A stronger start to healing

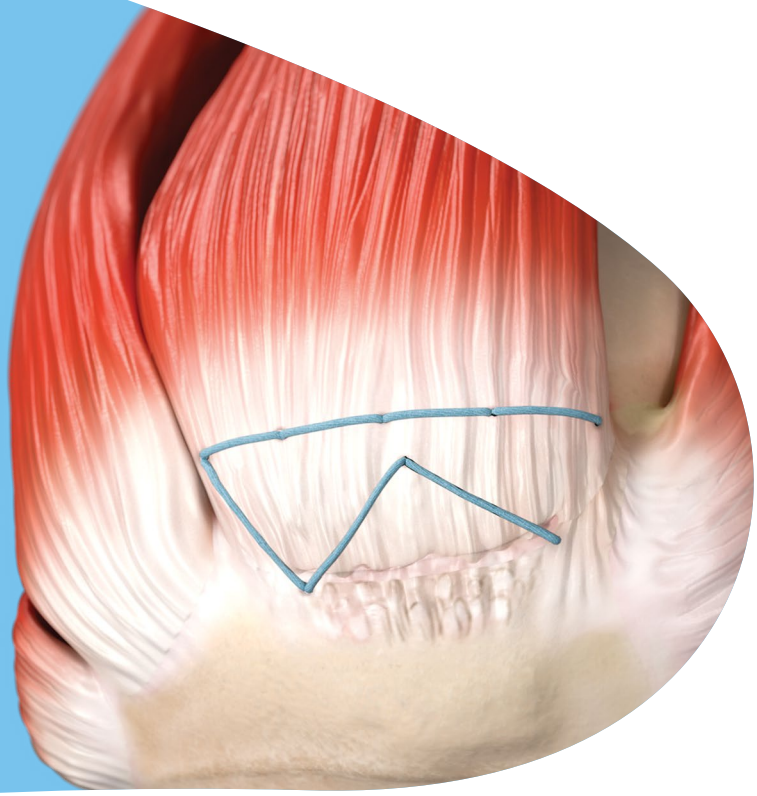
Create a repair foundation with 2x strength and 10x less gap formation*[1-3]

Smith+Nephew

TENDON SEAM
Rotator Cuff Repair System

*In biomechanical testing in human cadavers, compared to reported values for knotted and knotless transosseous equivalent repairs

Traditional rotator cuff repairs are characterized by high failure rates averaging 20-40%[4], contributing to a need for lengthy immobilization of up to 6 weeks[5]



What if patients could have a rotator cuff repair that provides a **stronger start to healing?**

The TENDON SEAM System difference

2x stronger*[1–3]

10x less gap formation*[1-3]

45% fewer procedural steps†[6]

*In biomechanical testing in human cadavers, compared to reported values for knotted and knotless transosseous equivalent repairs

†Compared to knotted transosseous equivalent repair

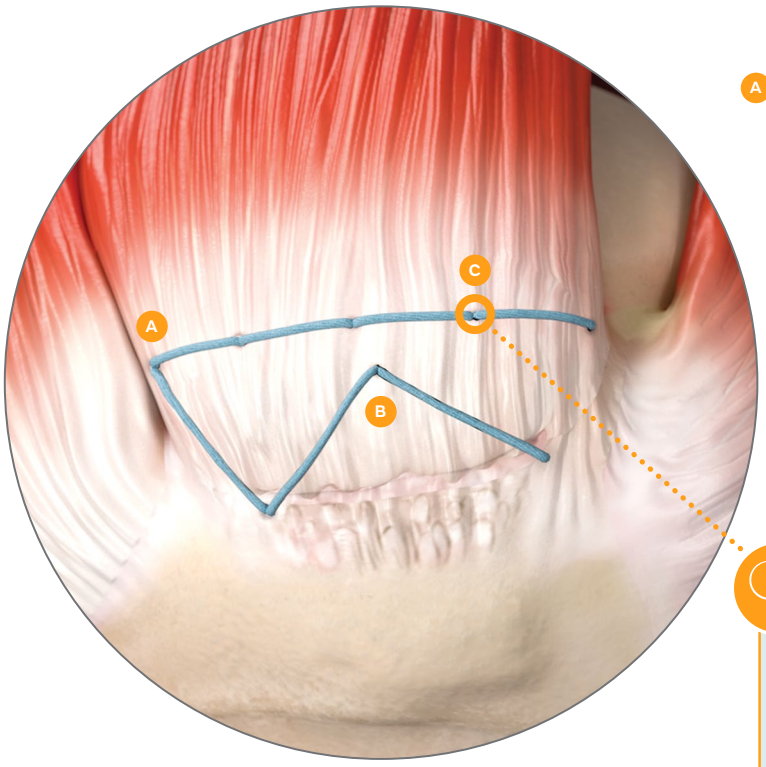
TENDON SEAM

Rotator Cuff Repair System

Repair construct

The TENDON SEAM system is a is a unique rotator cuff repair system that is designed to share load across the repaired tendon and maximize repair strength throughout the healing period. The construct features multiple tightly spaced anchors, connected by a continuous-stitch designed to distribute forces across the repaired tendon with a low profile, knotless technique.

Watch the TENDON SEAM technique in action here



*In biomechanical testing in human cadavers

A Medial seam

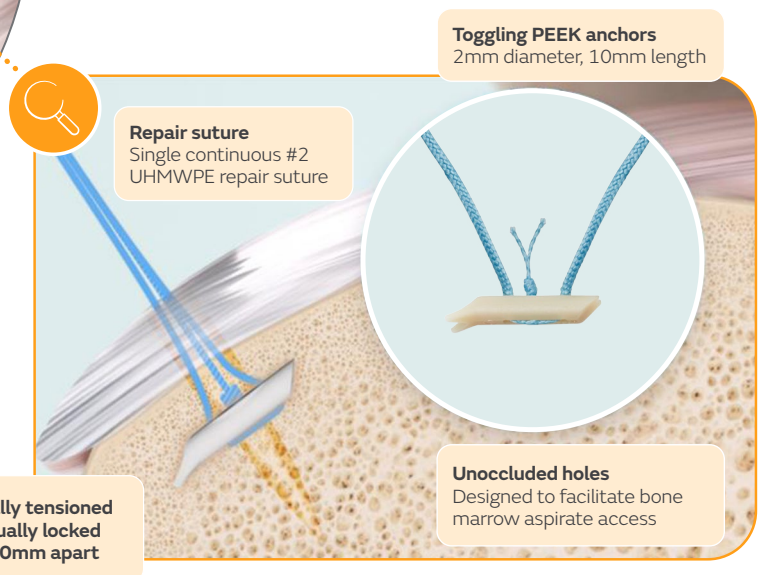
Structural stitch oriented perpendicular to tendon fibers to carry primary repair load.*[7]

B Lateral zig-zag

Broad compression across the footprint to optimize stable tendon attachment.*[1, 7]

C Micro-anchors

2mm anchors with open holes to allow access to bone marrow at the insertion site.



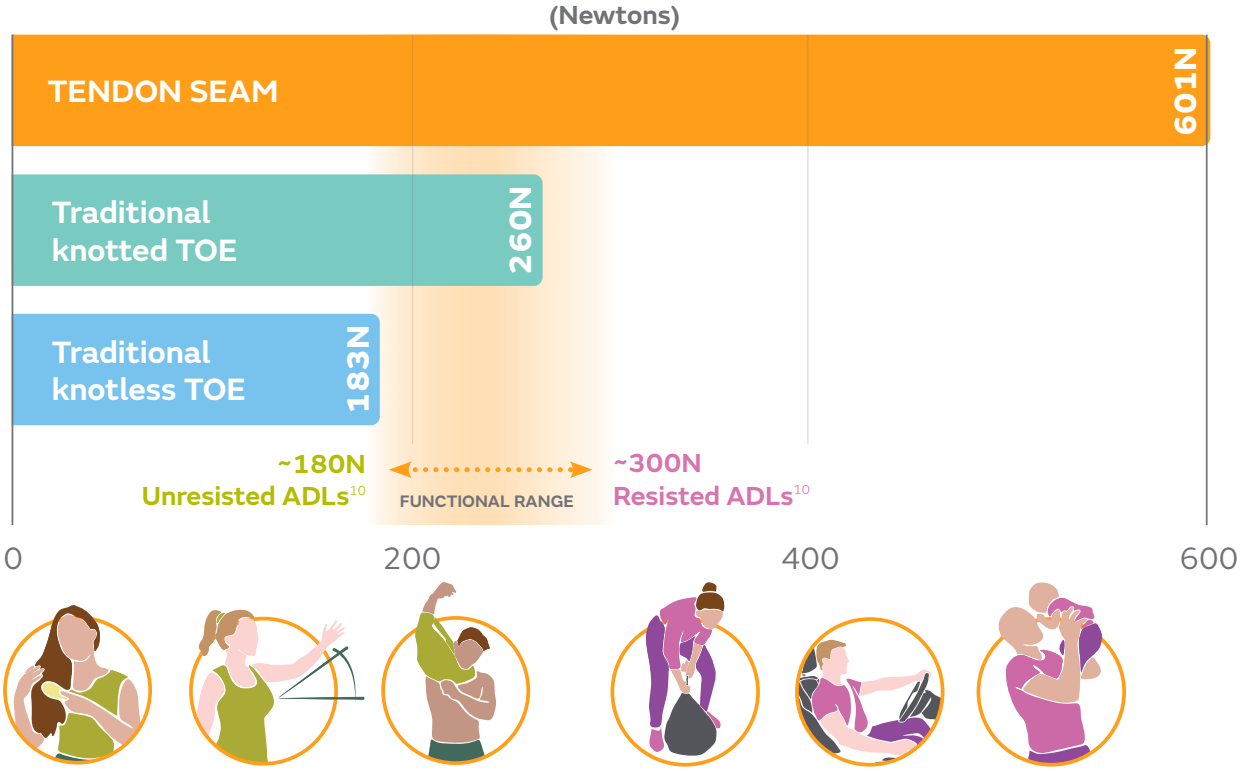
Biomechanically superior construct

The TENDON SEAM construct provides superior biomechanical strength to that reported for traditional techniques, to help protect the repair through the healing period.*[1-3, 8]

+ 2x Strong

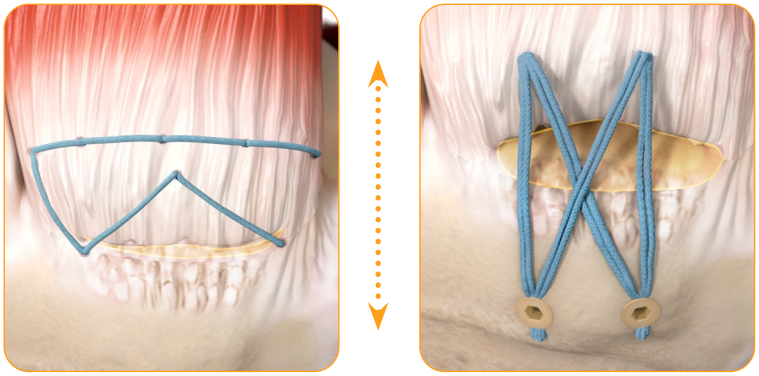
The TENDON SEAM construct withstands more than double the forces that patients can experience during activities of daily living; supporting their return to normal life after surgery*[1, 9]

Average yield strength of repair constructs vs. rotator cuff tendon† functional loads[1-3]



+ 10x less gap formation

The construct results in 10X less gap formation during cyclic loading compared to traditional repair methods*[1-3]



TENDON SEAM | **Traditional methods**

Gap (mm) after 30 cycles at 180N*[1-3]			
TENDON SEAM	0.33 ± 0.55	**Knotted TOE**	3.74 ± 1.51
		Knotless TOE	8.10 ± 3.76

See our results here

- Biomechanical testing

*In biomechanical testing in human cadavers
†Estimated force of the supraspinatus

Clinical experience

> The strength and stability of the **TENDON SEAM** construct has allowed us to adopt a more progressive rehabilitation approach while maintaining confidence in healing outcomes.

Patrick M. Connor, MD, FAOA

Learn more

- Early Clinical Case Series: Retear Rates
- Patient Case Series: Early Mobility
- Learn more on our website!

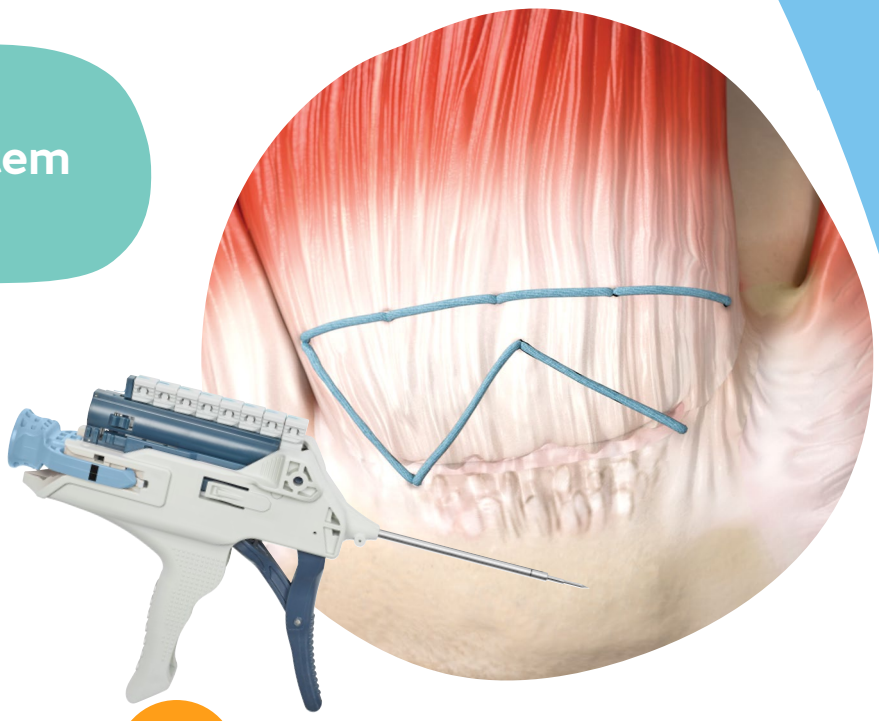
Reduced procedural complexity

In addition to biomechanical strength, the TENDON SEAM technique simplifies and streamlines the procedure vs knotted transosseous equivalent repair (TOE).

45% fewer procedural steps[6]

97% fewer portal entries[6]

All-in-one repair system



TENDON SEAM repair requires:

- **1 TENDON SEAM Kit**
  - Fully disposable instrumentation
  - 8-anchor or 4-anchor magazine, depending on repair size

VS

Hole prep

Medial row anchors

Suture passer

Knot pusher

Hole prep

Lateral row anchors

Traditional repair requires:

- 4 individual anchors
  - 2 medial anchors
  - 2 lateral anchor
- Sterilized instrumentation
- 1 cannula
- 1 suture passer needle

Ordering information

TENDON SEAM ROTATOR CUFF REPAIR SYSTEM	
Reference #	Description
72205994	TENDON SEAM Magazine, 8 anchor
72205995	TENDON SEAM Instrument Kit, 8 anchor
72205996	TENDON SEAM Magazine, 4 anchor
72205997	TENDON SEAM Instrument Kit, 4 anchor

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1. Integrity Orthopaedics Data on File. Testing Report DN-00664. **2.** Busfield BT, et al. *Am J Sports Med.* 2008;36(5):901-906. **3.** Park MC, et al. *J Shoulder Elbow Surg.* 2007;16(4):469-476. **4.** Young BL, et al. JSES Reviews, Reports & Techniques. 2023;3:318-323. **5.** Sciarretta FV, et al. SICOT-J. 2023;9:14. **6.** Smith+Nephew 2026. Internal Report 50262. **7.** Integrity Orthopaedics Data on File. Testing Report DN-00868. **8.** Abtahi AM, et al. *World J Orthop.* 2015;6(2):211-220. **9.** Burkhart SS. *Arthroscopy.* 2000;16(1):82-90. **10.** Smith+Nephew 2026. Internal Report 10175693.