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Simon Moyes
Consultant Orthopaedic Surgeon

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Simon specialises in arthroscopic and minimally invasive treatment for problems of the knee, shoulder, foot and ankle.

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9000	270	25%
Operations to date	Patients per month	Surgical strike rate

Simon Moyes specialises in keyhole - or arthroscopic - surgery. This is a highly sophisticated, minimally invasive technique which means you spend less time in hospital and you are more likely to have a quick recovery.

Shoulder	
Foot	
Ankle	

www.shoulder-arthroscopy.co.uk

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Shoulder Arthroscopy⁺

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Information on shoulder arthroscopy for patients and medical professionals alike.

Simon Moyes and Omar Haddo specialise in arthroscopic surgery.


This site is dedicated to conditions of the shoulder joint that are treated by Simon and Omar. Patients can find all the information they need about some of the more common shoulder problems, while surgeons and medical professionals can find a range of up-to-date medical resources for anyone involved in or studying shoulder arthroscopy.

[Read more about the site](#)

**Patients Site**

An outline of common shoulder problems, with information about symptoms, causes, and the treatment or surgery that may be required.

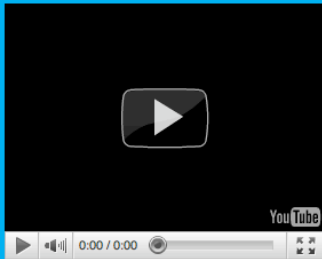
[Go to Patients Site](#)

**Surgeons Site**

A comprehensive resource covering all aspects of Shoulder Arthroscopy for medical professionals.

[Go to Surgeons Site](#)

Featured Video



YouTube

Skin Incision Mini

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The background of the slide is a photograph of a person's back and neck, viewed from behind. The person has dark hair and is wearing a dark-colored top. The image is faded and serves as a background for the text.

Management of Partial Thickness Rotator Cuff Tears

Presented by Mr Simon Moyes

Shoulder Experience

- RNOH shoulder unit
- Visiting fellow Royal North Shore, Sydney
- RNOH shoulder fellow
- SCOI (Los Angeles) visiting fellow
- Wellington hospital shoulder unit

A background image showing the back and neck of a person with dark hair, viewed from behind. The image is semi-transparent, allowing the text to be overlaid.

Topics

1. Partial thickness rotator cuff tears – conservative versus surgical management
2. Critical factors when deciding when to refer on for surgical opinion

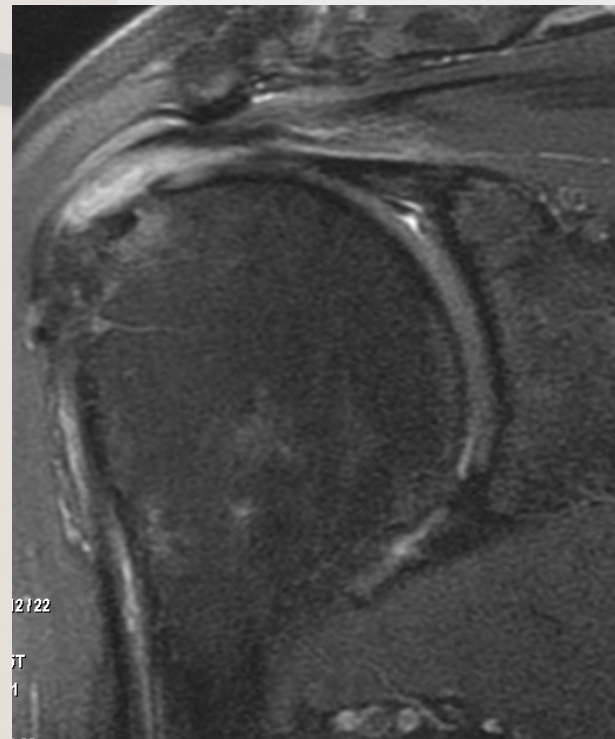
Impingement Aetiology

Pathophysiology

- Anatomic
- Overuse
- Age

Subtypes

- Supraspinatus tendinitis
- Subacromial bursitis
- ACJOA
- Labral tears



Impingement

Each time the arm is raised, there will be some degree of impingement on the tendons and the bursa as the humerus is being forced against the edge of the acromion. It is only with prolonged or intensive activity involving raising the arm, that impingement can damage or irritate the rotator cuff tendons and the bursa, causing a problem.

Impingement may get worse if another condition decreases the space between the acromion and the rotator cuff tendons. Bone spurs (osteophytes) caused by ageing or overuse of the acromioclavular joint (ACJ) can reduce this space, as this joint is directly above the rotator cuff tendons and bursa.

Impingement syndrome is quite a common condition, most often seen in ageing adults. Impingement may occur in combination with subacromial bursitis and rotator cuff tendinitis, both of which are closely related conditions.



Symptoms

Symptoms of impingement include:

- Pain and weakness in the shoulder muscles, especially when lifting the arm over the head, out to the side or reaching up behind the back.
- Difficulty sleeping, especially when rolling on to the shoulder.
- Joint may start to feel stiffer over time.
- Pain may at the front/side of the shoulder during overhead activities (swimming, throwing) or at the back/front of the shoulder when holding the arm out to the side and turning outwards.



Treatments

Shoulder impingement syndrome

can be treated in a number of ways.

- Anti-inflammatories 8/52
- Physiotherapy
- Steroid injections
- Arthroscopic surgery

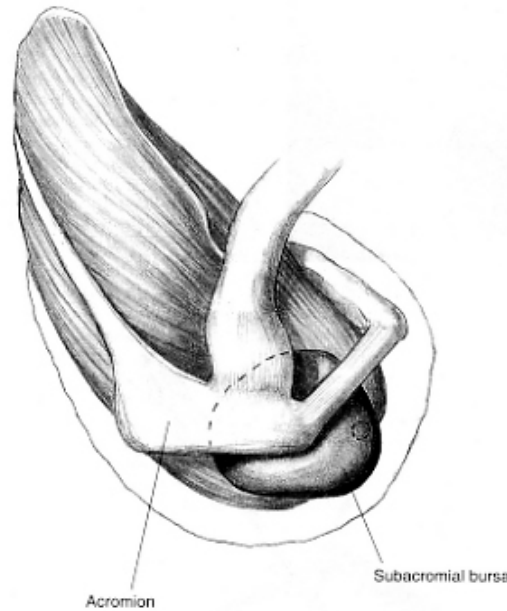
Symptoms can sometimes indicate a rotator cuff tear in which case a surgical repair may be necessary. Most cases of impingement are successfully treated with anti-inflammatory medication, stretching and temporarily avoiding overhead activities.



Acromial Subtypes



Impingement



Separating the five joints

1. Sternoclavicular
2. Scapulothoracic
3. ACJ
 - Localising
 - High arc
 - O'Briens
4. Sub-Acromial
 - Lat Deltoid
 - Mid arc
 - Positive impingement i.e. Jobes and Hawkins
5. Glenohumeral
 - Restricted rotation
 - Painful rotation

The Management of partial thickness tears

- Difficult
- Age
- Activity
- Dominance
- Expectation

The Management of partial thickness tears

1. History
2. Examination
3. Imaging
 - Ultrasound
 - MRI

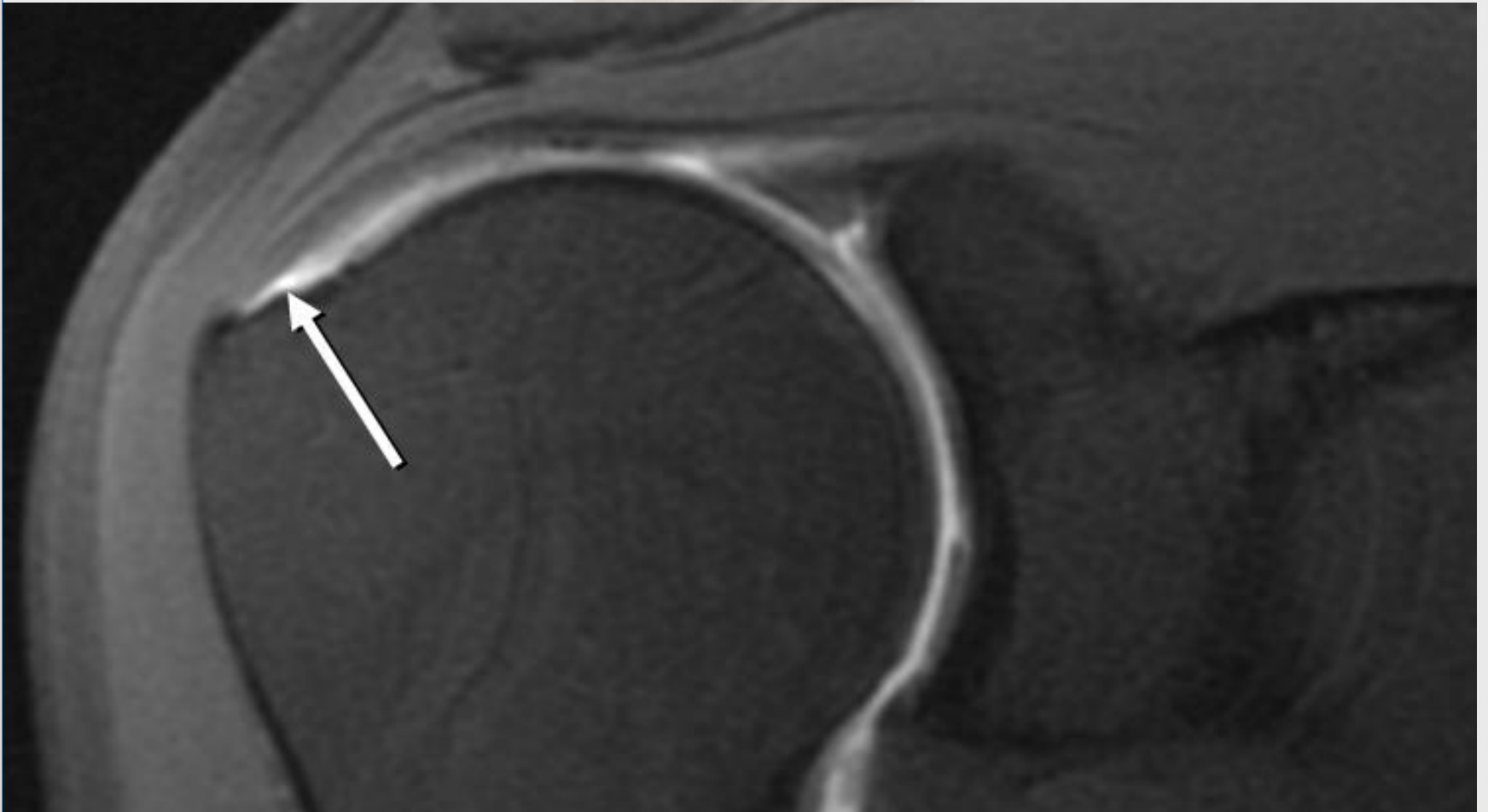
Clearly Conservative

- Pure Tendinosis
- Bursitis
- Impingement
- ACJOA

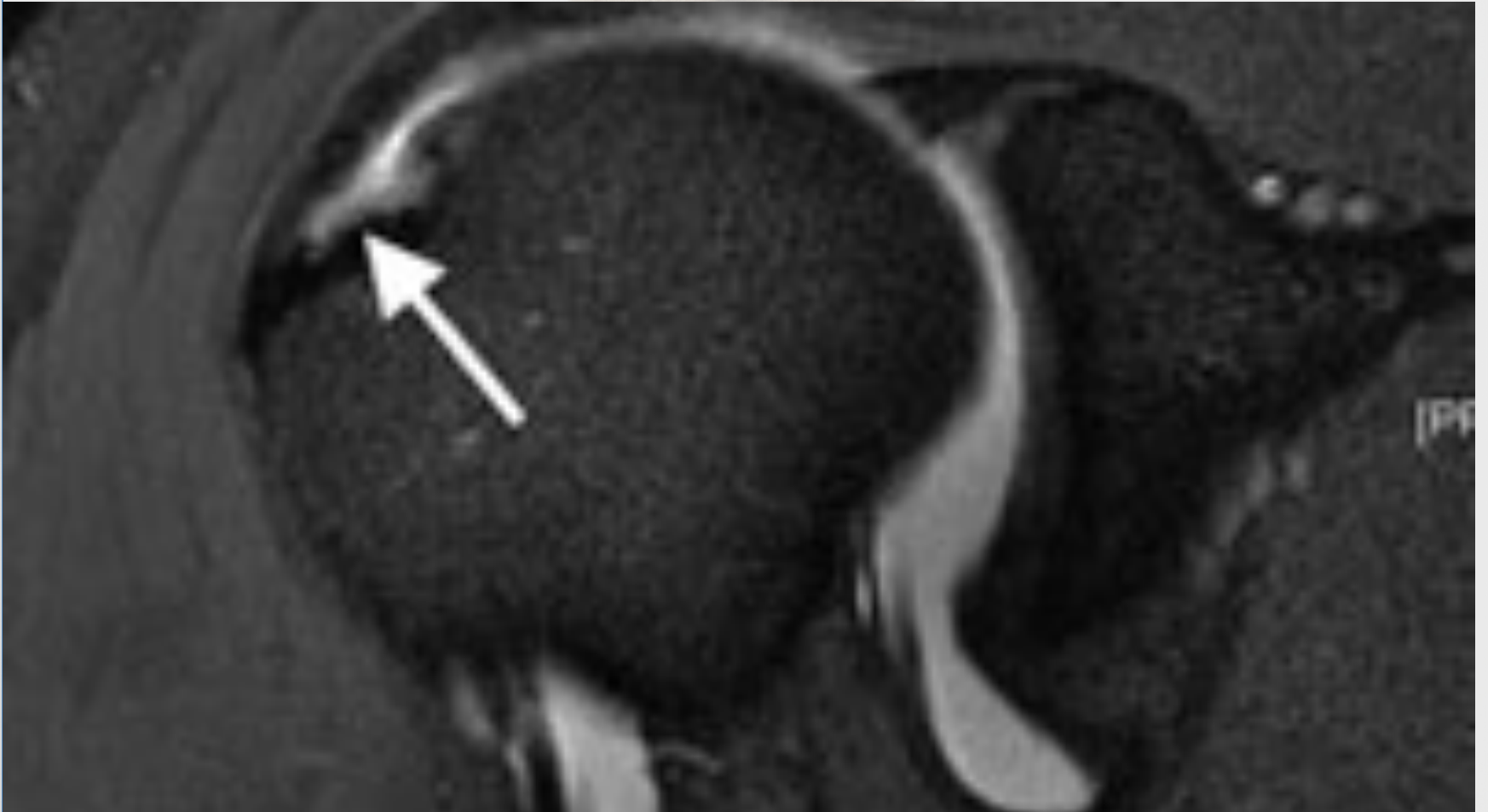
Conservative Vs Operative

- Partial bursal tearing
- Pasta lesions

Pasta



Pasta



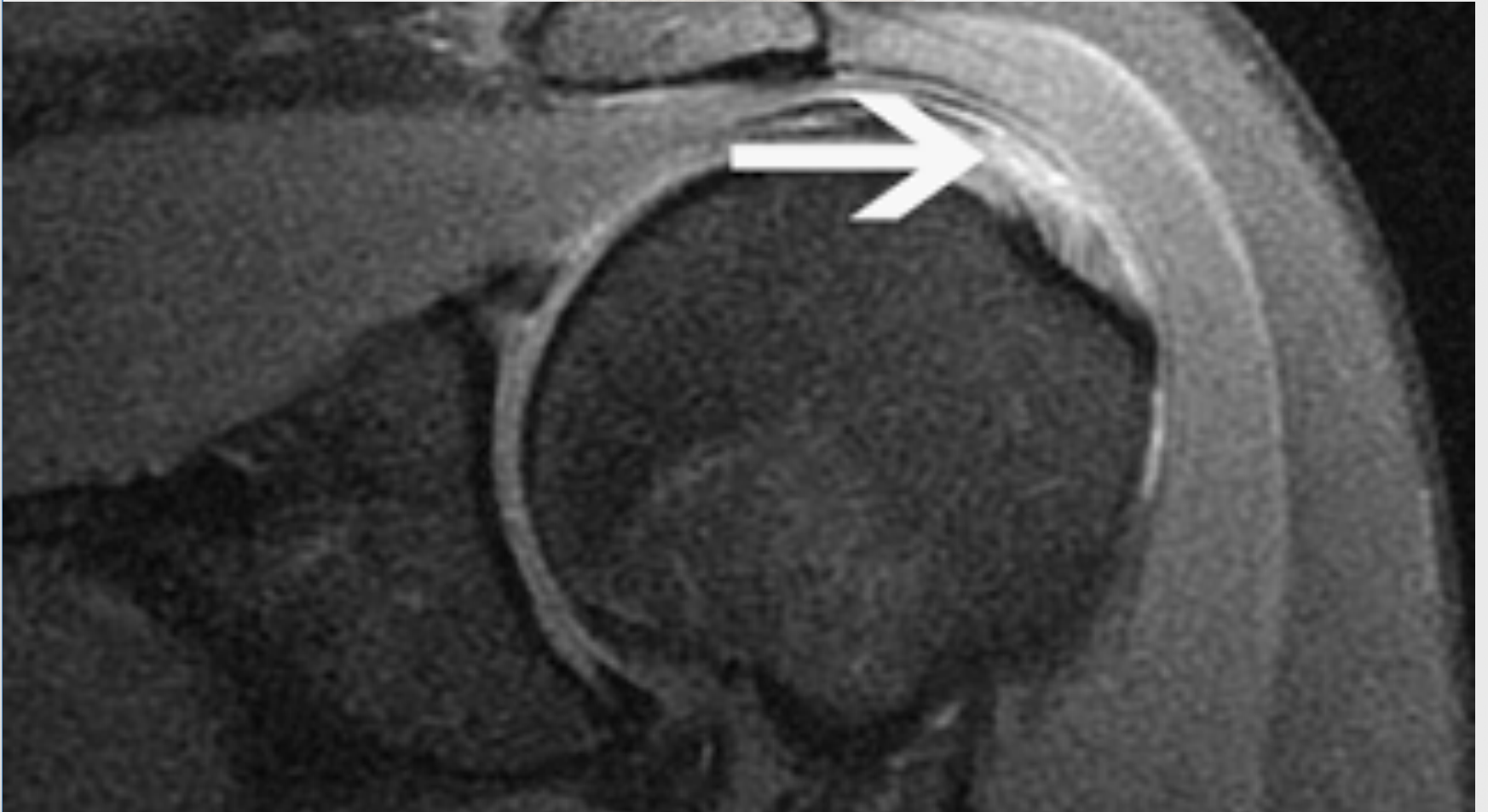
Pasta



Pasta



Partial Bursal Tear



Partial Bursal Tear



Conservative Vs Operative

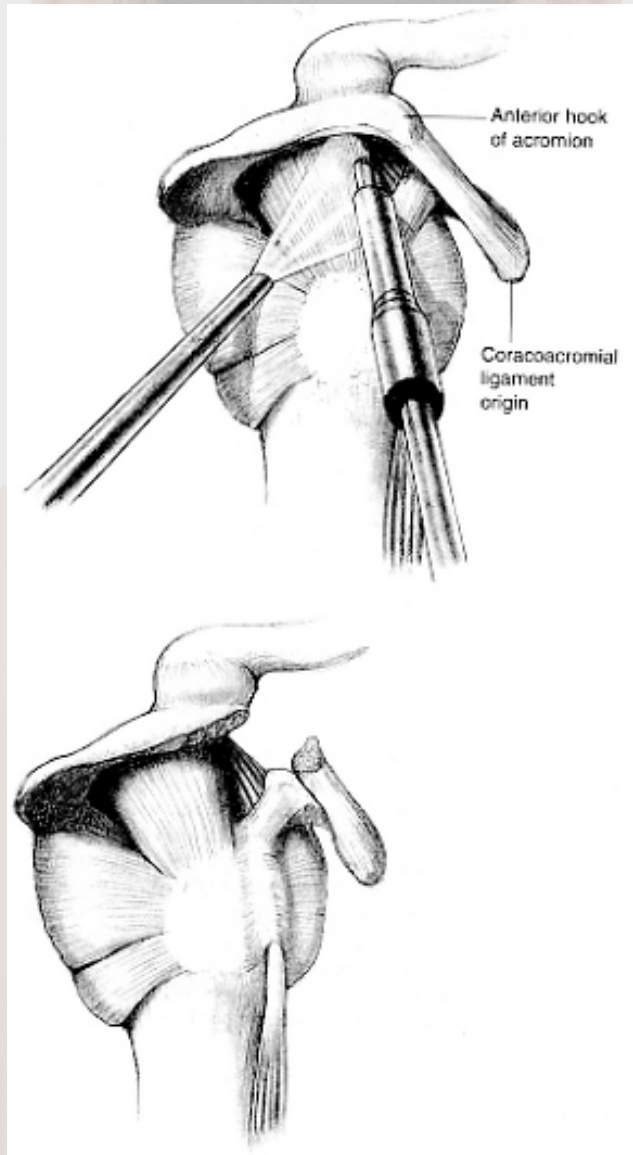
- Appropriate imaging
- Trial conservative management
- Monitor changing signs and imaging
- No steroids
- Refer if no improvement or deterioration

Surgery

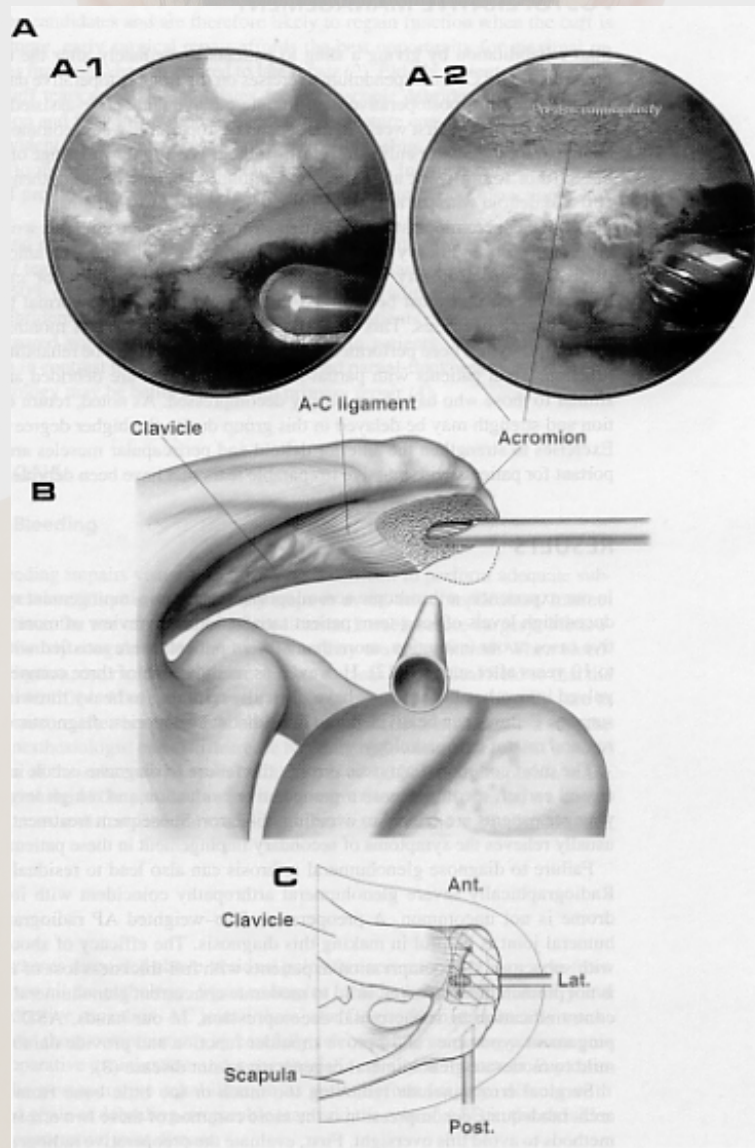
Subacromial Decompression is a surgical procedure which aims to increase the amount of space between the rotator cuff tendons and the acromion, taking pressure off the tissues under the acromion. The surgeon will remove any anterior and lateral bone spurs from the acromion which may be rubbing against the bursa and rotator cuff tendons. The CA ligament is divided. The acromion is then smoothed from lateral to medial; anterior to posterior.



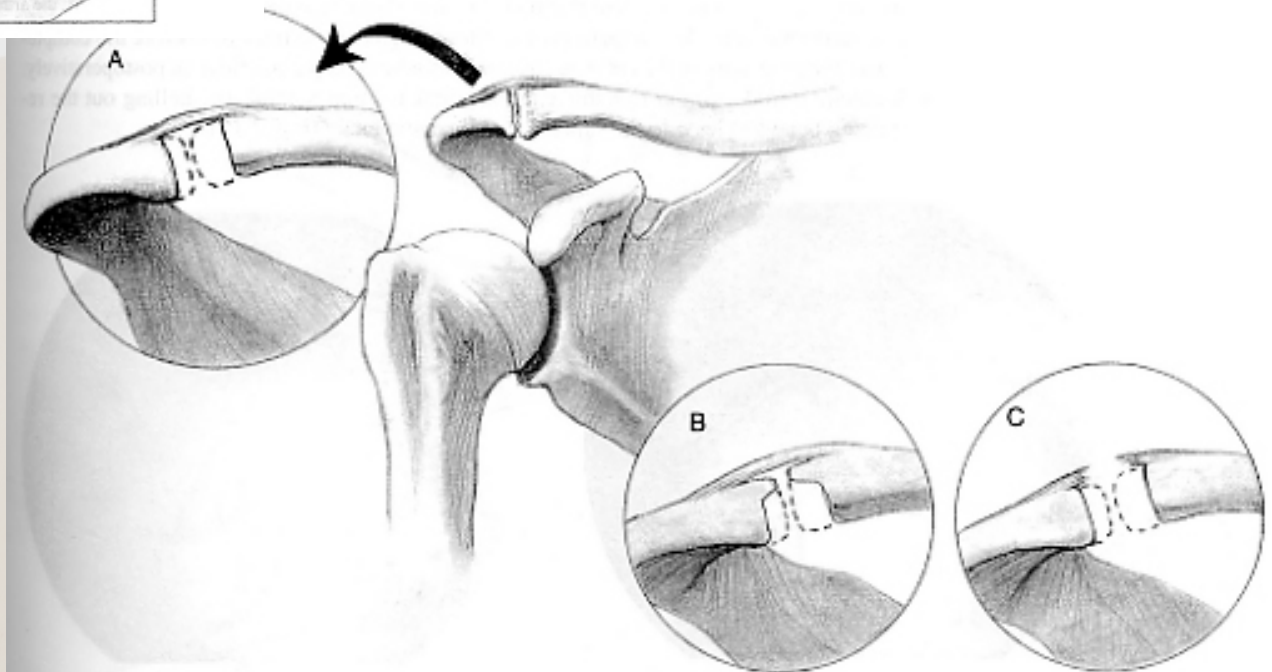
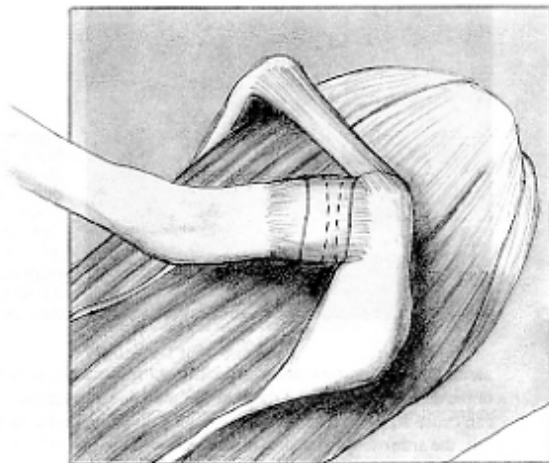
Treatments



Treatments



Treatments



Surgery

The surgeon may also remove a small section of the acromion to provide yet more space for the tendons. Removing part of the acromion surgically is called **Acromioplasty**. This is yet another measure to remove pressure from the tissues between the acromion and the humerus bone.

If the shoulder joint is also affected by arthritis to the AC joint, a **Resection Arthroplasty** may be required in which the end of the clavicle (collar bone) may be removed.

Shoulder surgery requires a long rehabilitation period. Physiotherapy may be required and full recovery may take several months.



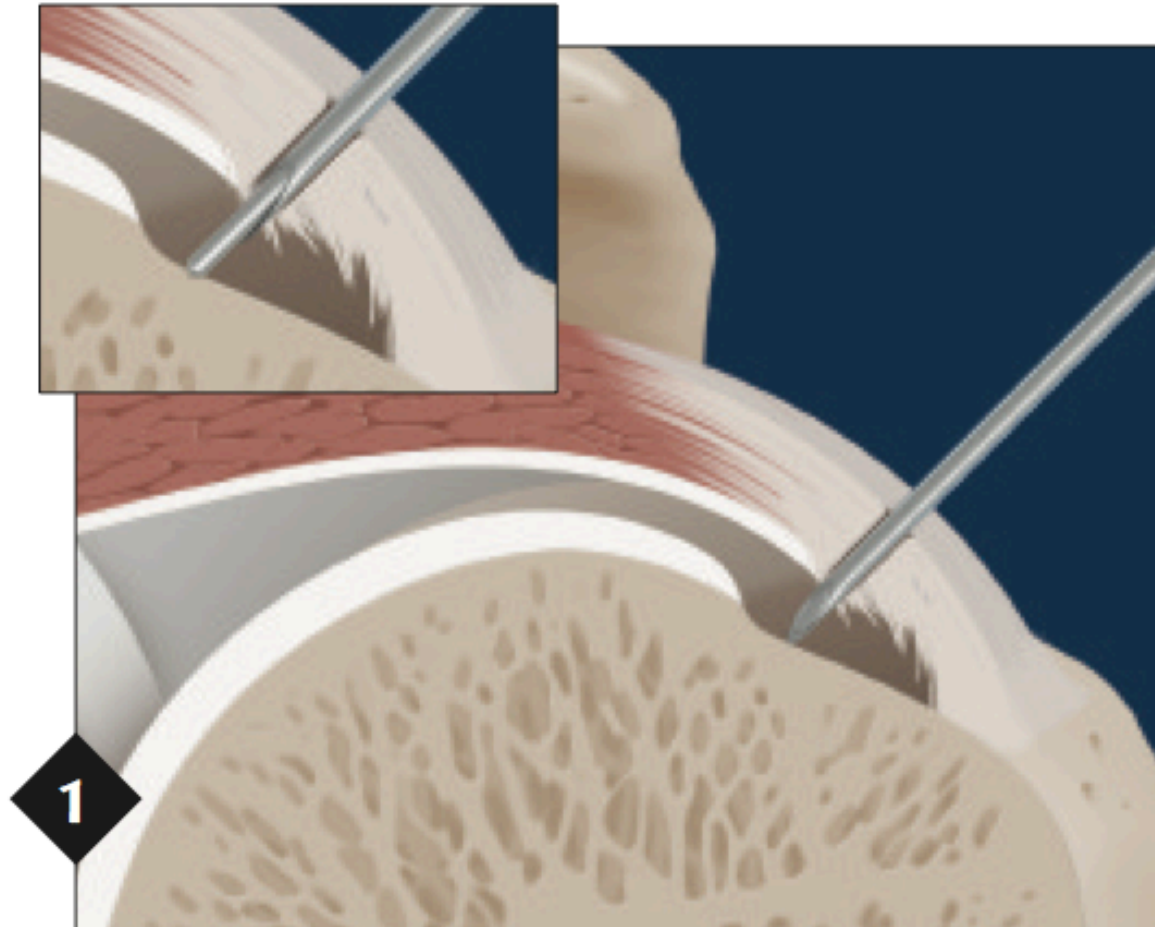


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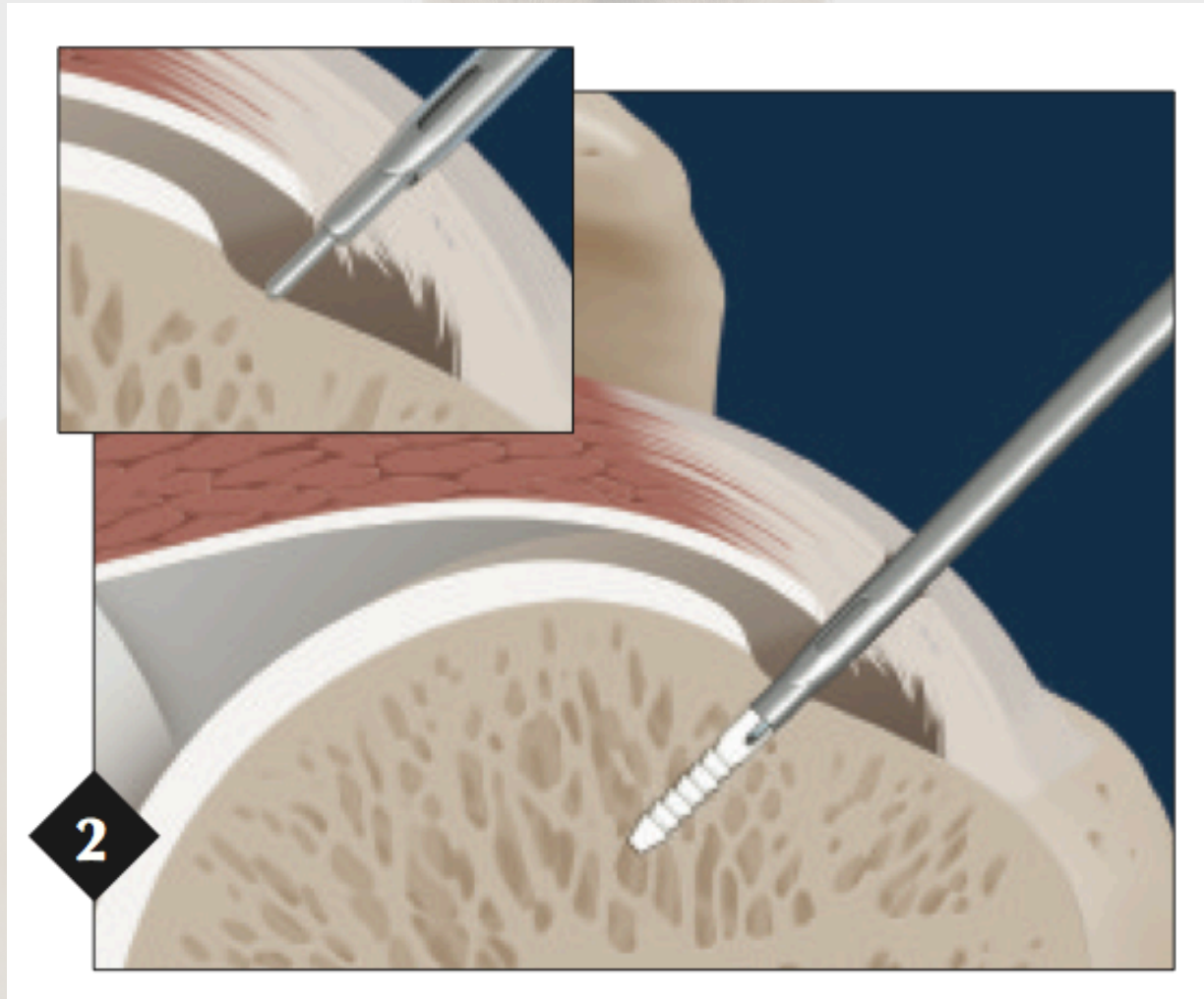
Video of Arthroscopic ASD



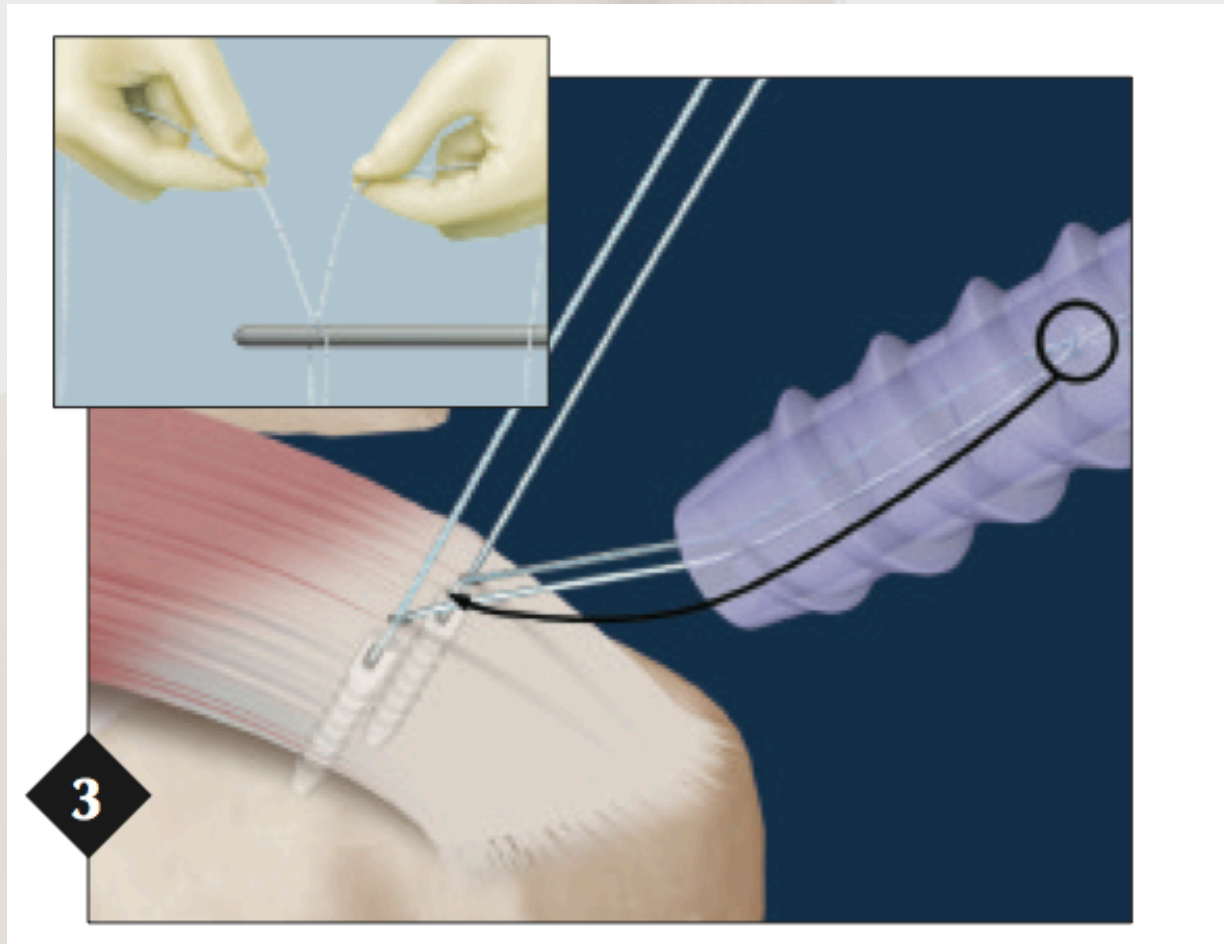
Arthroscopic PASTA Repair



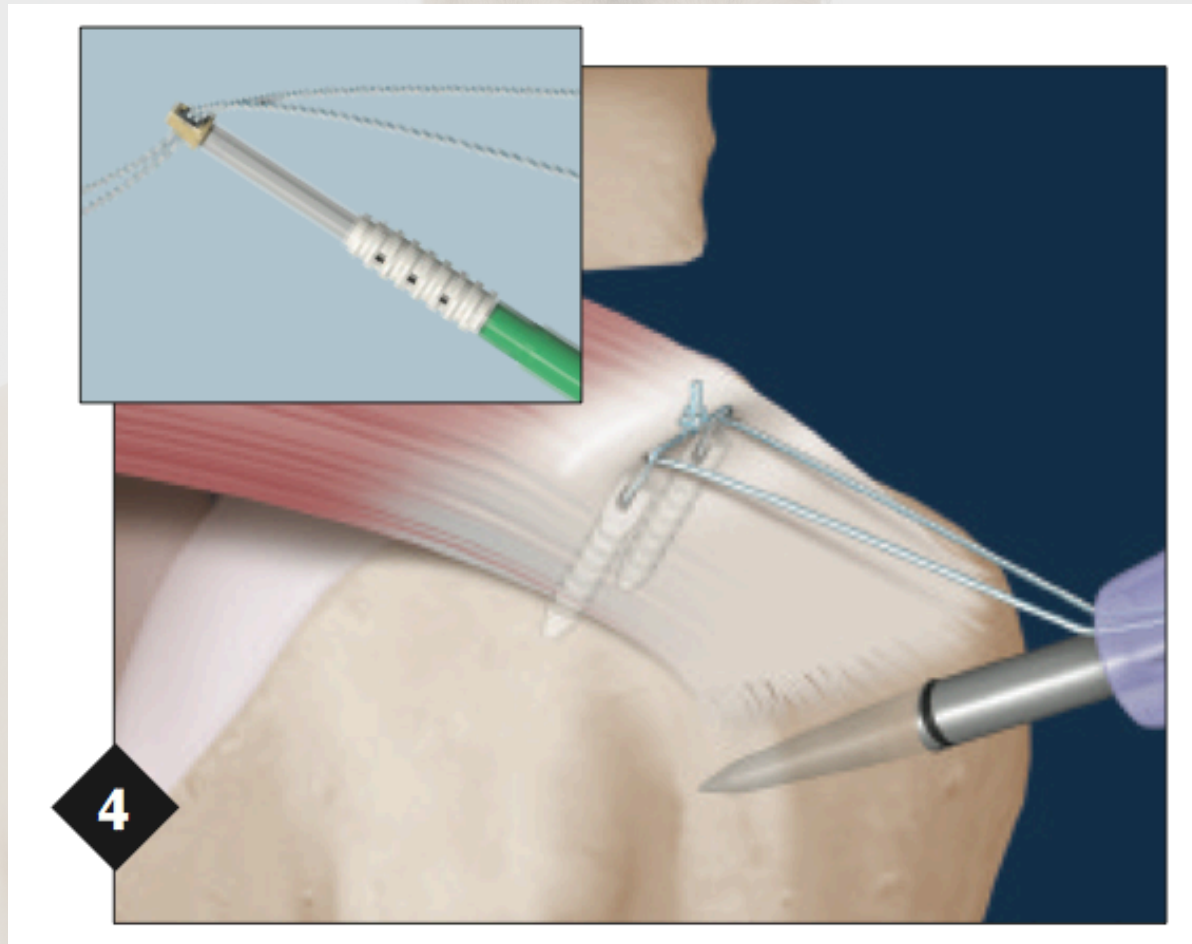
Arthroscopic PASTA Repair



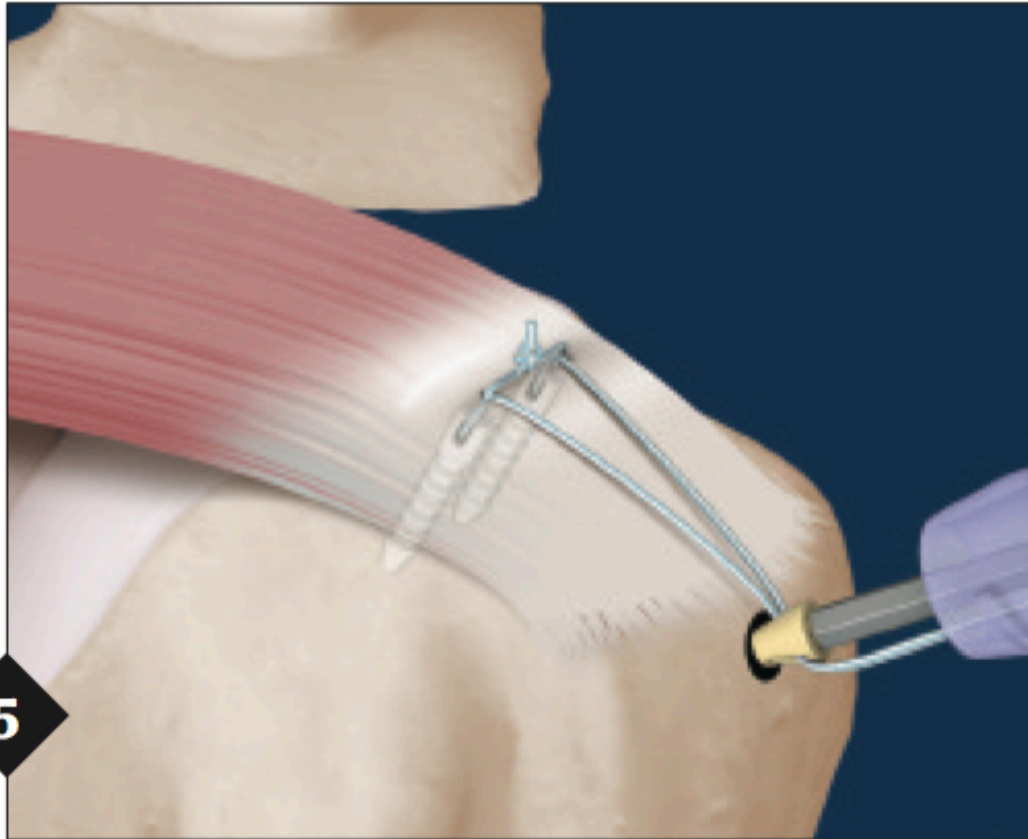
Arthroscopic PASTA Repair



Arthroscopic PASTA Repair



Arthroscopic PASTA Repair

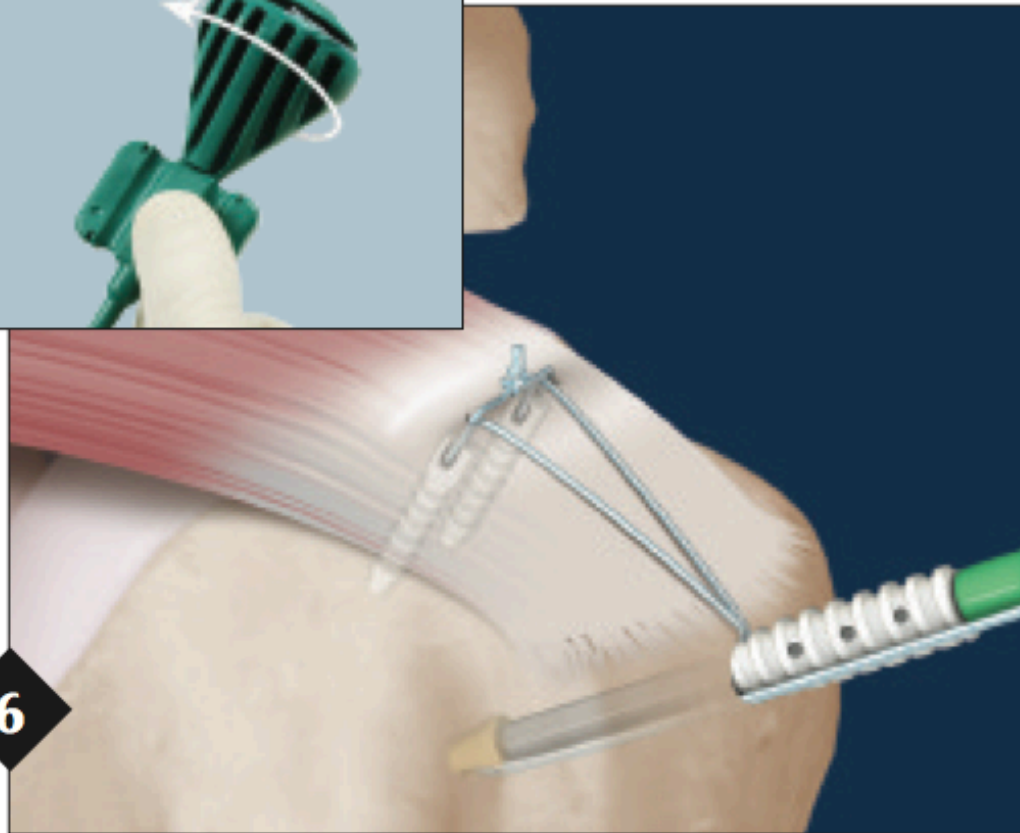


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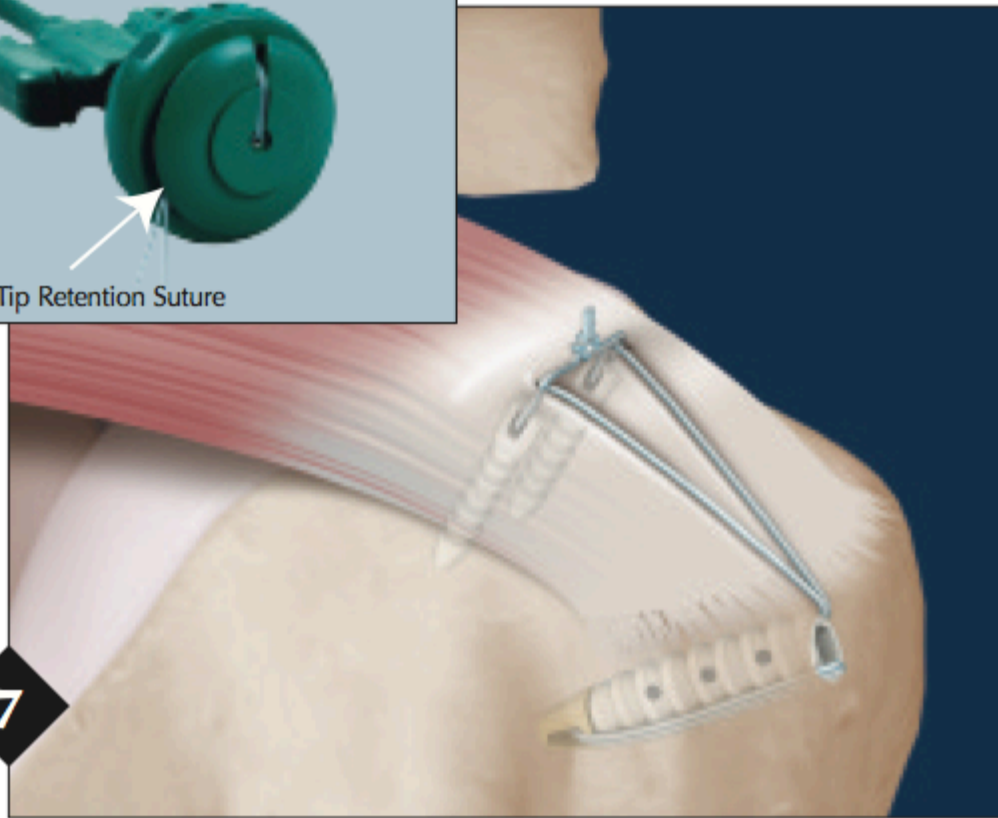
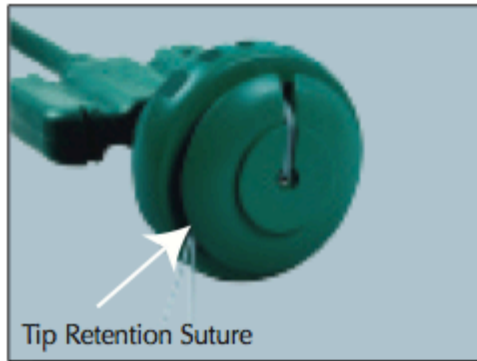
Arthroscopic PASTA Repair



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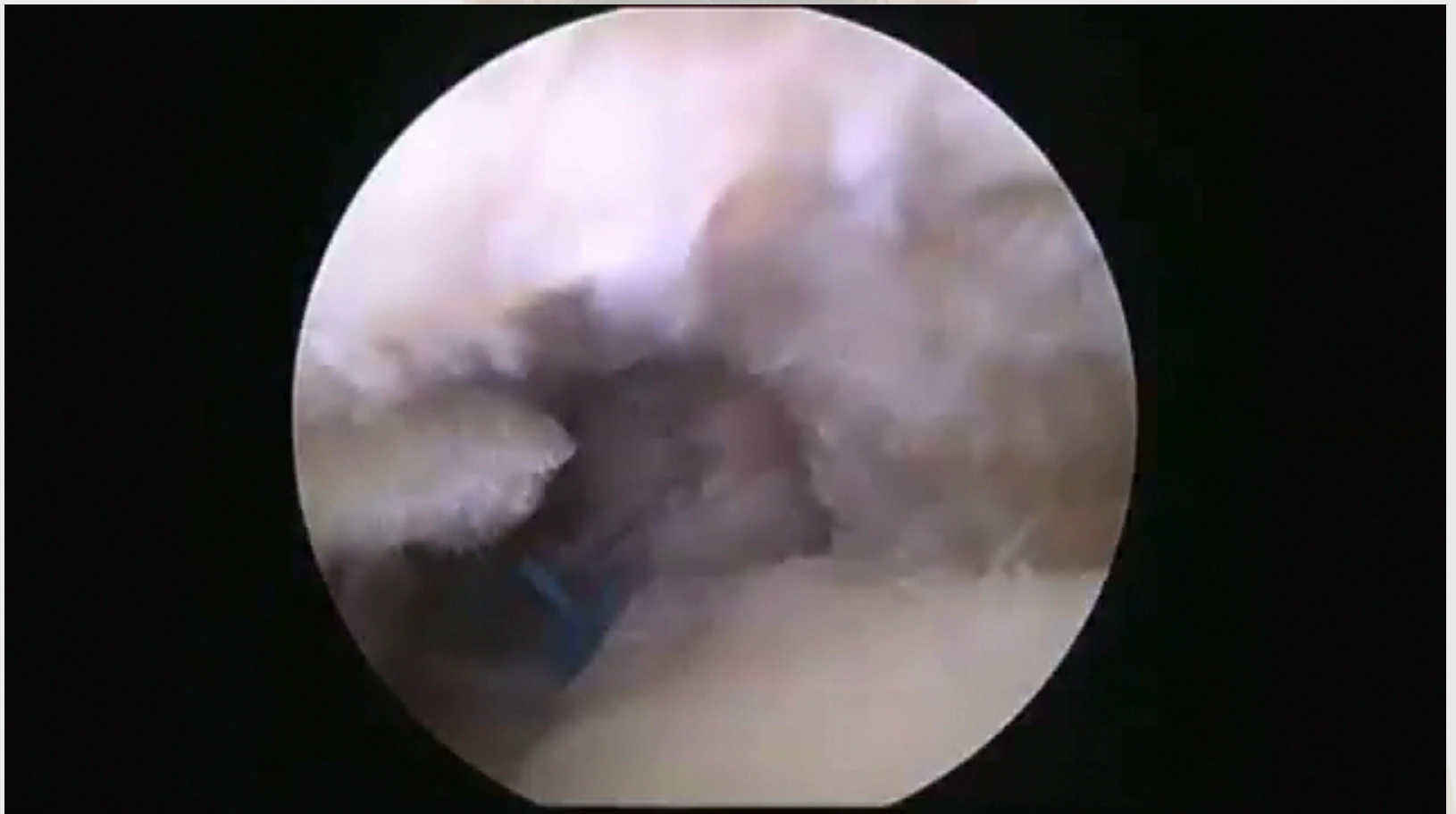
Arthroscopic PASTA Repair



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Video of Arthroscopic PASTA Repair



A photograph of a person's back and neck, viewed from behind. The person has dark hair and is wearing a dark strap. A large, semi-transparent white rectangular box is overlaid on the image, covering the upper back and neck area. The text "Thank You" is centered within this box in a large, black, sans-serif font.

Thank You