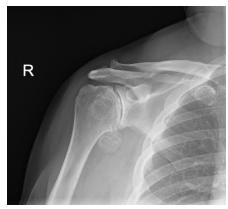
Patient Background & Diagnosis

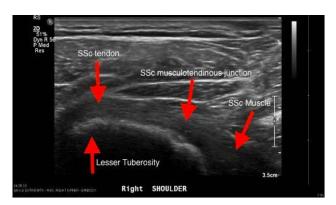
This patient is a 60 YO RHD truck driver with heavy lifting requirements. He experienced 5+ years of progressively worsening right shoulder pain with deep, achy pain, loss of motion, and pain at night. He trialed time and activity modifications, NSAIDs, PT, and GH cortisone injections with minimal durable relief of symptoms. His pre-op x-ray showed severe GH arthritis with a large inferior osteophyte. His MRI showed an intact rotator cuff. His goal was to return to modified work (driving only) for 3-5 years until retirement. He was otherwise healthy and enjoyed playing baseball with his children.



Patient's pre-op shoulder x-ray

Surgical Treatment

This patient underwent standard anatomic shoulder arthroplasty. The subscapularis (SSc) tendon was moderate to good quality, but significantly scarred to the inferior capsule and osteophyte. The inferior capsule was carefully dissected away, and the large inferior osteophyte was removed. I decided to augment the SSc repair with TAPESTRY to improve the chance for normal SSc tendon healing. Afte routine repair of the SSc, I placed TAPESTRY over the tendon and slightly overlapped the footprint on the lesser tuberosity.



6-month post-op ultrasound showing normal, intact tendon

Surgeon & Patient Experience

I choose to augment my SSc repairs with TAPESTRY because it has both structural and biologic components to support collagenous tissue ingrowth. This patient utilized a sling for 4-weeks post-operatively but began PT for early ROM immediately. The patient obtained a dynamic ultrasound at 6 months to evaluate SSc healing. The results showed "intact tendon, measuring 0.5 cm in maximal thickness and 3 cm in superior-inferior width… normal postoperative appearance of the subscapularis tendon… with homogenous echogenic fibrillar architecture." He returned to work at 3 months, with a 15lb weightlifting restriction overhead.



Amit Nathani, MD, MSc is a practicing orthopedic surgeon and shoulder specialist in Santa Barbara, CA. He completed his residency at University of Michigan, and a sports medicine & shoulder surgery fellowship at Stanford University. Dr. Nathani has lectured and published extensively in hip, knee, and shoulder surgery and serves as principal reviewer for the American Journal of Sport Medicine (AJSM).



Results from case studies are not predictive of results in other cases. Results in other cases my vary. All images courtesy of Dr. Amit Nathani.

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