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Time to Listen to the Evidence

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I appreciate the efforts of *JBJS* to bring high-quality evidence from other publications to its readers. The recent high-quality study, “In Shoulder Impingement Syndrome, Subacromial Decompression Did Not Differ from Diagnostic Arthroscopy for Shoulder Pain at 24 Months,” published in *BMJ*, is further evidence that subacromial decompression (SAD) has no benefit over other treatments for shoulder pain. This is in line with recent high-level evidence that suggests SAD is no better than placebo.

Recall the words of Bert Zarins who, in writing about Charles Neer’s *JBJS* “classic” from January 1972, said in *JBJS* in 2005 that “it is more likely that rotator cuff dysfunction results in upward displacement of the humeral head and causes impingement of the humeral head against the acromion with shoulder use rather than the reverse.” The liberal use of acromioplasty to treat “impingement” is being replaced by a trend toward making an anatomic diagnosis, such as a partial or a complete tear of the rotator cuff, and performing corrective surgery.

Additionally, careful review of Neer’s 1972 work on impingement will reveal his emphasis on restoration of mobility before consideration of SAD. Indeed, posterior capsule contracture and GIRD [glenohumeral internal rotation deficiency] have been shown to be prevalent causes of shoulder pain.

An entire year of my life was spent with Dr. Rick Matsen, who successfully treated shoulder pain without use of SAD in one patient in the entire year.

I think it is shameful for *JBJS* to publish comments similar to Dr. Brian Grawe’s, who claims that SAD continues to be an effective procedure, as long as we are correct with our patient selection. I wonder what selection criteria should I apply to patients to utilize a procedure that can be rightfully considered a placebo or sham surgery?

Conflict of Interest: None Declared