# Bicipital Tenotomy Versus Tenodesis in Rotator Cuff tear: Randomized Controlled Study

#### **Thesis**

Submitted for Partial Fulfillment of MD Degree in Orthopedic Surgery

By

#### Mohamed Ahmed AbdElMoez

M.B., B.Ch, M.Sc. Orthopedic surgery Ain Shams University

Under Supervision of

#### Prof. Dr. Elzaher Hassan Elzaher

Professor of Orthopedic Surgery Ain Shams University

## Prof. Dr. Mohamed Hassan Sobhy

Assistant Professor of Orthopedic Surgery Ain Shams University

#### Dr. Zeiad Mohamed Zakaria

Lecturer of Orthopedic Surgery Ain Shams University

Faculty of Medicine
Ain Shams University
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#### List of Abbreviations

**AC** : Acromioclavicular

**ADL** : Activity of daily living

**AP** : Anteroposterior

**ASES**: American shoulder and elbow surgeons

**CAL**: Coracoacromial ligament

**CHL** : Coracohumeral ligament

**CMS** : Constant-murley score

**EMG**: Electromyography

**ER** : External rotation

**FF**: Forward flexion

**GH**: Glenohumeral

**IGHL**: Inferior glenohumeral ligament

**IR** : Internal rotation

**LHB** : Long head of biceps

**LHBT**: Long head of biceps tendon

MGHL: Middle glenohumeral ligament

**MRI** : Magnetic resonance imaging

**PPV** : Positive predictive value

**PXR** : PLAIN X ray

**RC**: Rotator cuff

#### List of Abbreviations

**RCR**: Rotator cuff repair

**RCT**: Rotator cuff tear

**ROM** : Range of motion

**SGHL**: Superior glenohumeral ligament

**SLAP**: Superior labral tear from anterior to posterior

**SLBC**: Superior labral biceps complex

**UCLA**: University of california los anglos

**US** : Ultrasonography

**VAS**: Visual analouge scale

16G : Sixteen gauge

**3T** : Three tesla

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#### Introduction

Rotator cuff disorders are the most common cause of shoulder pain and impairments in adults with a prevalence ranging from 5 to 39%. The pathogenesis is multi factorial, and includes repetitive micro trauma, age-related degeneration, impingement and major trauma. (1)

Rotator cuff tears are frequently associated with pathologies of the long head of the biceps tendon (LHBT). Its role in shoulder pathology, however, is a subject of controversy. Some view the LHB as a vestigial structure where as others believe it to be a major contributor to shoulder pain. Without a clear understanding of the functional role of the LHB, treatment recommendations have likewise long been a source of debate. (2)

In 1926, Gilcreest was the first to report a method of tenodesing the long head of the biceps to the coracoid process. (3) Since that time, interest in treating pathology of the long head of the biceps has waxed and waned. However, in recent years interest has been renewed primarily due to development of new treatment techniques. Surgeons have debated the merits of tenotomy versus