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## Simon Moyes

Consultant Orthopaedic Surgeon



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Simon Moyes Consultant Orthopaedic Surgeon

## Welcome from Simon Moyes

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

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.

➔ [Click here to find out more about Simon](#)

➔ [More about Simon's weekly diary](#)

twitter 1st Sep 2010 Consulting at The Wellington

### ➔ Treatment Areas

Mr Simon Moyes offers surgical treatment for problems in these areas of the body :



Enquiry Line +44 (0)207 323 0040

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Go straight to the specific condition you are looking for by using the drop down below:

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### ➔ Ankle Arthroscopy site



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**Shoulder Arthroscopy<sup>+</sup>**

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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**



**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 short, dark hair. The image is faded and serves as a backdrop for the text. A light blue rectangular box is overlaid on the image, containing the title and presenter information.

# **Impingement and 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

The background of the slide features a grayscale photograph of a person's back and neck, viewed from behind. The person's head is at the top, and their shoulders and upper back are visible. The image is semi-transparent, allowing the text to be overlaid clearly.

# Topics

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



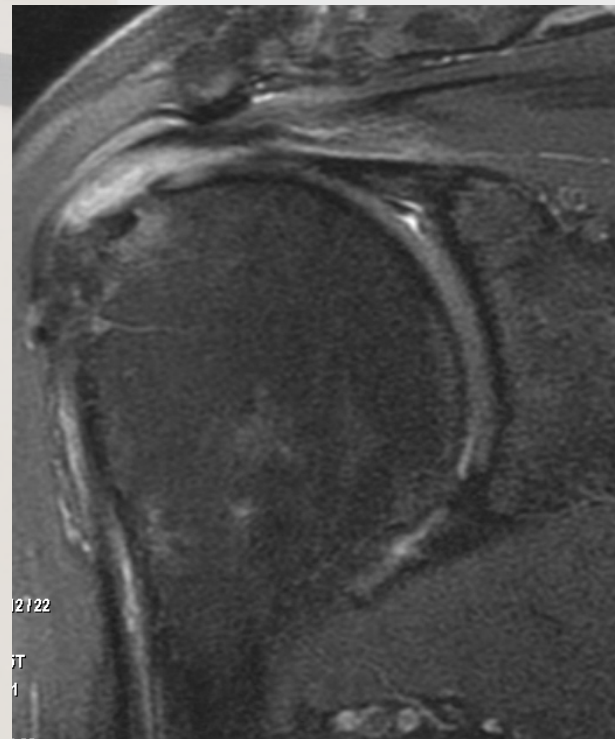
# Impingement Aetiology

## 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

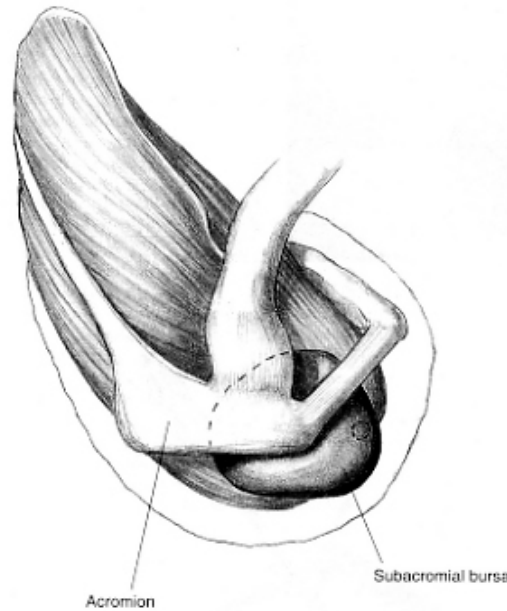
Symptoms can sometimes indicate a rotator cuff tear in which case a surgical repair may be necessary. Most cases of impingement are successfully treated with anti-inflammatory medication, stretching and temporarily avoiding overhead activities.



# 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

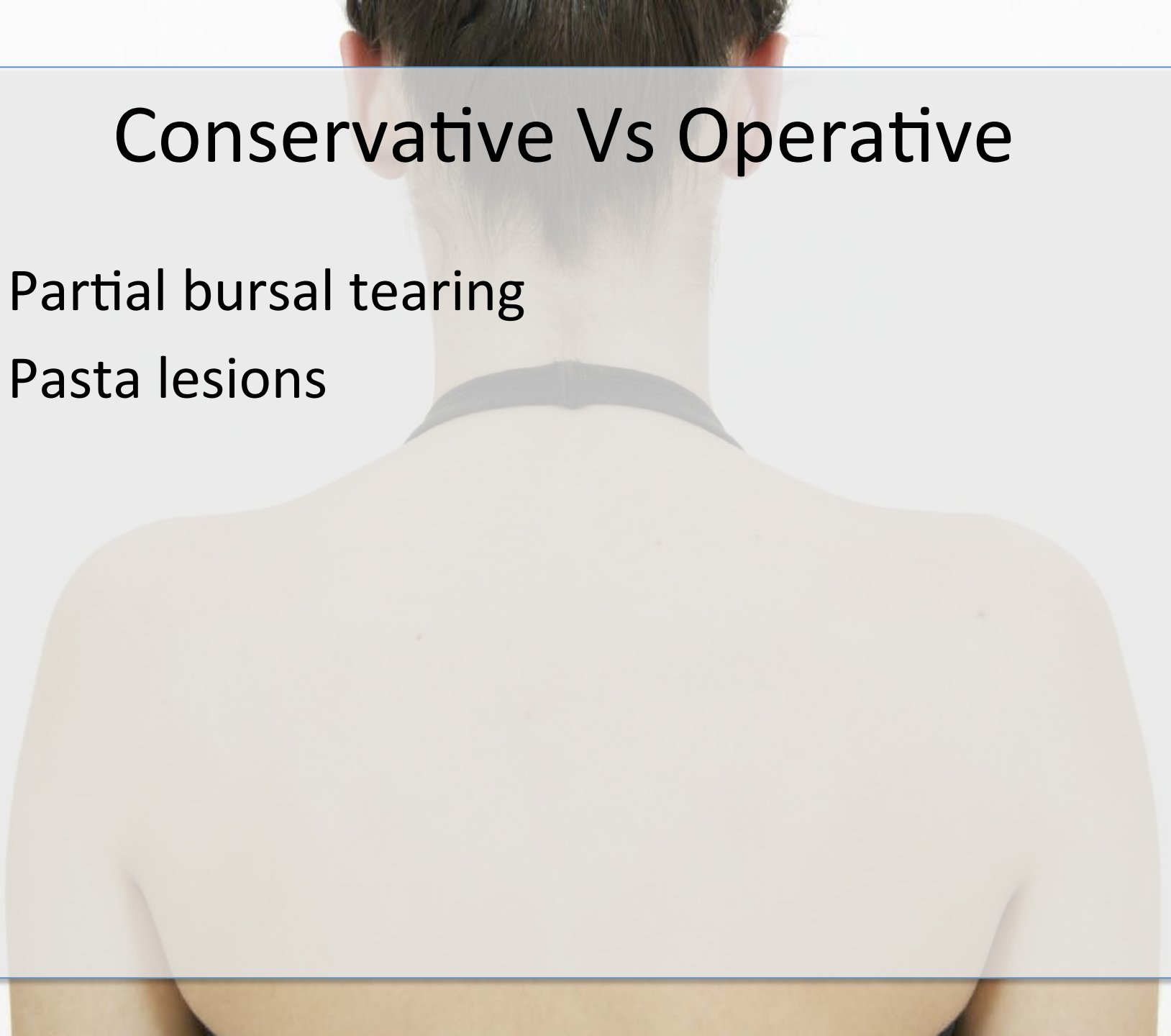
1. History
2. Examination
3. Imaging
  - Ultrasound
  - MRI

# Clearly Conservative

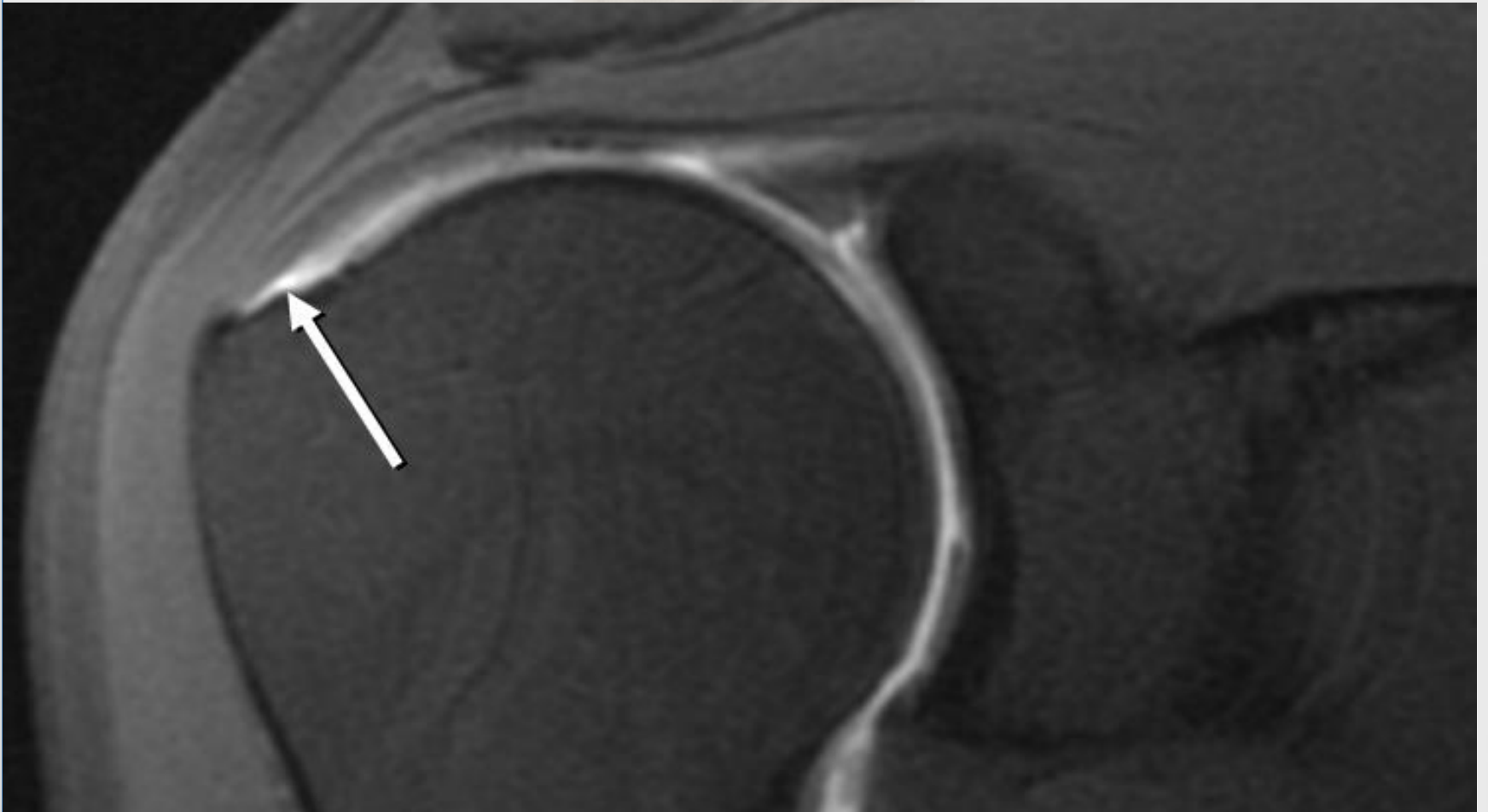
- Pure Tendinosis
- Bursitis
- Impingement
- ACJOA

# Conservative Vs Operative

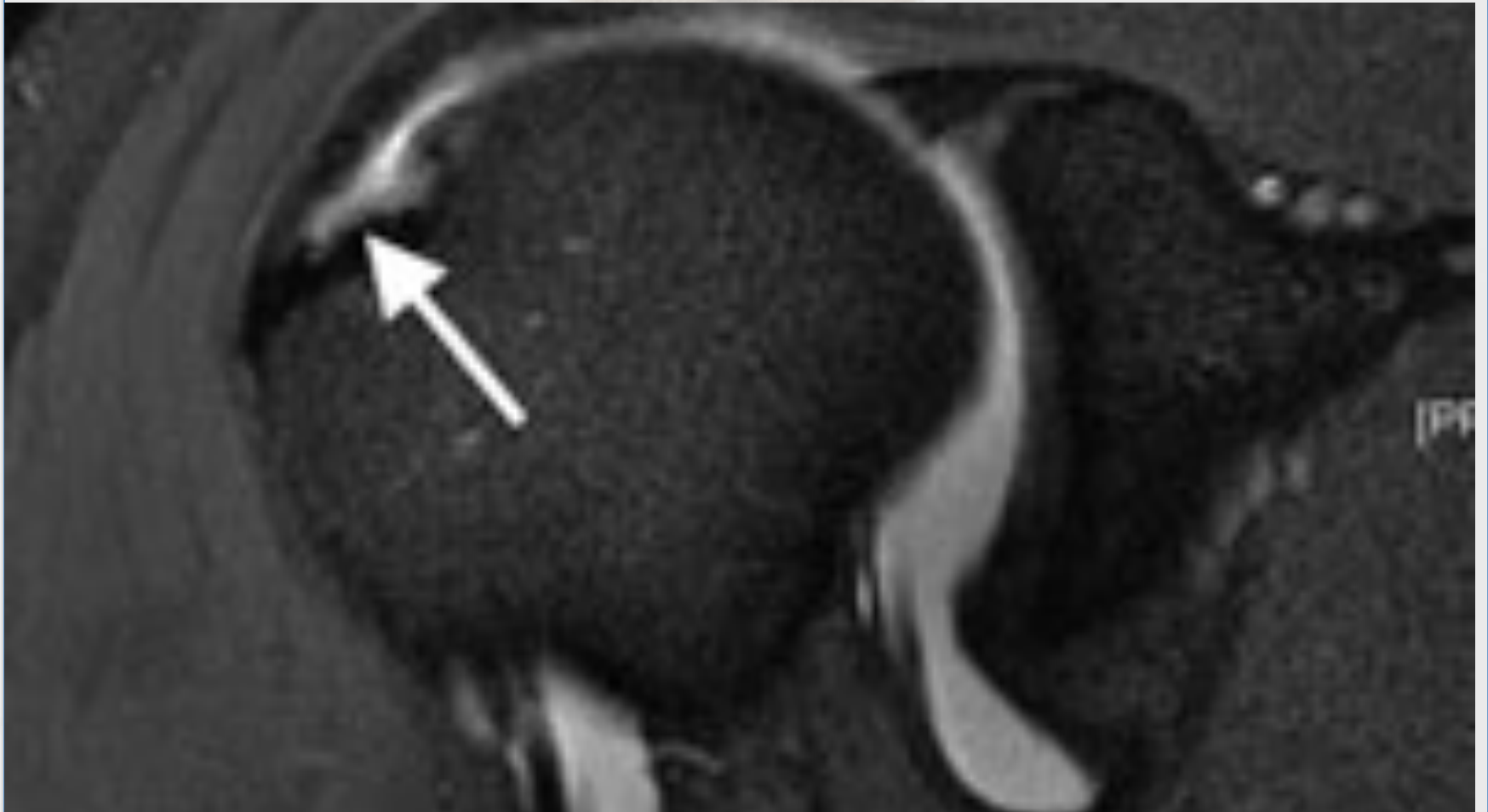
- Partial bursal tearing
- Pasta lesions



Pasta



Pasta





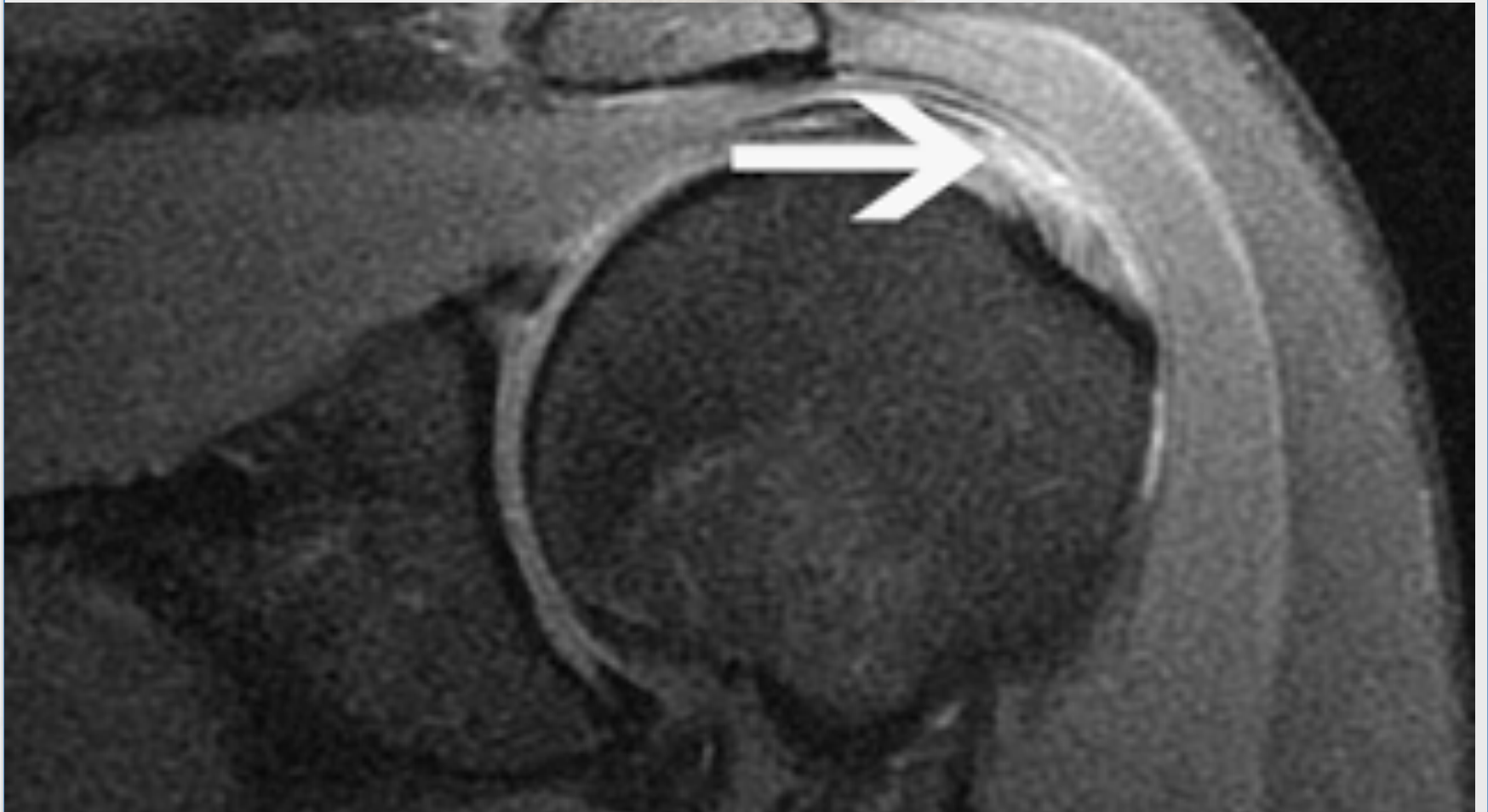
# Pasta



# 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

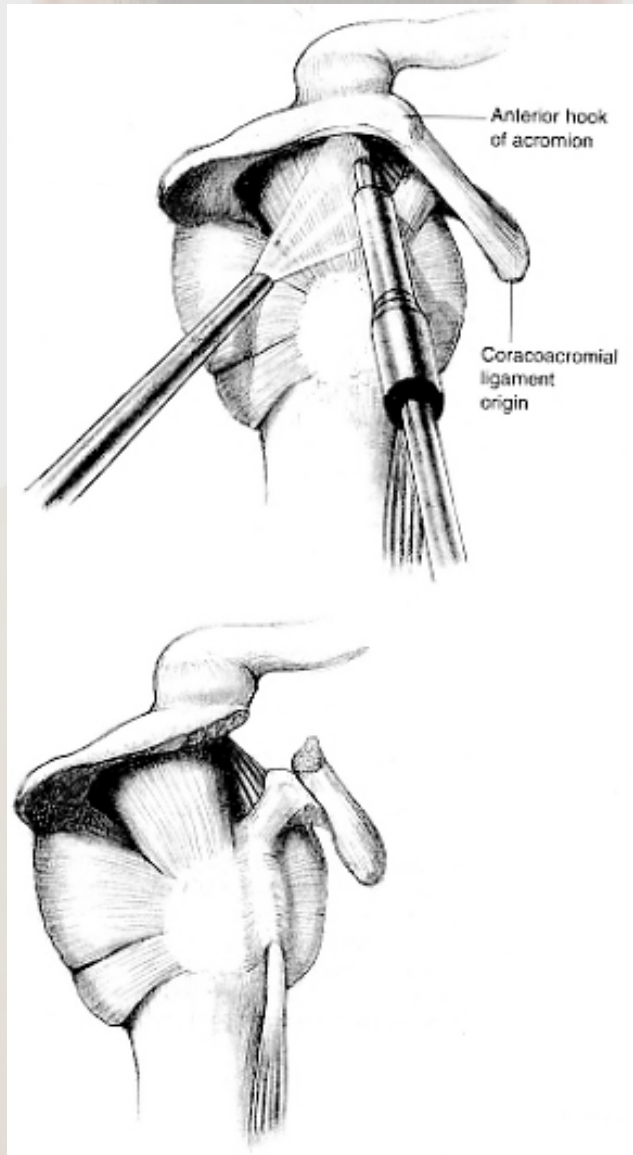


# Surgery

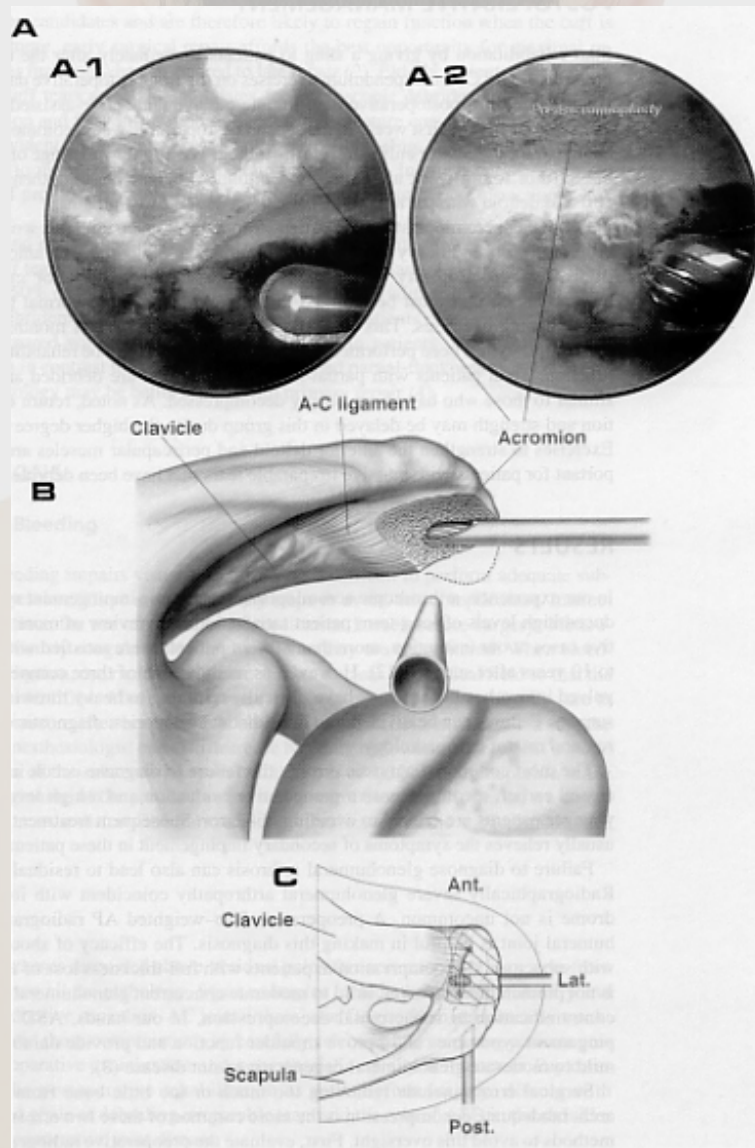
**Subacromial Decompression** is a surgical procedure which aims to increase the amount of space between the rotator cuff tendons and the acromion, taking pressure off the tissues under the acromion. The surgeon will remove any anterior and lateral bone spurs from the acromion which may be rubbing against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



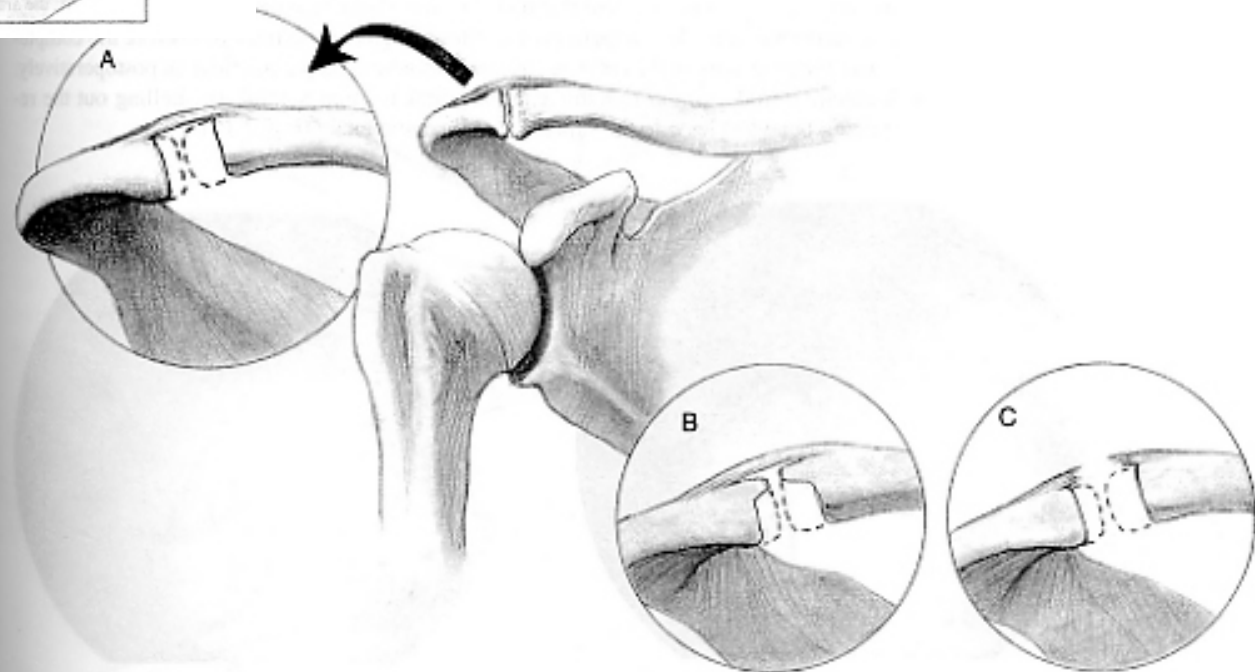
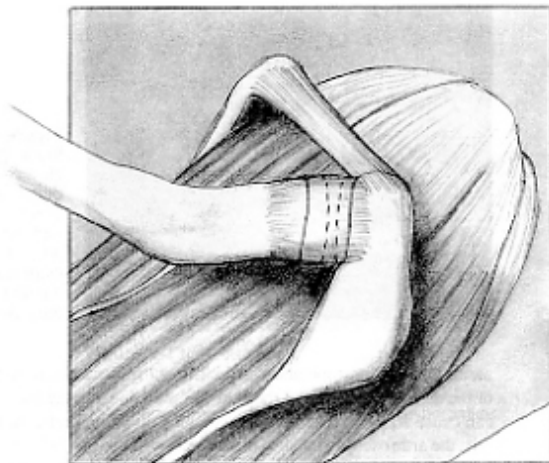
# Treatments



# 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.

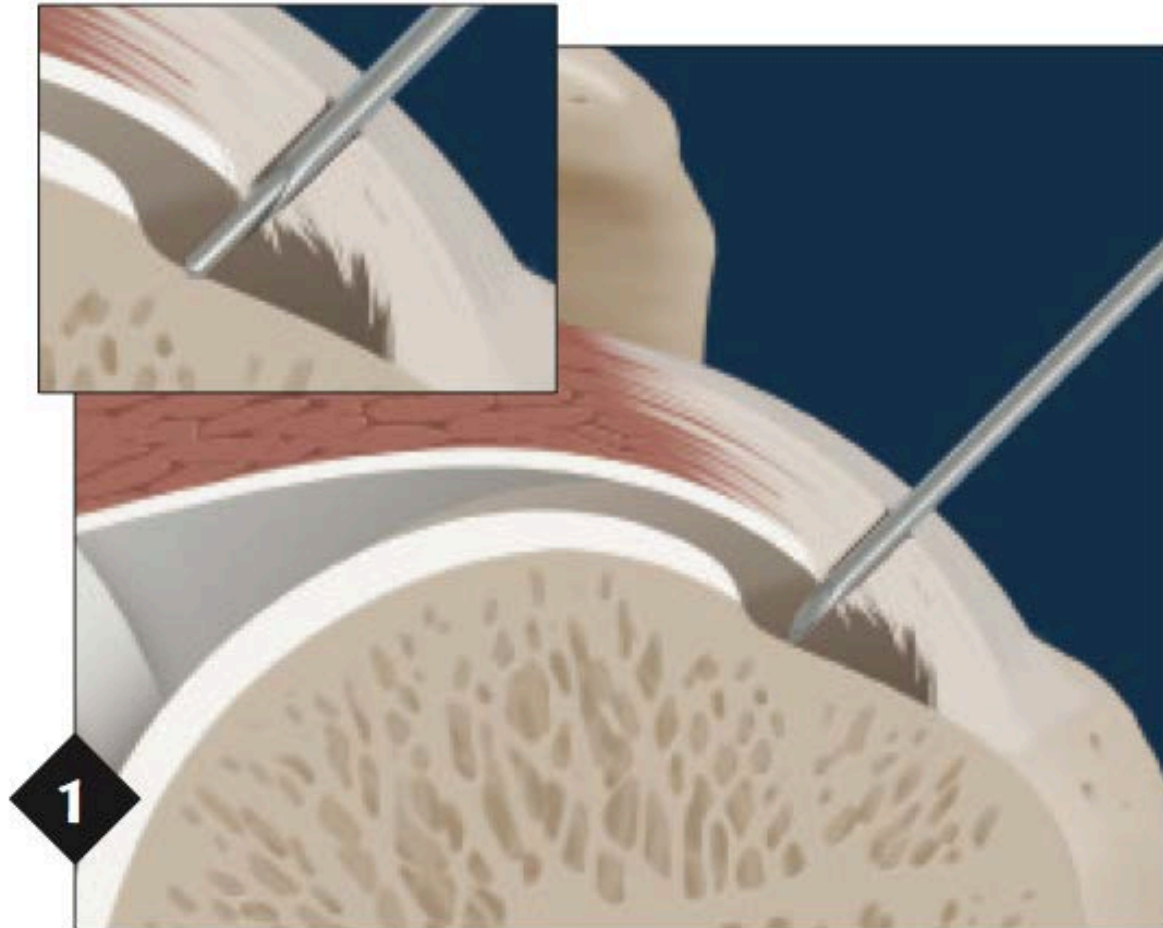




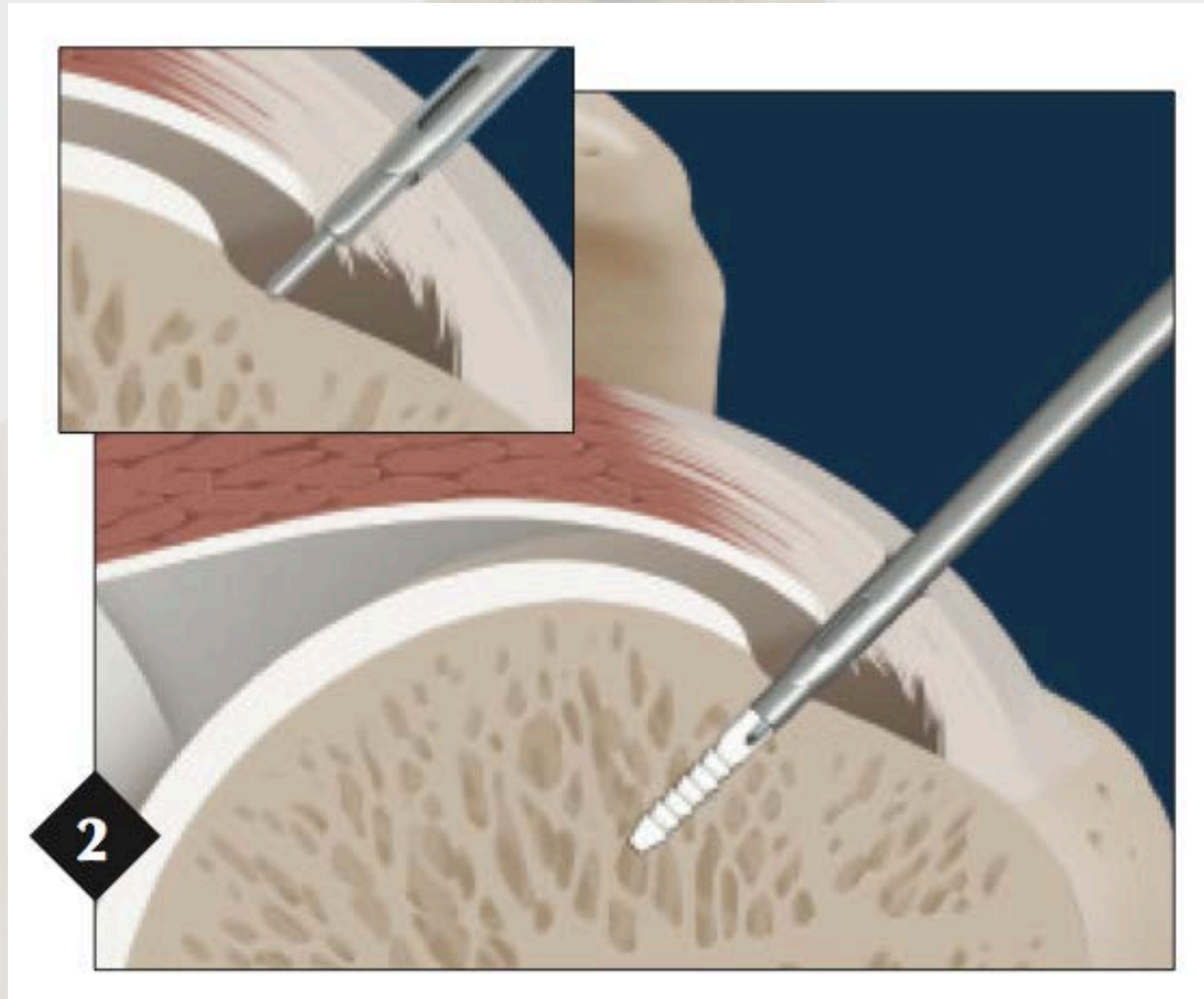




# Arthroscopic Pasta Repair

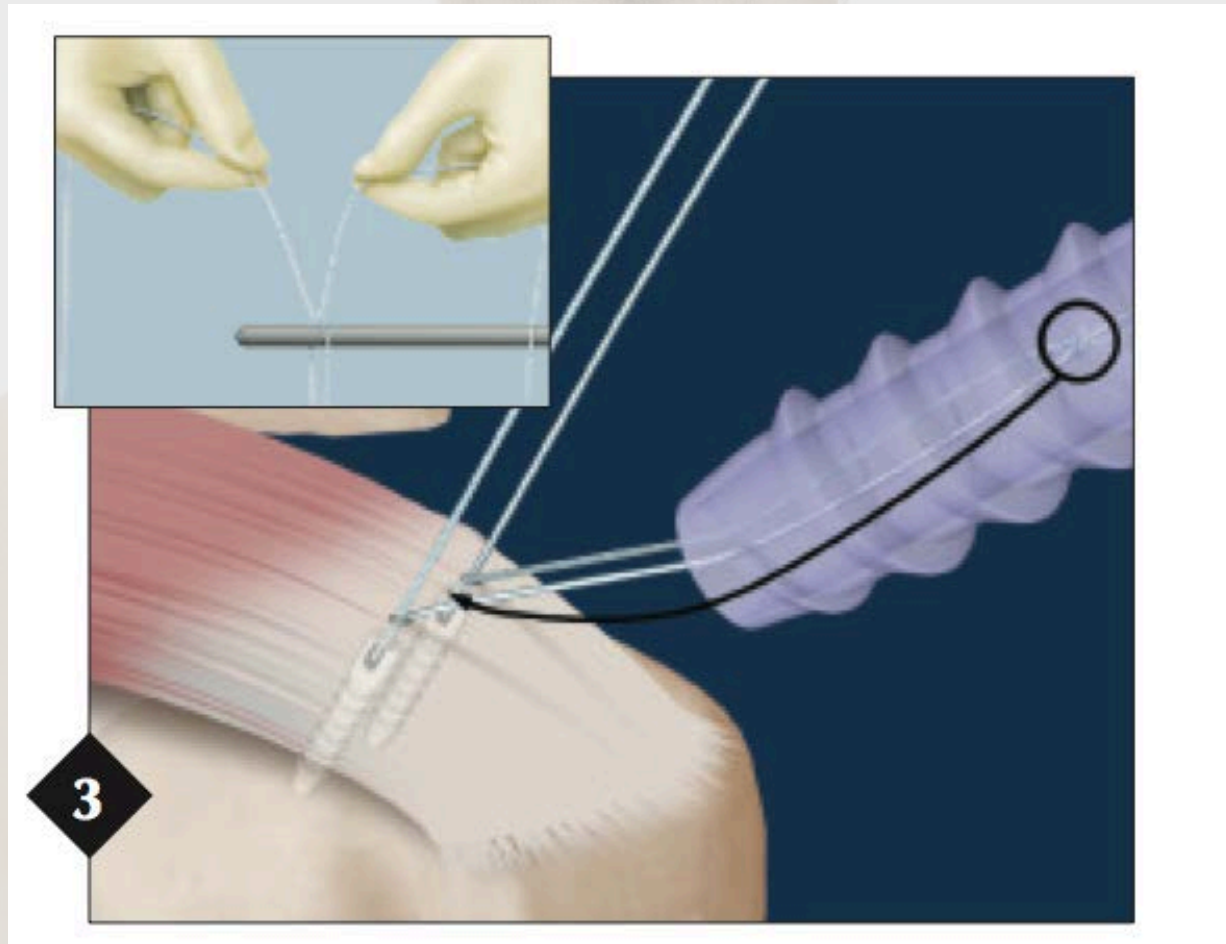


# Arthroscopic Pasta Repair



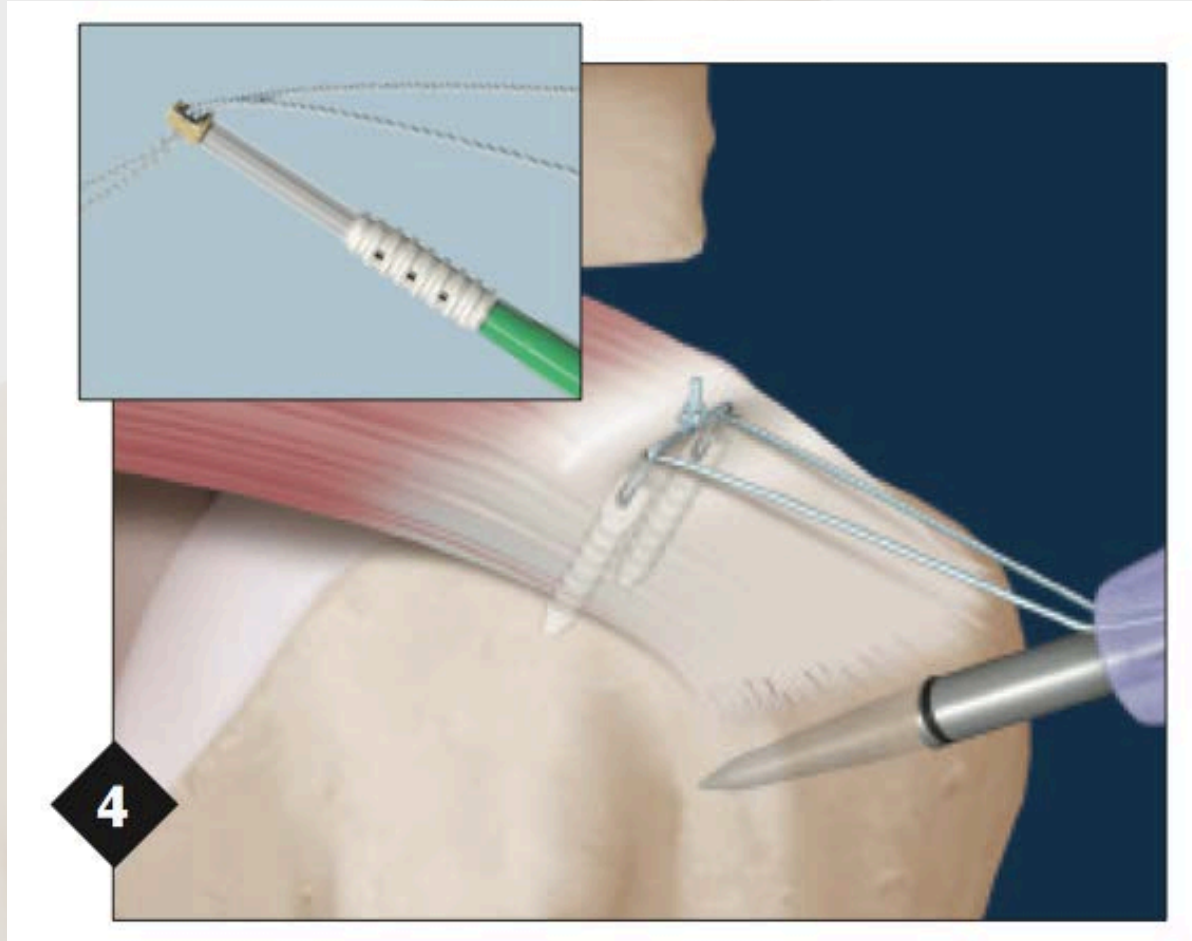


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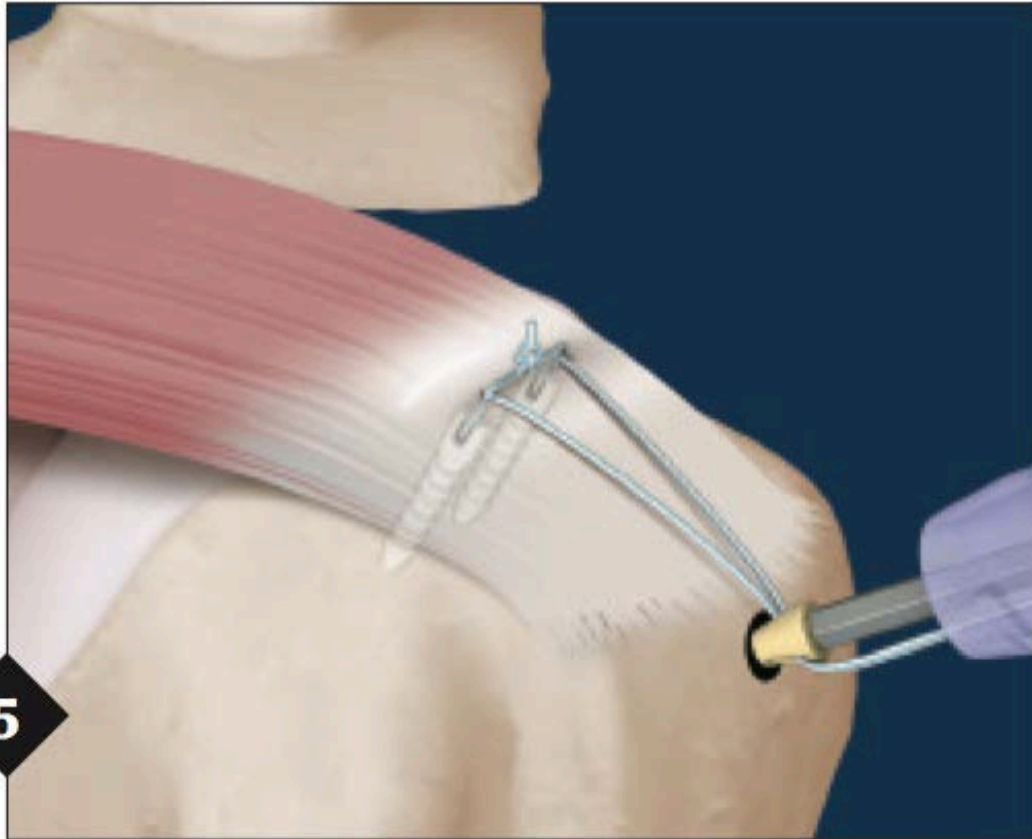




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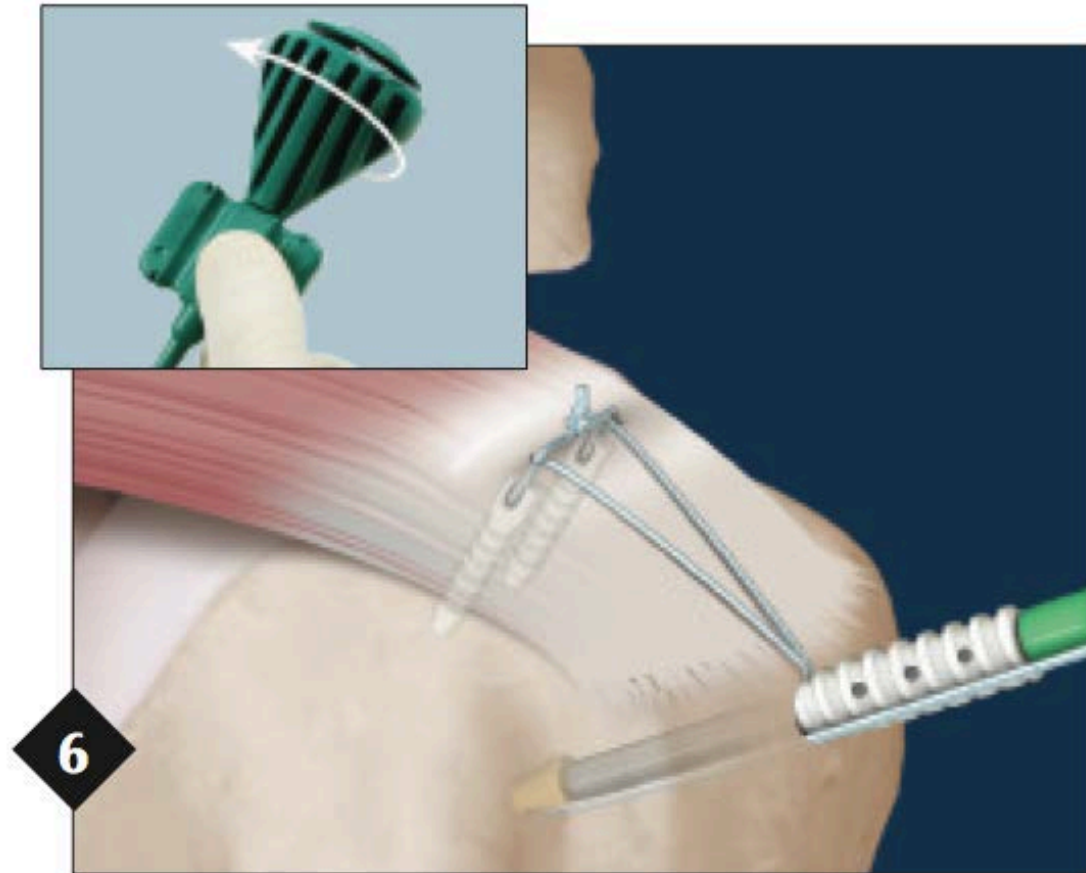


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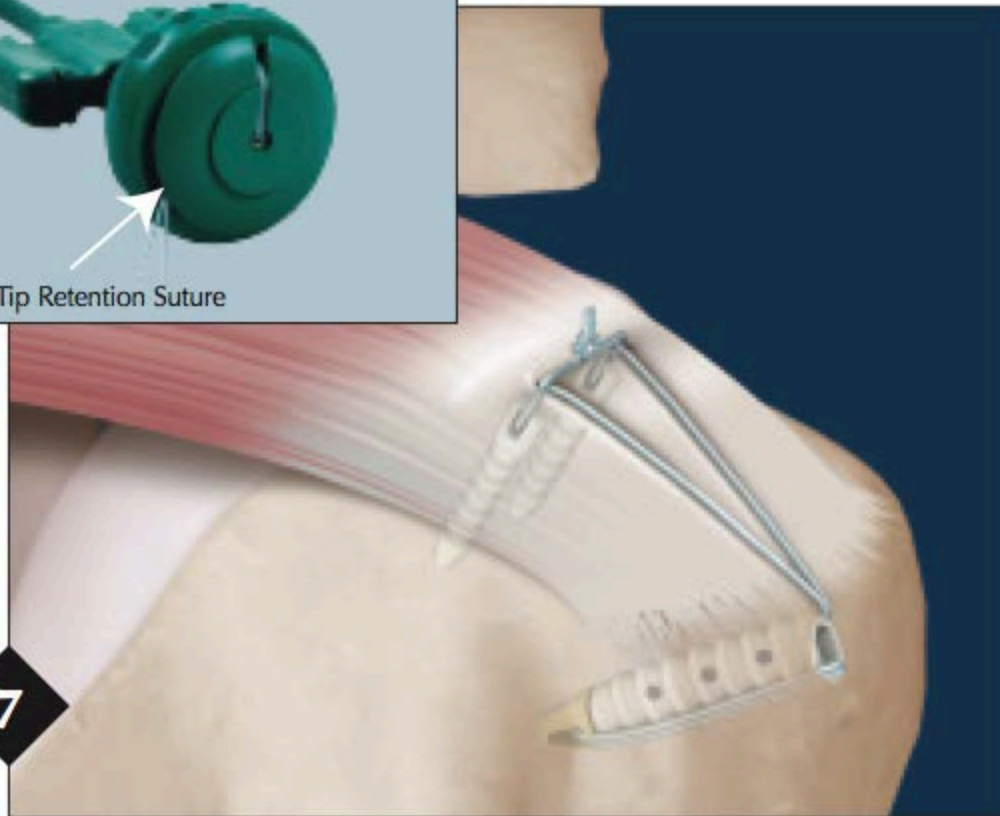
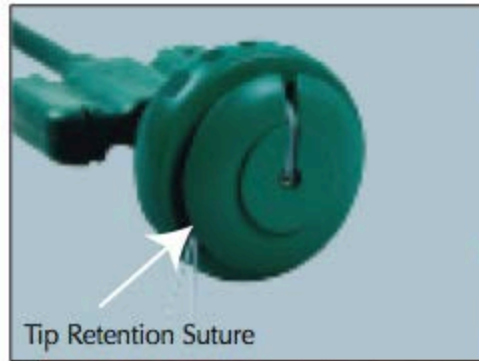


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# Arthroscopic Pasta Repair



# Arthroscopic Pasta Repair



7

A photograph of a person's back and neck, viewed from behind. The person has dark hair and is wearing a dark-colored top. A semi-transparent blue 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