

Round 2 (n=14) (need 11/14 to meet consensus)							
ITEM #		FOR PATIENTS WITH ROTATOR CUFF PATHOLOGY		Abstain	FOR PATIENTS WITH GENERAL SHOULDER CONDITIONS		COMMENTS
		AGREE (Mark with "x")	DISAGREE (Mark with "x")		AGREE (Mark with "x")	DISAGREE (Mark with "x")	
The following questions relate to screening patients? Do you agree or disagree with including these items as part of a screening history?							
11	Is your shoulder problem associated with headaches/migraines?	1	13		3	11	
19	Have you ever been admitted to hospital for a psychiatric or mental health condition?	2	12		3	11	
	▶ If yes, is this in any way affecting your current shoulder problem?	2	12		3	11	
The following questions pertain to diagnosing patients ? Do you agree or disagree with including these items as part of a diagnostic history?							
25	Does your shoulder feel unstable?	9	5		13		
26	Does your shoulder feel loose?	8	6		11	2	
27	Does your shoulder come out of place?	6	8		11	2	
28	Does your shoulder dislocate?	5	9		11	2	~ in an older population, wouldn't ask instability questions
29	Are you unable to move your shoulder for reasons other than pain or weakness?	9	5		10	3	~ This does not seem like a good question. It is double-barreled in that you say other than 2 things. It is negatively worded with the word "unable" and "other than" which can be confusing. I suggest removal
	Do you hear or feel unusual sensations in your shoulder joint? In other words, do you experience any of the following:	9	5		11	2	
30	▶ If yes, do you feel catching?	9	5		11	2	
31	▶ If yes, do you feel locking?	8	6		11	2	
32	▶ If yes, do you feel clunking?	8	6		10	3	~ my rationale for this is that you want to SCREEN folks who have labral tears
33	▶ If yes, do you feel clicking?	8	6		10	3	OUT of this clinic as this adds a level of complexity even if they have a complete
34	▶ If yes, do you feel grinding?	8	6		11	2	tear of the cuff right?
35	Does your shoulder feel weak for other reasons other than pain or stiffness?	10	4		10	3	~ This question is too complicated.
Do you agree or disagree with the following statements that relate to physical examination of a rotator cuff pathology?							
38	A rent test (i.e. transdeltoid palpation) should be performed to observe for greater tuberosity prominence, and a sulcus or soft-tissue defect.	4	10				~ I try to feel for a cuff defect...very difficult in most situations unless patient very thin.
46	Saw test should be used to confirm biceps muscle or tendon pathology.	4	8	2			~ Has pretty good evidence to do this test. However, most studies did this with ~ this is a Calgary thing...stick with more germaine tests, that have at least been studied and universally used.
Do you agree or disagree with the following statements that relate to investigations for rotator cuff pathology?							
48	With respect to xray, an anteroposterior view with a 30 degree caudal tilt should be requested to reproducibly assess acromio-humeral distance.	6	7	1			~ no way! A caudal tilt view to assess AH distance? Have I missed something here?
Do you agree or disagree with the following statements that relate to treatment rotator cuff pathology in an ideal setting?							
52	A patient, with confirmation of rotator cuff pathology, that desires a surgical option after failing a non-operative rotator cuff home program after 12 weeks, should be referred to a surgeon, and seen by the surgeon within 6 weeks of the referral.	8	6				~ depends on mulitple factors but usually not the case ~ within 12 weeks ~ 3 months - note that there should be injections
53a	A patient, without confirmation of rotator cuff pathology, after failing a non-operative rotator cuff home program after 12 weeks, should first consider other non-surgical options (e.g., injections, exercise)	10	4				~ perhaps confirmation of the pathology should occur at this point ~ I agree because the RC tear has not been confirmed. Not sure why we don't order US to confirm?

53b	A patient, without confirmation of rotator cuff pathology, after failing non-surgical options, with persistent shoulder pain, should be referred to a sport medicine physician or surgeon and seen within 12 weeks of the referral.	8	6		<p>~ 8 weeks</p> <p>~ maybe a sport medicine physician but not necessarily a surgeon</p> <p>~ there are many people who can handle this problem, such as GPs so limiting this statement is problematic to me</p>
55	If surgery is deemed necessary by the surgeon, patients presenting with rotator cuff pathology should be operated on within 6 weeks after consultation with the surgeon.	7	7		<p>~ 6-12</p> <p>~ 12 weeks (3 months)</p> <p>~ Depends on multiple factors;</p> <p>~ which is why acute cuffs should be seen within 6 weeks</p> <p>~ I don't think there are many cases in which the surgeon deems cuff surgery "necessary". Most of the time the patient elects this when offered the choice between further or some non-op management. The most common care for surgery later than 6 weeks is patient-driven at this point in my practice.</p>