**Does Long Head Biceps Augmentation Improve** the Biomechanics in **Irreparable Anterior** L-shaped **Supraspinatus Tendon** Tear?





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# **Background**

- Problem: Irreparable anterior L-shaped supraspinatus tears are challenging to repair.
- Current Techniques: Partial repair and superior capsular reconstruction (SCR) have limitations.
- Objective: Evaluate the biomechanical effectiveness of long head biceps tendon (LHB) augmentation compared to partial repair.



## Aim

 Hypothesis: LHB augmentation can biomechanically restore shoulder stability better than partial repair in irreparable supraspinatus tears.



## Methods

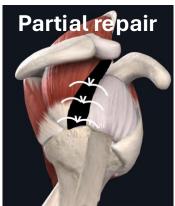
- Study Design: 16 soft cadaveric shoulders
- Testing:











### Measurements

Superior humeral translation





**Rotational range of motion** 

# **Surgical Techniques**

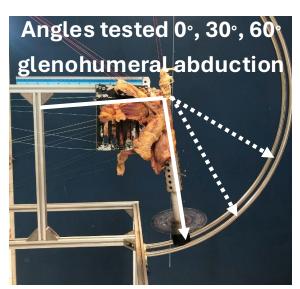
- Partial Repair: Side-to-side repair using Ethibond sutures.
- LHB Augmentation: Detached LHB repositioned to fill the supraspinatus gap, secured with sutures.
- Surgical techniques





# **Biomechanical Testing Setup**

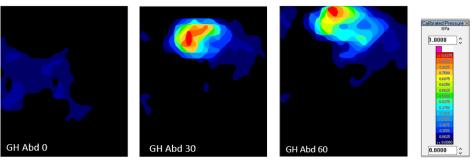
Custom Shoulder Testing System:



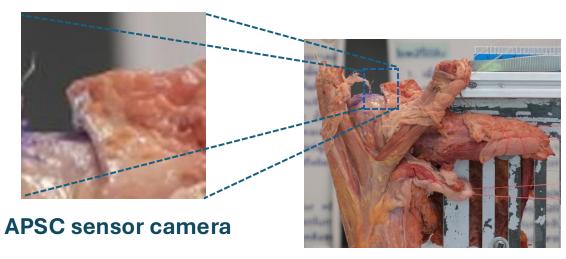
Muscle loading conditions (balanced / unbalanced)



Measurement Tools:

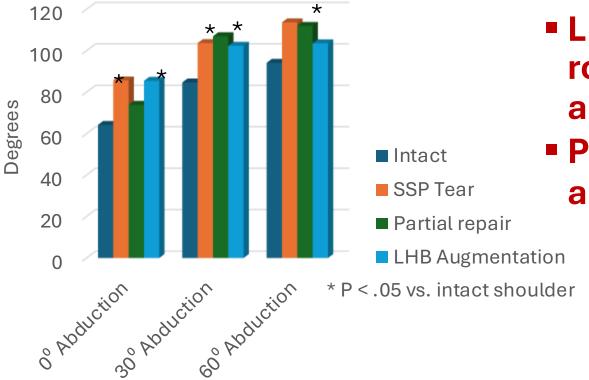


**Tekscan pressure mapping** 



# Results – Rotational Range of Motion

#### Total Rotational Range of Motion



- LHB augmentation restored rotational range of motion at 30° and 60° abduction.
- Partial repair restored motion at 0° abduction but not at 30°.

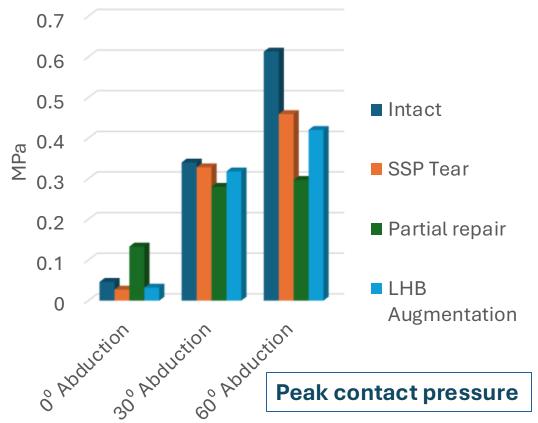


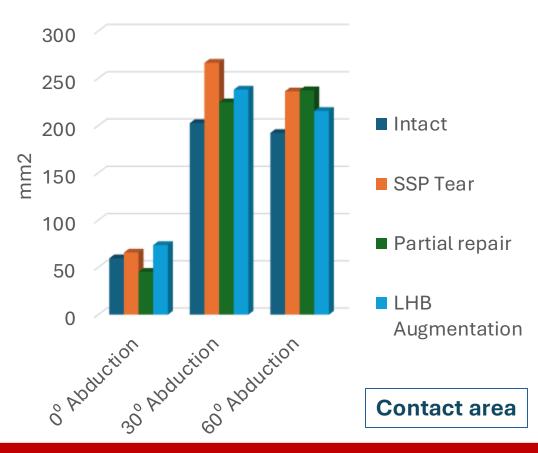
# **Subacromial Contact Pressure & Area**

■ No significant difference between LHB augmentation and partial repair.

■ Both techniques restored subacromial contact area and pressure to

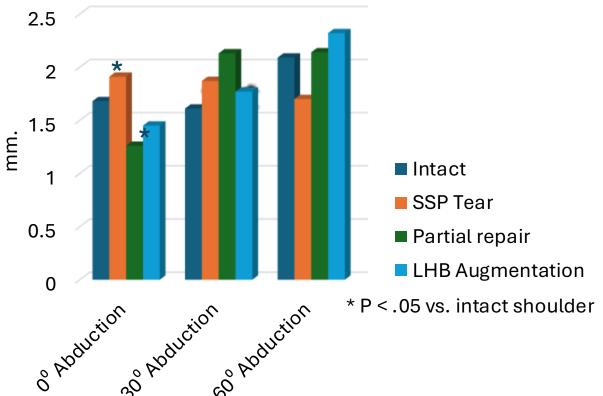
near-normal levels.





# **Superior Humeral Translation**

### Superior Humeral Translation



- LHB augmentation restored superior humeral translation to near-normal levels.
- Partial repair showed significant improvement but was less effective than LHB augmentation.



## **Discussion**

- LHB augmentation effectively restores rotational range of motion and humeral stability.
- Comparable to partial repair in restoring subacromial contact pressure and area.
- Clinical Implications: LHB augmentation is a viable surgical option for irreparable anterior L-shaped supraspinatus tears.



## Limitations

- Static Muscle Loading: Does not replicate dynamic human muscle forces.
- Cadaveric Study: No biological healing potential, only timezero outcomes.
- Variability: Muscle load direction may differ between specimens.



## Conclusion

- LHB augmentation restores rotational range of motion and humeral stability.
- Supports LHB augmentation as a clinical treatment option for irreparable anterior L-shaped supraspinatus tears.



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