Table E1. Answers to questions by surgeon volume

Issue (p-value*)		Low Volume	Mid Volume	High Volume	Total
Surgeon explains options/ lets patient decide (p = 0.4743)	agree	74 (93.7%)	101 (95.3%)	95 (91.4%)	270 (93.4%)
	no opinion	2 (2.5%)	3 (2.8%)	3 (2.9%)	8 (2.8%)
	disagree	3 (3.8%)	2 (1.9%)	6 (5.8%)	11 (3.8%)
	not reported	0	0	1	1 (0.3%)
Rehab discussion with patients preoperatively (p = 0.45)	agree	77 (97.5%)	101 (96.2%)	103 (99.0%)	281 (97.6%)
	no opinion	0	1 (0.95%)	0	1 (0.4%)
	disagree	2 (2.5%)	3 (2.9%)	1 (1.0%)	6 (2.1%)
	not reported	0	1	1	2 (0.7%)
Physiotherapy for full thickness RCTs treated non-operatively (p = 0.87)	agree	64 (81.0%)	82 (77.4%)	83 (79.8%)	229 (79.2%)
	no opinion	5 (6.3%)	12 (11.3%)	11 (10.6%)	28 (9.7%)
	disagree	10 (12.7%)	12 (11.3%)	10 (9.6%)	32 (11.1%)
	not reported	0	0	1	1 (0.3%)
Steroid injections contraindicated in potential surgical candidates (p = 0.13)	agree	9 (11.4%)	19 (17.9%)	19 (18.5%)	47 (16.3%)
	no opinion	8 (10.1%)	8 (7.6%)	14 (13.5%)	30 (10.4%)
	disagree	62 (78.5%)	79 (74.5%)	70 (68.0%)	211 (73.3%)
	not reported	0	0	2	2 (0.7%)
“Normal” shoulder expectation after RC repair (p = 0.04)	agree	4 (5.1%)	12 (11.3%)	14 (13.7%)	30 (10.5%)
	no opinion	2 (2.5%)	4 (3.8%)	5 (4.9%)	11 (3.8%)
	disagree	73 (92.4%)	90 (84.9%)	83 (81.4%)	246 (85.7%)
	not reported	0	0	3	3 (1.0%)
Surgeon decides/ tells patient (p = 0.92)	agree	12 (15.2%)	11 (10.5%)	21 (20.6%)	44 (15.4%)
	no opinion	13 (16.5%)	5 (4.8%)	5 (4.9%)	23 (8.0%)
	disagree	54 (68.4%)	89 (84.8%)	76 (74.5%)	219 (76.6%)
	not reported	0	1	3	4 (1.4%)
RCT repair to prevent progression of the tear (p = 0.0008)	agree	32 (40.5%)	58 (55.2%)	65 (62.5%)	155 (53.8%)
	no opinion	14 (17.7%)	15 (14.3%)	19 (18.3%)	48 (16.7%)
	disagree	33 (41.8%)	32 (30.5%)	20 (19.2%)	85 (29.5%)
	not reported	0	1	1	2 (0.7%)
RCT repair to prevent osteoarthritis (p = 0.38)	agree	23 (29.1%)	41 (39.1%)	26 (25.0%)	90 (31.3%)
	no opinion	14 (17.7%)	19 (18.1%)	17 (16.4%)	50 (17.4%)
	disagree	42 (53.2%)	45 (42.9%)	61 (58.7%)	148 (51.4%)
	not reported	0	1	1	2 (0.7%)
Surgeon should spend more time discussing pros and cons preoperatively (p = 0.53)	agree	67 (84.8%)	85 (81.0%)	83 (81.4%)	235 (82.2%)
	no opinion	10 (12.7%)	18 (17.1%)	15 (14.7%)	43 (15.0%)
	disagree	2 (2.5%)	2 (1.9%)	4 (3.9%)	8 (2.8%)
	not reported	0	1	3	4 (1.4%)

*Mantel-Haenszel chi-square test for trend (exact probability)

Figure E1: The survey.

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Rotator Cuff Survey

In the past year, have you treated patients or referred patients for treatment for rotator cuff tears?

○ Yes ○ No ***If "No" please STOP and return the survey "as is"***

Number of rotator cuff repairs that you performed in the PAST YEAR: ☐ cases

Preferred type of primary rotator cuff repair for a 2 cm full thickness tear:

☐ Arthroscopic ☐ Mini-open ☐ Open

What do you estimate is the failure rate (defined as patient dissatisfaction) for all patients undergoing rotator cuff repair in the USA this year? ☐ %

For the following four questions, please assume any cuff pathology described has been confirmed on MR and indicate your treatment recommendation.

1. A 35 yo manual laborer fell at work 4 months ago onto his dominant arm and has a painful, 50% partial-thickness rotator cuff tear involving the entire supraspinatus tendon with no demonstrable weakness. His situation is unchanged after 3 months of physical therapy. What would you suggest for this patient (choose one):

○ No surgery, physical therapy ○ No surgery, give cortisone injection
○ Recommend surgery with cuff repair ○ Recommend surgery without cuff repair

2. A 45 yo manual laborer has a medium (2 cm), full-thickness rotator cuff tear after an acute injury 3 months ago that involves his dominant arm with 4/5 ER weakness that is not particularly painful. What would you suggest for this patient (choose one):

○ No surgery, physical therapy ○ No surgery, give cortisone injection
○ Recommend surgery with cuff repair ○ Recommend surgery without cuff repair

3. An active 55 yo male with an insidious history of mild discomfort present for a year is found to have a small (1 cm), full-thickness rotator cuff tear. He has received no treatment to date. What would you suggest for this patient (choose one):

○ No surgery, physical therapy ○ No surgery, give cortisone injection
○ Recommend surgery with cuff repair ○ Recommend surgery without cuff repair

4. An active, previously asymptomatic 65 yo female reports a traumatic event one week ago and now cannot lift her arm. MR reveals a large retracted (5 cm) cuff tear with fatty infiltration of the involved cuff muscles. What would you suggest for this patient (choose one):

○ No surgery, physical therapy ○ No surgery, give cortisone injection
○ Recommend surgery with cuff repair ○ Recommend surgery without cuff repair

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Please indicate whether you agree or disagree with the following statements:

	Strongly Disagree	Disagree	Indifferent	Agree	Strongly Agree
5. Physiotherapy is useful for full thickness rotator cuff tears treated non-operatively.	◯	◯	◯	◯	◯
6. The use of a steroid injection is contraindicated in potential surgical candidates.	◯	◯	◯	◯	◯
7. Patients should expect to have a "normal" shoulder after rotator cuff repair.	◯	◯	◯	◯	◯
8. The surgeon should decide whether the patient should have rotator cuff repair and then tell them to have (or not to have) surgery.	◯	◯	◯	◯	◯
9. When recommending rotator cuff surgery, the surgeon should explain the options and let the patient decide whether to have surgery.	◯	◯	◯	◯	◯
10. A major reason to repair rotator cuff tears is to prevent progression of the tear.	◯	◯	◯	◯	◯
11. A major reason to repair rotator cuff tears is to prevent osteoarthritis of the shoulder.	◯	◯	◯	◯	◯
12. Surgeons should spend more time discussing the pros and cons of rotator cuff repair with patients preoperatively.	◯	◯	◯	◯	◯
13. The expected frequency and duration of post-operative rotator cuff rehab should be discussed with patients preoperatively.	◯	◯	◯	◯	◯

14. What is the maximum number of steroid injections that can be safely given in one year?

◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5

15. My patients could be more involved in the decision-making process for rotator cuff surgery **if:** (*check all that apply*)

- ○ They had a higher level of education
- ○ They had longer pre-operative appointments
- ○ They had more frequent pre-operative appointments
- ○ They received more information (brochures, videos, computer software, internet, etc)
- ○ I received greater reimbursement for pre-operative consultations
- ○ My patients are already sufficiently involved in the decision-making process