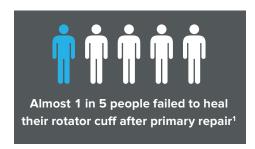
Predictive Healing Score for Decision-Making

Primary Rotator Cuff Repair Augmentation



Factors influencing the risk of failure in tendon healing after primary rotator cuff repair¹:

- AP tear size
- Grade of infraspinatus fatty infiltration
- Bone mineral density

- Tear retraction
- Increasing age > 70 yr
- Level of work activity

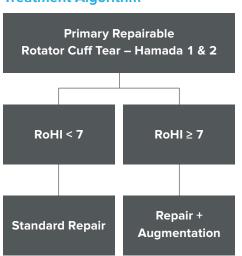
Kwon et al created a 15-point scoring index (RoHI) based on the above patient risk factors to predict healing of the rotator cuff.¹

Rotator Cuff Healing Index (RoHI) Score Ranges¹

	High chance of healing	At risk for failure	High chance of failure	
Score	0-4	5-6	7-9	10-15
Healing Rate	94%	68%	38%	14%

Primary Rotator Cuff Repair Treatment Algorithm³

Rotator cuffs failed at suture-tendon interface²



RoHI Case Example

Factors of RoHI	Input	Score
Age	71	2
AP tear size (cm)	3.5	2
Retraction (cm)	2.5	2
Infraspinatus fatty infiltration grade	3	3
Bone mineral density	0	0
Level of work activity	Patient Value	0
	RoHI Score	9
	% Chance of Healing	38%

- Kwon J, Kim SH, Lee YH, Kim TI, Oh JH. The Rotator Cuff Healing Index: a new scoring system to predict rotator cuff healing after surgical repair. Am J Sports Med. 2019;47(1):173-180. doi: 10.11770/3653465188107632. Cummins CA, Murrell GA. Mode of failure for rotator cuff repair with suture anchors identified at revision surgery. J Shoulder Elbow Surg. 2003;12(2):128-133. doi: 10.1067/mse.2002.21.2 Jackson GR, Bed IA, Denard PJ, Carfat augmentation of repairable rotator cuff tears: an algorithmic approach based on healing rates. Arthroscopy. 2021;50749-8063(2)100963-4. Arthroscopy. 2021;50749-8063(2)100963-4. Arthroscopy. 2021;50749-8063(2)100963-4. Arthroscopy. 2021;50749-8063(2)100963-4. Arthroscopy. 2021;50749-8063(2)100963-4. Arthroscopy. 2012;22(8)18-15. doi: 10.1016/j. arthro.2021.10.032. Online ahead of print. 4. Barber FA, Burns JP, Deutsch A, Labbé MR, Litchhied RB. A. prospective, randomized evaluation of acellular human oternal matrix augmentation for arthroscopic rotator cuff repair. Arthroscopy. 2012;22(8)18-15. doi: 10.1016/j. arthro.2011.06.038 5. Balley JR, Kim C, Alentorn-Gell E, et al. Rotator cuff matrix augmentation and interposition: a systematic review and meta-analysis. Am J Sports Med. 2019;47(6):1496-1506. doi: 10.1177/036354651877462.6. Omae H, Steinmann SP, Zhao C, et al. Biomechanical effect of rotator cuff augmentation with an acellular dermal matrix graft: a cadwer study. Clin Biomech (Bristol, Avon). 2012;27(8):789-792. doi: 10.1016/j.clinbiomech.2012.05.001 7. Gilot GJ, Alvarez-Pinzon AM, Barcksdole L, Westerdahl D, Krill M, Peck E. Outcome of large to massive comparative study. Arthroscopy. 2015;31(8):1459-1465. Arthroscopy. 2015 Aug;31(8):1459-65. doi: 10.1016/j.clinbiomech.2012.05.001.
- Several studies show the use of graft augmentation in rotator cuff repairs may improve biomechanical strength and tendon healing, and increase healing rates.⁴⁻⁷
- Specifically, acellular dermal allograft may have the ability to vascularize and remodel into tendon-like tissue and increases the biomechanical strength of a rotator cuff repair by over 60%.⁶ Additionally, it may improve postoperative healing compared to standard repairs.⁴
- In large rotator cuff tears (>3 cm), postoperative healing rates increased to 85% with dermal augmentation, compared to 40% with a standard repair.⁴



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