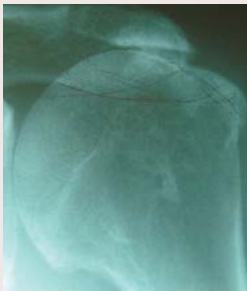


Compensated Cuff Arthropathy Made Simple



An Irreparable cuff tear is when there is a massive cuff tear, usually the supraspinatus, that the surgeon cannot repair. Because there is no supraspinatus, the humeral head shifts up and the superior portion of the head rubs against the acromion. The Humeral Head is a much softer bone than the acromion so the Humeral Head wears and becomes painful. This rubbing causes a lot of damage and wear to the greater tuberosity. With our system the surgeon can actually resurface the superior portion of the head and cover the greater tuberosity.



For the patient who does not have full head DJD, but does have an irreparable cuff tear and damage to the superior head, the surgeon can do a Hemi or a total. Both implants can work for this indication but take out a lot of bone. In order to put in a total or a hemi the surgeon will have to do a delto-pectoral approach which means taking down the subscapularis. Taking down the subscapularis increases the patients' rehab and weakens the main functional cuff tendon. Because there is no supraspinatus, the surgeon can put the HemiCAP® in by doing a modified delto-pec approach and bringing the head forward. The superior deltoid split approach also works because there is no supraspinatus.

Indications

- Young and active patients < 65 years
- High riding humeral head
- Shoulder pain that is refractory to conservative measures
- Isolated superior humeral head degeneration
- Intact subscapularis muscle
- Forward elevation to 90° and good muscle strength
- Requirements to lift >5lbs
- Low demand patient not wanting reverse arthroplasty

Contraindications

- Glenohumeral DJD
- Glenohumeral escape
- Pseudoparalysis
- Non-compensated cuff tear arthropathy
- Prior septic arthropathy or shoulder infection
- Severe osteoporosis

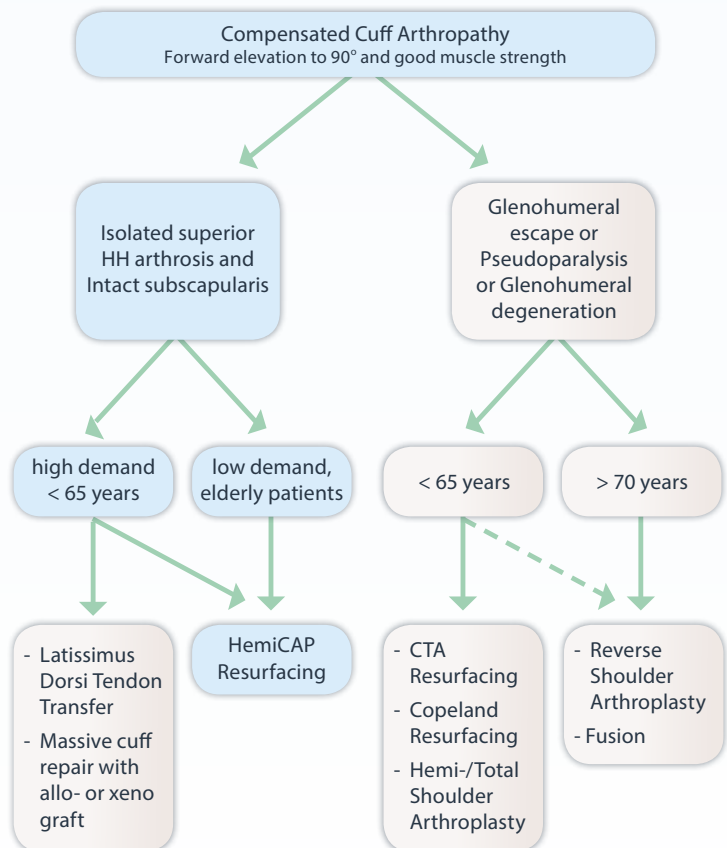
What is Compensated Cuff Arthropathy (CCA)?

Functional force coupling of the deltoid and remaining rotator cuff using the glenoid or acromion as a fulcrum for active forward elevation to >90 degrees when pain generators have been addressed. The HemiCAP® treats the pain allowing the patient to maintain the majority of their function. One way a surgeon can determine if a patient will do well with a HemiCAP® for this indication is to inject the subacromial space with Marcaine. If the patient is able to show good function with the use of Marcaine, then they may be a candidate for a HemiCAP® CCA resurfacing.

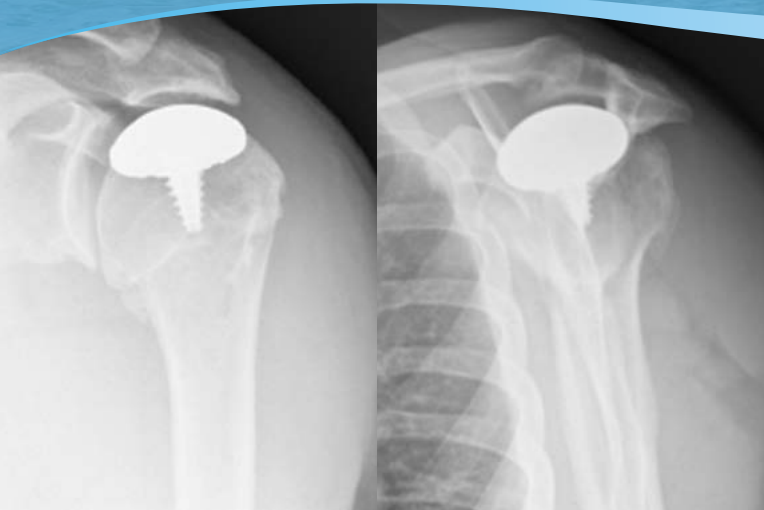
Why not do a reverse?

The patient that is being treated with HemiCAP® is typically under the age of 65 and too young and active for a reverse total shoulder. These patients have an intact glenohumeral joint and ONLY have superior humeral head arthrosis with a non-functioning supraspinatus. They do not have an antero-superior escape-meaning the humeral head has slipped past the acromion. Once again, this patient has decent shoulder function when the pain generators have been addressed. A reverse total shoulder is simply too invasive of a procedure.

Treatment Algorithm



Compensated Cuff Arthropathy Made Simple



18 monthths postoperative - right



28 monthths postoperative - right



7 years follow up

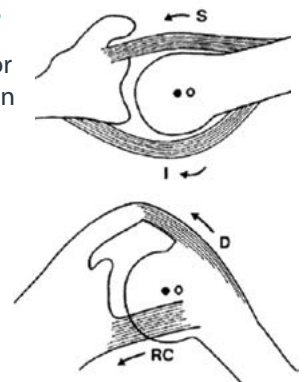
How to sell the HemiCAP® for Compensated Cuff Arthropathy

- This is for patients with severe cuff deficiency but who do not have full head DJD.
- The surgeon can resurface the superior portion of the head and the greater tuberosity.
- Because there is no supraspinatus the surgeon does not have to take down the subcapularis to access the shoulder. The deltoid split approach can also be used as it saves the patient a lot rehab and maintains function as the subcapularis is left intact.
- This will not restore full function, but the patient should gain back some function because the pain is alleviated.
- Bone preserving/Stemless
- Low risk of periprosthetic fracture
- Shorter operative time & may be done as an outpatient procedure
- Quicker rehabilitation & pain relief

CCA Compensation Mechanisms

- The anterior and posterior rotator cuff provide dynamic stabilization
- The remaining rotator cuff and deltoid compensates function

o = Center of rotation
 S = Subscapularis
 D = Deltoid
 I = Infraspinatus
 RC = Rotator cuff



Bilateral CCA - 3 months postoperative