact rotator cuff repair remains a hotly debated topic, and we welcome further discussion and letters to the editor from our colleagues. Apparently, strong opinions develop when there is an obvious lack of strong and reliable evidence. We³ have previously responded to the criticism by Drs. Reito and Karjalainen,⁴ who expressed concerns about potential biases and fierce resistance when “accepted treatments that stood the test of time” are challenged.⁵ Similar to Drs. Rossi and Ranalletta, Dorrestijn et al. argued that there are already enough high-quality randomized controlled published trials to conclude that there is no advantage with SAD.^{6,7} Drs. Rossi and Ranalletta¹ now refer to additional studies by Ketola et al.,⁸ Farfaras et al.,⁹ Beard et al.,¹⁰ and Paavola et al.¹¹

Of course, high-quality randomized placebo-controlled studies can change the direction of clinical practice, and we would be ignorant to continue with an outdated and previously accepted treatment when confronted by definitive evidence refuting its efficacy. Unfortunately, the studies referenced by Drs. Rossi and Ranalletta¹ do not fulfill the criteria of high quality when evaluated objectively. The placebo-controlled trial by Beard et al.¹⁰ has been criticized by several German-speaking associations¹² because of its multiple biases, as we have also highlighted in our previous