Defining the MCID for PROMIS pain and function for patients with rotator cuff tears initially treated non-operatively

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Disclosures

- Dr. Eric Makhni
 - -Stock/ownership of Protera Health and OutcomeMD
 - -Editorial Arthroscopy
 - -Committee AAOS and AOSSM
 - -Royalties SLACK and Springer
 - -NIH funding

Background

- Rotator cuff tears among the most common causes of shoulder pain and dysfunction.¹⁻³
- Conservative management most often attempted initially
- The shared decision to operate is multifactorial⁴
 - -Age
 - Activity level
 - -Pain and dysfunction
 - -Tear characteristics

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Nonoperative treatment

• Variable success of nonoperative management⁵⁻⁹

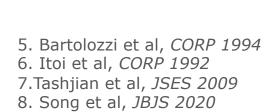


• Khatri et al, AJSM 2019. **Rapid improvement** over **12 months** regardless of treatment.



Tashijan et al, JSES 2009. Determined the MCID for visual analog scale
 (VAS) after 6 weeks of nonop

-Only 56% (46/81) achieved MCID (1.37 cm)





Nonoperative treatment



- Song et al, JBJS 2020. **Nonoperative** tears **more likely to achieve MCID** for Shoulder Pain and Disability Index (SPADI) at **3.25 months** compared to surgery⁷
 - -However, surgery group more likely to achieve significant reductions in SPADI and ASES at 15 and 24 months

 No studies have established the MCID for Patient-Reported Outcome Measurement Information System (PROMIS) for nonoperative management of RCT's

PURPOSE

To determine which patients benefit from conservative therapy and establish the MCID for various PROMIS assessments for patients undergoing nonoperative treatment of RCTs.



Methods

- Retrospective cohort study
- Nonoperatively managed patients with MRI or US-confirmed RCT from 1/2/2020-3/24/2021 in a single health system
- Inclusion criteria:
 - -Initial course of rest, activity modification, physical therapy, and/or corticosteroid injection
- Exclusion criteria:
 - -underwent surgery during the index study period
 - -incomplete follow up PROMIS assessments up to 6 months
- MCID calculated using distribution technique



RESULTS



Inclusion criteria and screening

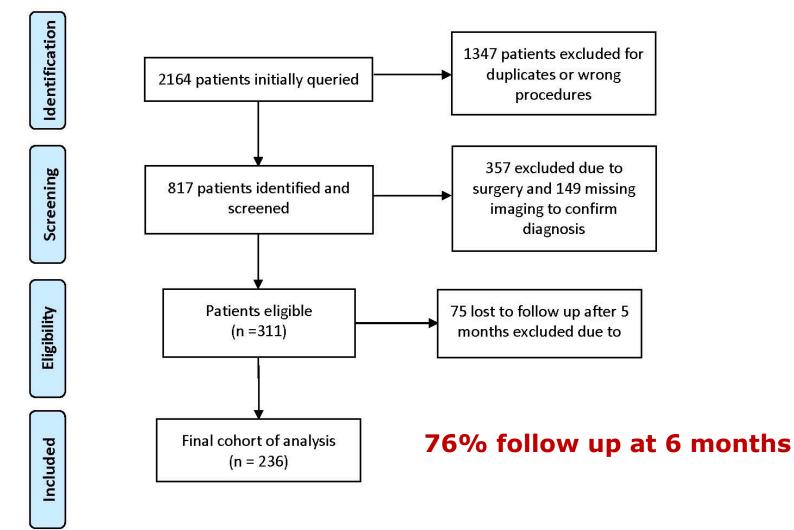
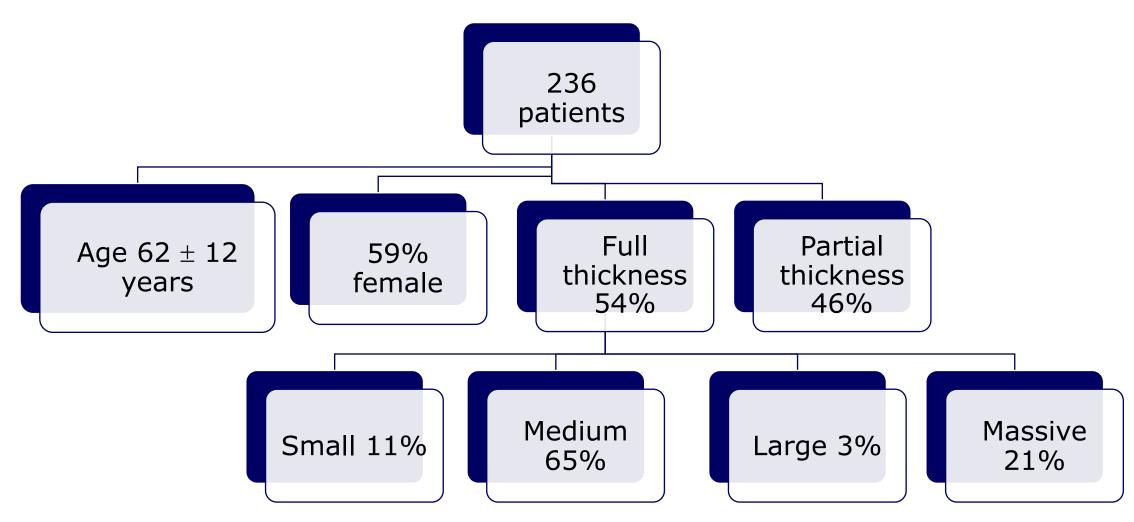


Table 1. Patient Demographics of Combined Cohort		
Characteristics	Mean (%)	SD
Age	61.52	11.92
Sex		
Male	97 (41.1)	
Female	139 (58.9)	
Smoking Status	,	
Never	142 (60.2)	
Former	70 (29.7)	
Current	20 (8.5)	
Unknown	4 (1.7)	
Race	, ,	
White/Caucasian	135 (58.7)	
Black/African American	82 (35.7) [°]	
Asian	10 (4.3)	
Arab American	1 (0.4)	
Other	2 (0.9)	
Employment	, ,	
Employed	108 (45.8)	
Retired	37 (15.7)	
Unemployed	19 (8.1)	
Unknown	72 (30.5)	
Follow-up (days)	147.6	113.44
Tear Type		
Full-Thickness	128 (54.2)	
Partial-Thickness	108 (45.8)	
Laterality	,	
Left	90 (38.1)	
Right	145 (61.4)	
Left + Right	1 (0.4)	
Treatment	- ,	
Physical Therapy	121 (51.3)	
Physical Therapy + Steroid Injection	3 (1.3)	
Steroid Injection	98 (41.5)	
Steroid Injection + Opioids	4 (1.7)	
Opioids	10 (4.2)	
BMI	31.11	6.92
וויום	31.11	0.92

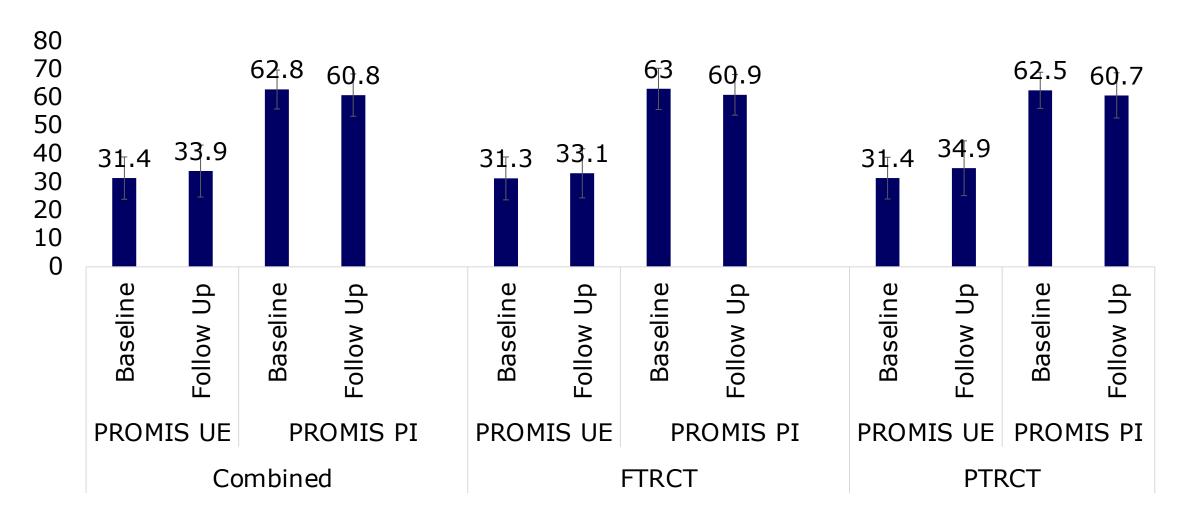
Demographics



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Baseline and Follow-Up PROMIS Scores at 6 * Months *



*Statistically significant improvements found at 6 months for all groups.

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Percent Achieving MCID after 6 months



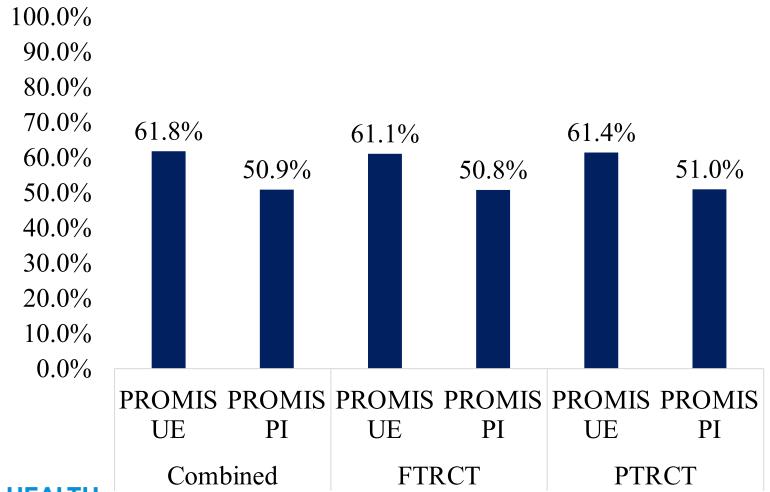




Table 4 Predictors of achieving MCID for PROMIS UE after 6 months for full-thickness rotator cuff tear

	Odds Ratio (95%	
Covariate	CI) `	OR P-value
Pretreatment PROMIS UE	1.05 (0.95-1.15)	0.4
Pretreatment PROMIS PI	1.04 (0.96-1/13)	0.3
Age	1.00 (0.93-1.08)	0.9
BMI	0.98 (0.90-1.06)	0.6
Sex		
Female	0.25 (0.07-0.88)	0.03
Male	-	-
Race		
African American/Black	5.97 (1.57-22.73)	0.01
Other	2.11 (0.08-58.79)	0.6
White	-	-
Treatment		
Steroid Injections	1.05 (0.31-3.55)	0.9
Steroid Injections + Opioids	0.35 (0.01-9.48)	0.5
Opioids	0.40 (0.01-13.22)	0.6
Physical Therapy	-	-

Full thickness tears

- Females less likely to achieve MCID
- Black patients more likely to achieve MCID

Partial thickness tears

 No significant differences were found

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Conclusions

- Majority of patients reported improvements in PROMIS scores over 6 months
- However, only 62% achieved MCID for PROMIS UE
- 51% achieved MCID for PROMIS PI



Tramer et al, JSES 2022. After 2 years, RCR achieving MCID 81% for UE and 65% for PI.

Is this level of success acceptable for nonoperative management?

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