# **Agenda**

# New Orleans Advanced Shoulder Symposium

# **Program Description:**

Through hands-on lab experiences and brief demonstrative lectures, attendees will develop skills and knowledge related to the treatment of advanced shoulder sports medicine pathologies. Attendees will work alongside leading experts on current trends and techniques in orthopaedic sports medicine surgery.

## **Learning Objectives:**

By the end of this course, participants will be able to:

- Describe strategies for rotator cuff management with biologic augmentation
- Identify solutions for treating complex shoulder instability
- Apply techniques for open and arthroscopic shoulder instability
- Describe treatment algorithms for total shoulder arthroplasty procedures

### **Course Dates:**

Thursday, October 2, 2025 8:00 am - 5:10 pm CT

Friday, October 3, 2025 7:30 am - 5:00 pm CT

#### Hotel

The Roosevelt New Orleans 130 Roosevelt Way New Orleans, LA 70112

| Thursday, October 2, 2025 |   |  |
|---------------------------|---|--|
| 8:00 am – 8:50 am         | Breakfast and Registration  |  |
| 8:50 am - 8:55 am         | Welcome from Smith + Nephew   |  |
| 8:55 am - 9:00 am         | Welcome from Chairs   |  |
| 9:00 am - 10:35 am        | Session 1: Rotator cuff repair and continuum of care  |  |
| 9:00 am - 9:25 am         | Case 1: Middle-aged male with an active job and a high-grade partial thickness, articular surface rotator cuff tear                                 |  |
|                           | 1) Pro in-situ repair: Take it down or in-situ repair, I don't care - it's still the gold standard  |  |
|                           | 2) Pro biologic augmentation: REGENETEN bioinductive augmentation, optimize healing, I'll show you the results                                      |  |
|                           | Vote and case presentation, Q&A   |  |
| 9:25 am - 9:50 am         | Case 2: Middle-aged female, fitness junkie, full thickness, supraspinatus tear, 2 cm retraction   |  |
|                           | Pro basic double row repair: Double row rotator cuff repair. Make it strong.     It's all you need, let me show you how                             |  |
|                           | 2) Pro biologic augmentation: It's not just mechanics, they still fail. Biology to the rescue!  |  |
|                           | Vote and case presentation  |  |
| 9:50 am - 10:20 am        | Case 3: Middle-aged male, laborer, full thickness, retracted supraspinatus/infraspinatus tear, Grade III FI of infraspinatus. Intact subscapularis. |  |

|                     | 1) Pro cuff repair: Release, repair and augment, it can still heal. Don't give up! |
|---------------------|--|
|                     | 2) Pro SCR: SCR: there's still a role. You just don't know how to do it right.     |
|                     | 3) Lower trapezius transfer: You need some muscle to get it to move!               |
|                     | Vote and case presentation   |
| 10:20 am - 10:35 am | Break  |
| 10:35 am – 11:05 am | Session 2: Rotator cuff, this is how we do it! (surgical technique focus)          |
| 10:35 am - 10:45 am | 1) Applying REGENETEN reproducibly: my top 5 tips                                  |
| 10:45 am - 10:55 am | 2) Biceps augmentation – now it's routine!   |
| 10:55 am – 11:05 am | 3) Simplified lower trapezius transfer: it's not that hard                         |
| 11:05 am - 11:55 am | Session 3: The cuff cases that haunt my group chat                                 |
|                     | 1) REGENETEN with Calcific tendonitis  |
|                     | 2) Revision of a type II failure   |
|                     | Failed REGENETEN case - patient selection and what the evidence says               |
|                     | 4) Irreparable SSc (Lat Dorsi Transfer)  |

| 11:55 am - 12:55 pm | Working Lunch: The Broken Scalpel Award  |
|---------------------|--|
| 12:55 pm – 2:00 pm  | Session 4: The aging athlete   |
| 12:50 pm – 12:55 pm | Technique in focus: reducing your footprint with AETOS                                   |
| 12:55 pm – 1:00 pm  | Case 1: the middle-aged weekend warrior with concentric glenohumeral OA.                 |
| 1:00 pm – 1:05 pm   | 1) Arthroscopic CAM procedure: Don't burn any bridges.                                   |
| 1:05 pm – 1:10 pm   | 2) Anatomic TSA: he'll be happy, stop worrying   |
| 1:10 pm – 1:15 pm   | 3) Pyrocarbon hemi shoulder  |
| 1:15 pm – 1:25 min  | Vote and case presentation   |
| 1:25 pm – 1:30 pm   | Case 2: The elderly athlete with end stage OA, intact cuff, with 10 degrees retroversion |
| 1:30 pm – 1:40 pm   | Anatomic TSA: Preserve the anatomy and avoid acromial fractures, it works the best       |
| 1:35 pm – 1:40 pm   | 2) You can't trust that cuff: rTSA   |
| 1:40 pm – 1:50 pm   | Vote and case presentation   |
| 1:50 pm – 2:00 pm   | Transition to the surgical skills lab/breakouts  |
| 2:00 pm – 5:10 pm   | Session 5: Rotator cuff and arthroplasty surgical skills labs                            |

| Group A: Rotator cuff surgical skills lab   |  |  |
|---|--|--|
| Group B: Breakout session 1 – Common complications and how I get out of trouble   |  |  |
| Group B: Breakout session 2 – Value based healthcare  |  |  |
| Groups A and B switch   |  |  |
| Group B: Rotator cuff surgical skills lab   |  |  |
| Group A: Breakout session 1 – Common complications and how I get out of trouble   |  |  |
| Group A: Breakout session 2 – Value based healthcare  |  |  |
| Adjourn Day 1   |  |  |
| Friday, October 3, 2025   |  |  |
| Breakfast and Registration  |  |  |
|   |  |  |
| Session 6: Shoulder instability – No bone loss  |  |  |
| Session 6: Shoulder instability – No bone loss  Live instability exam   |  |  |
|   |  |  |
| Live instability exam  Case 1: Teenager, high impact athlete, with first time dislocation and no  |  |  |
| Live instability exam  Case 1: Teenager, high impact athlete, with first time dislocation and no bone loss  1) Pro conservative management: Non-op treatment - it can work! No need |  |  |
|   |  |  |

| 8:45 am - 9:10 am   | Case 2: Twenty-something male, recurrent instability, 12% boneloss, bony Bankart lesion                      |
|---------------------|--|
|                     | 1) Pro DTA   |
|                     | 2) Pro arthroscopic bankart with remplissage: Arthroscopic Bankart with remplissage. It's fast and it works! |
|                     | Vote and case presentation   |
| 9:10 am - 9:35 am   | Session 7: Instability with glenoid bone loss  |
| 9:10 am - 9:35 am   | Case 1: Late twenties male, recurrent anterior instability, snowboard half pipe competitor, 20% bone loss    |
|                     | Arthroscopic bone block with suture buttons: restore the glenoid with minimal risk                           |
|                     | 2) Mini-open Latarjet: the gold standard   |
|                     | Vote and case presentation   |
| 9:35 am - 10:15 am  | Break  |
| 10:15 am - 11:05 am | Session 8: Instability, this is how we do it! (Surgical Technique Focus)                                     |
| 10:15 am - 10:30 am | Arthroscopic glenoid fracture fixation with buttons  |
| 10:30 am - 10:45 am | Arthroscopic bone block: setting yourself up for success   |
| 10:45 am - 11:05 am | Debate Screws vs Buttons: It probably doesn't matter what you use, except when it does                       |
|                     | Pro screws   |
|                     | Pro buttons  |
|                     | Audience vote + Q&A  |
| 11:05 am - 11:45 am | Session 9: The instability cases that haunt my group chat  |
|                     | 1) Glenoid Fracture  |
|                     | 2) HAGL or RHAGL Lesion  |
|                     | 3) Posterior instability with bone loss  |
|                     | 4) Failed Latarjet   |
| 11:45 am - 12:40 pm | Lunch  |

| 12:40 pm - 12:50 pm | Transition to surgical skills lab and breakouts   |
|---------------------|---|
| 12:50 pm – 5:00 pm  | Session 10: Advanced instability surgical skills lab  |
| 12:50 pm - 2:50 pm  | Group A: Advanced instability surgical skills lab   |
| 12:50 pm - 1:50 pm  | Group B: Breakout session 3 – Evaluation and non op treatment of the overhead athlete                           |
| 1:50 pm - 2:50 pm   | Group B: Breakout session 4 – What does a physical therapist notice when someone's behind schedule in recovery? |
| 2:50 pm - 3:00 pm   | Groups A and B switch   |
| 3:00 pm - 5:00 pm   | Group B: Advanced instability surgical skills lab   |
| 3:00 pm - 4:00 pm   | Group A: Breakout session 3 – Evaluation and non op treatment of the overhead athlete                           |
| 4:00 pm – 5:00 pm   | Group A: Breakout session 4 – What does a physical therapist notice when someone's behind schedule in recovery? |
| 5:00 PM             | Adjourn Course  |

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