September 10, 2017

Dear Jacqueline:

There is my evaluation of the shoulder ODG for your project. Of course, a far more detailed evaluation regarding the guidelines could be done as well. I hope this is helpful.

Stated goal: From Jacqueline Kurth "The goal is for each of you to review a Chapter, in your case Chapter 19 Shoulder, and answer the questions will the guidelines: 1) improve medical treatment for injured workers, and 2) adequately cover the body parts and conditions".

ODG Training Guideline Video Reviewed

Shoulder

Chapter lead: Stephen Norwood MD

Non specialist/non shoulder reviewer-No identified credentials
Not in member directory of ASES, AANA or AOSSM
No identified shoulder specialists on editorial board

Rotator Cuff Tears: Useful with comments

Surgical treatment-Accurate and useful
- Do not address acute SMALL full thickness tears
- Atraumatic tears-good
- Traumatic medium to large tears-Size not defined-appropriate
- Do not address radiographic criteria for chronic tears
- Many outdated studies not updated

Rehab-preop
- 3-6 months-poor definition

PT and RTW guidelines not clearly stratified by diagnosis and therefor inaccurate.
- PT visit numbers seem to be based on opinion and not EBM
- RTW based on historical case review and not biology-(ie RTC healing and risk for re-injury)

For instance: (from ODG)
- PT: (No references:)
- Medical treatment: 10 visits over 8 weeks
- Medical treatment, partial tear: 20 visits over 10 weeks
- Post-surgical treatment: 24 visits over 14 weeks

Return-To-Work "Best Practice" Guidelines
Medical treatment, modified work: 0 days
Medical treatment, manual work: 7 days
Medical treatment, manual overhead work: 28 days
Medical treatment, heavy manual work: 56 days
Arthroscopic surgical repair/acromioplasty, clerical/modified work: 28 days
Arthroscopic surgical repair/acromioplasty, manual work, non-dominant arm: 56 days
Arthroscopic surgical repair/acromioplasty, manual work, dominant arm: 70 days
Open surgery, clerical/modified work: 42-56 days
Open surgery, manual work, non-dominant arm: 70-90 days
Open surgery, manual work, dominant arm: 106-180 days
Open surgery, heavy manual work if cause of disability: indefinite

Highlight reflects 70 days for RTW after RCR-This would be malpractice and under no circumstance acceptable-as this is reviewed by non surgeon personel it represents misinformation. ESL

Surgery for AC joint: Not useful
Separation: Not useful
No treatment section.
Only states Grade III. Doesn't address grade 4 and 5 where surgical treatment is indicated. Section obviously not updated for years.

Distal clavicle resection/ACJ arthritis-section hard to find. Not referenced

Guidelines inadequate

Biceps Tenodesis: Useful
Reasonable review. No discussion of tenotomy

Surgery for impingement syndrome: Useful

Complete biceps rupture: Not useful. (in fact, the worst section I've read in the ODG)
This section is incomplete and inaccurate. It includes some comments on Distal biceps rupture(an elbow injury with clear surgical indication). The Long head biceps rupture indications is incomplete. Inaccurate and misleading. The discussion combines comments for elbow, partial tears and SLAP tears-all not "complete ruptures".

This section should be completely rewritten-obviously and clearly not edited by a shoulder surgeon

Surgery for Shoulder dislocation: Not useful
Combines information on both glenohumeral dislocation(shoulder dislocation) and AC joint dislocation(not a shoulder dislocation).
Most updated reference 2004. No discussion of failed surgery. No discussion of appropriate management

Surgery for SLAP tears: Useful
In general, this is up to date and recommendations are appropriate. It overemphasizes tenotomy as opposed to tenodesis and misrepresents the study(Erickson 2015).

Shoulder Arthroplasty(TSA): Useful

The basic elements are there. Again, a bit of a confused section with discussion of Glenohumeral joint Arthritis(Shoulder arthritis) combined with ACJ arthritis-not relevant to section.

Reversed Shoulder Arthroplasty(RSA): Sort of Useful
RSA will likely be used more in the WC patients than anatomic TSA because the primary indication is the long-term effect of failed Rotator cuff surgery. This section is correct but very limited and should be expanded significantly. The economic effect of this surgery is dramatic and this section doesn't do it justice. The guidelines presented are basic and for that reason useful but much room for improvement.

Summary:

In summary, there is a lot of useful information in the ODG. The shoulder section is not really up to date with a great deal of outdated/not updated information and some illogical organization of diagnosis and surgical procedures.
The most potentially useful sections are for ***surgical indications*** for:

- **Rotator Cuff Repair**
- **TSA and Reversed TSA**
- **SLAP tears**
- **Biceps Tenodesis**
- **Impingement Syndrome**

Physical therapy visit recommendations are arbitrary and *not Evidence based.*

Return to work days are very generalized and not clearly diagnosis or job specific.

End/ESL

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