Early Treatment of Shoulder Pathology Is Necessary but Not Enough Is Being Performed

Abstract: Delayed treatment of shoulder instability results in bone loss requiring more-complicated surgery, in turn resulting in less-optimal outcomes. Similarly, delayed treatment of repairable rotator cuff tears results in irreparable tears requiring more-complicated surgery and resulting in less-optimal outcomes. Delayed treatment of shoulder pathology is a problem. Solutions include education and research investigation.

There have been an enormous number of publications on shoulder instability with bone loss in the last few years. With so much published, a series of textbooks could be filled. In addition, there have been a massive number of recent publications on irreparable rotator cuff tears. Again, there is so much material one could fill an entire encyclopedia.

Yet, when it comes to shoulder instability, in cases of early surgical intervention bone loss can generally be minimized or avoided, resulting in superior patient outcomes and lower rates of complications. What is more, this has been well understood for some time.

Similarly, when it comes to rotator cuff tears, in cases of early surgical intervention, irreparable tears can generally be avoided, resulting in superior patient outcomes and lower rates of complications. Again, this has been well understood for some time.

What makes little sense is that, if early treatment of shoulder instability and rotator cuff tears results in better outcomes and delayed treatment results in shoulder instability with bone loss and irreparable rotator cuff tears, why is not enough early treatment being performed?

Delayed treatment of shoulder instability is a problem. A solution could be to educate our colleagues, patients, and the public. An additional solution could be for investigators to conduct original scientific research with a goal of determining the causes of this problem. By better understanding the cause, we may be better positioned to discover necessary solutions.

References


17. Muench LN, Imhoff AB, Mehl JT. Editorial commentary: Double-sling transfer of both the conjoined tendons and long head biceps tendon for glenoid bone loss in patients with shoulder instability shows biomechanical benefit in shoulder abduction and external rotation but may be insufficient in mid-range arm positions. Arthroscopy 2022;38:1441-1443.


32. Peebles AM, Provencher MT. Editorial Commentary: Posterior shoulder instability surgical treatment outcomes are inferior to outcomes of anterior instability: Standardization of patient evaluation and indications could improve results. Arthroscopy 2022;38:564-566.


43. Solomon DJ. Editorial Commentary: Better stability found with primary Latarjet compared with those performed after a failed arthroscopic Bankart repair: Should we be doing more primary Latarjet procedures? Arthroscopy 2021;37:3253-3254.
49. Sheean AJ. Editorial Commentary: Remplissage is not needed when performing the Latarjet procedure in the setting of off-track Hill-Sachs lesions: One of the classics continues to get better with age (and some help from new data). Arthroscopy 2021;37:2462-2464.
55. Randelli PS. Editorial Commentary: Personalized medicine for shoulder instability may result in best outcomes with the lowest complication rates. Arthroscopy 2021;37:2063-2064.
61. Boileau P, Balg F. Editorial Commentary: Should we condemn the shoulder instability severity index scoring system? Not at all... can we improve its radiographic component? Yes, We Can! Arthroscopy 2021;37:1392-1396.


64. Imai S. A new guide for the arthroscopically assisted Latarjet procedure. *JBJS Open Access* 2021:e6e0.00141.


72. Provencher MT, Peebles AM. Editorial Commentary: Preoperative 3-dimensional imaging for shoulder instability is vital for determination of off-track lesions and may indicate Bankart repair plus remplissage. *Arthroscopy* 2021;37:457-459.


76. Cheng TT, Edmonds EW, Bastrom TP, Pennock AT. Glenoid pathology, skeletal immaturity, and multiple preoperative instability events are risk factors for recurrent anterior shoulder instability after arthroscopic stabilization in adolescent athletes. *Arthroscopy* 2021;37:1427-1433.


84. Landsdown DA, Pedoa V. Editorial Commentary: Can we evaluate glenoid bone with magnetic resonance imaging? Yes, if you have the right sequence. *Arthroscopy* 2020;36:2401-2402.


98. Barber FA, Howard MS. Editorial Commentary: Glenoid track instability management score or instability severity index score—will this decrease Latarjet abuse? Arthroscopy 2020;36:668-70.


115. Knapp TP. Editorial Commentary: Dermal allografts are indicated for repair of irreparable rotator cuff tears and for revision surgery, and may be cost-effective for primary repair. Arthroscopy 2022;38:2175-2177.


126. Waterman BR. Editorial Commentary: Increased graft thickness with superior capsular reconstruction results in improved acromiohumeral distance, but increased graft tear rate and lateral acromial erosion. Arthroscopy 2022;38:1793-1795.


129. Cartucho A. Tendon transfers for massive rotator cuff tears. EFORT Open Rev 2022;7:404-413.


135. Waterman BR. Editorial Commentary: Determination of meaningful, clinically significant outcome thresholds for superior capsular reconstruction of the shoulder: Predicting those patients who improve and those who don’t! Arthroscopy 2022;38:1454-1456.


151. Dhawan A. Editorial Commentary: Clinical improvements of superior capsular reconstruction are not due to maintained dynamic acromiohumeral distance. *Arthroscopy* 2022;38:276-277.


173. Broida SE, Sweeney AP, Gottschalk MB, Woodmass JM, Wagner ER. Clinical outcomes of latissimus dorsi tendon...


195. Hohmann E. Editorial Commentary: If the massive rotator cuff tear is irreparable, just fix the rotator cable. *Arthroscopy* 2021;37:1411-1413.


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225. Eichinger JK. Editorial Commentary: Look more closely at those coronal magnetic resonance imaging cuts before concluding a rotator cuff tendon tear is irreparable—don’t let an l-shaped tear fool you. *Arthroscopy* 2020;36:2831.


is associated with improved shoulder function and high patient satisfaction. Arthroscopy 2021;37:480-486.


