Rehabilitation. In both trials combined, of the 30 patients initially assigned to in-person rehabilitation and 6 (37.5%) to telerehabilitation.

Conclusions: Though overall satisfaction with both modalities was high, patients preferred in-person rehabilitation to telerehabilitation after undergoing ACLR and ARCR as evidenced by nearly ubiquitous crossover from telerehabilitation to in-person rehabilitation in both studies. However, a hybrid model combining in-person and telerehabilitation programs versus telerehabilitation programs after ACLR and ARCR procedures. However, feedback from patients suggests that most would be amenable to a hybrid model combining both modalities, although further exploration is needed.

Category: Shoulder - Rotator Cuff

Severe Attrition and Poor Satisfaction in Patients Undergoing Tele-Rehabilitation Versus Standard In-Office Rehabilitation After Arthroscopic Rotator Cuff Repair and ACL Reconstructions: Randomized Controlled Trials that Required Cessation

Abstract ID# 23428
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Summary:
Though overall satisfaction with both modalities was high, patients preferred in-person rehabilitation to tele-rehabilitation after undergoing ACLR and ARCR as evidenced by nearly ubiquitous crossover from tele-rehabilitation to in-person rehabilitation in both studies.

Data:
BACKGROUND: The use of tele-rehabilitation after sports medicine procedures such as arthroscopic rotator cuff repair (ARCR) and anterior cruciate ligament reconstruction (ACL-R) has rapidly increased in recent years; however, functional outcomes and patient satisfaction after tele-rehabilitation compared to in-person rehabilitation remain unclear. We hypothesized that functional outcomes and patient satisfaction would not differ significantly between the rehabilitation modalities. METHODS: Two separate randomized-controlled trials were conducted involving patients scheduled to undergo ARCR or ACL-R by one of six fellowship-trained sports medicine surgeons between October 2020 and November 2021. Initially 60 patients were included in each arm of the trial. Patients were randomized to receive tele-rehabilitation or in-person rehabilitation for their post-operative course. International Knee Documentation Committee Subjective Knee Form (IKDC) scores (for ACL-R), the American Shoulder & Elbow Surgeons (ASES) score (for ARCR), and satisfaction metrics were collected at timepoints of baseline and at each post-operative visit. Baseline characteristics and outcomes between the in-person and tele-rehabilitation arms of each cohort were compared using Mann-Whitney U-test for continuous variables and Fisher's exact test for categorical variables. P-values less than 0.05 were considered significant. RESULTS: In total, 16 ACL-R patients were enrolled, of whom 10 (62.5%) were assigned to in-person rehabilitation and 6 (37.5%) to telerehabilitation. Additionally, 32 ARCR patients were enrolled of whom 20 (62.5%) were assigned to in-person rehabilitation and 12 (37.5%) were assigned to tele-rehabilitation. In both trials combined, of the 30 patients initially assigned to in-person rehabilitation, 24 (80%) completed the final follow-up survey and none reported crossover to telerehabilitation. Of the 18 patients initially assigned to telerehabilitation, 12 (67%) completed the final follow-up survey. Of these 12 patients, 11 (92%) reported crossover; 9 patients completed in-person rehabilitation and 2 patients completed hybrid in-person and tele-rehabilitation. CONCLUSIONS: Though overall satisfaction with both modalities was high, patients preferred in-person rehabilitation to telerehabilitation after undergoing ACLR and ARCR as evidenced by nearly ubiquitous crossover from telerehabilitation to in-person rehabilitation in both studies. However, a hybrid model combining in-person and tele-visits may be acceptable to most patients. This study provides evidence that patients exhibit a strong preference for in-person rehabilitation programs versus telerehabilitation programs after ACLR and ARCR procedures.

Category: Shoulder - Rotator Cuff

Improving Tendon-To-Bone Healing by Tendon Inversion: Investigation Using a Rat Biceps Tenodesis Model

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Summary:
This animal study observes the effect of ‘inverse tubularization’ on tendon-to-bone healing in a rat biceps tenodesis model, demonstrating improved healing in the experimental group over controls for both gross evaluation and histology. The study also demonstrates improved healing with inferior retear rates and therefore, it is speculated, that a better long-term prognosis. Better healing may be in part because they are reluctant to push their rehabilitation due to greater pain, and their younger age. Short-term clinical outcomes of WP patients have worse results than those who don’t have a WC claim. This result is helpful in the counseling of these patients and the formation of rehabilitation plans.

Category: Shoulder - Rotator Cuff

Using a Rat Biceps Tenodesis Model

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Summary:
Using a rat biceps tenodesis model, we have demonstrated that longitudinal, inside-out tendon inversion (inversion group) results in improved tendon-to-bone healing compared to controls. The results suggest that tendon inversion may improve tendon-to-bone healing.

Category: Shoulder - Rotator Cuff

Using a Rat Biceps Tenodesis Model

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Summary:
Using a rat biceps tenodesis model, we have demonstrated that longitudinal, inside-out tendon inversion (inversion group) results in improved tendon-to-bone healing compared to controls. The results suggest that tendon inversion may improve tendon-to-bone healing.