Tables E1-E3. Rates of recurrence after the surgical treatment of patients with recurrent posterior instability. This is a summary of the previous English-language articles that have reported on the effects of treatment for recurrent posterior shoulder instability in terms of recurrence postoperatively. In order to find all relevant articles, MEDLINE, EMBASE, PubMed and the Cochrane Central Register of controlled trials were searched. Review articles and the reference lists of articles were also checked. Studies including patients with bidirectional and multidirectional posterior instability in addition to posterior instability were included and are referred to in the legend. Post-operative recurrence has been defined as recurrent posterior instability.

Table E1. Rates of recurrence after open soft-tissue procedures for treatment of patients with recurrent posterior instability

Author	Procedure	Number of shoulders	Number with recurrence post- surgery	Percentage recurrence	Average follow-up in months (range)
English ⁷⁸	RPP	4	3	75	Not recorded
Hawkins ¹⁸	RPP	6	5	83	86 (24-180)
Goss*** ⁸³	OPC	13	0	0	36 (9-69)
Fronek ¹⁹	OPC	6	1	17	60 (24-84)
Hurley ⁴⁵	RPP	22	16	73	60 (24-132)
Tibone ^{A3}	OPC	40	11	28	(24-120)
Bigliani**23	OPC	35	4	11	60 (24-150)
Hawkins ²⁵	OPC	14	0	0	44 (18-48)
Wirth*86	OAC	10	1	10	60 (24-103)
Fuchs ^{^12}	OPC	26	6	23	91 (21-175)
Misamore ⁹²	OPC	14	1	7	45 (26-90)
Arciero ²	OPC	12	1	8	34 (not recorded)

RPP - Reverse Putti-Platt; OPC - Open posterior capsulorrhaphy; OAC - Open anterior, inferior and posterior capsulorrhaphy and rotator interval closure; *Patients had predominantly posterior instability with multidirectional laxity; ** Instability was unidirectional posterior in 6 shoulders, posteroinferior in 7 shoulders and multidirectional in 22 shoulders; *** Six patients also had inferior/multidirectional instability at surgery; ^ Capsulorrhaphy performed with staples in 20 patients and sutures in 20 patients; ^^ Additional procedures comprised posterior bone block in 1 patient and posterior glenoid osteotomy in 3 shoulders.

202

49

24

Total

Table E2. Rates of post-operative recurrence after glenoid osteotomy and posterior bone block to treat patients with recurrent posterior instability

Author	Procedure	Number of shoulders	Number with recurrence after surgery	Percentage recurrence	Average follow-up in months (range)
Glenoid osteotomy					
Scott ⁷⁷	PGO	3	1	33	38 (27-53)
English ⁷⁸	PGO	4	0	0	Not recorded
Kretzler ⁷⁹	PGO	28	4	14	Not recorded
Hawkins ¹⁸	PGO+S	17	7	41	86 (24-180)
Norwood ⁴⁷	PGO	19	9	47	39 (13-82)
Brewer ⁴¹	PGO+S	5	1	20	19 (12-24)
Hernandez ¹⁰²	PGO+S	8	0	0	36 (10-114)
Wilkinson ¹⁰⁰	PGO	21	4	19	24-48
Total		105	26	25	
Posterior bone block					
Ahlgren ⁸⁰	ВВ	5	3	60	38 (15-48)
Mowery ⁹⁴	BB+S	5	1	20	(30-96)
Fronek ¹⁹	BB+S	5	0	0	60 (24-84)

Key: PGO - Posterior glenoid osteotomy; S - Soft tissue repair; BB - Posterior bone block.

25

40

24

6

102 (36-210)

72 (43-102)

BB

BB

Hinojosa⁸¹

Gosens¹⁰¹

Total

Table E3. Rates of recurrence after arthroscopic treatment of patients with recurrent posterior instability

Number of shoulders

41

14

Procedure

CR#

CR

Author

Posterior instability

Papendick²⁴

Wolf¹

Number with

recurrence post-

surgery

2

Percentage

recurrence

Average follow-up in

months (range)

10 (4-41)

33 (24-45)

Hovis ⁵⁵	TC	6	0	0	54(30-108)
Williams ⁶	CR	27	2	7	61 (24-140)
Goubier ⁷	CR	13	0	0	34 (11-80)
Kim ²⁷	CR	27	1	4	39 (24-85)
Noonan ⁷⁵	TC+CR	5	0	0	38 (24-66)
Arciero ²	CR	21	2	10	34 (range not recorded
Total		154	8	5	
stero-inferior instability					
-					
Mcintyre*** ⁵	CR	20	5	25	31 (24-44)
Mcintyre*** ⁵ Antoniou* ²⁹	CR	41	6	15	28 (12-69)
Mcintyre*** ⁵ Antoniou* ²⁹ Gartsman** ⁴⁹	CR CR	41 16	6		28 (12-69) 34 (26-63)
Mcintyre*** ⁵ Antoniou* ²⁹ Gartsman** ⁴⁹ Abrams*** ⁷⁶	CR	41	6	15	28 (12-69) 34 (26-63) >24 (range not recorde
Mcintyre*** ⁵ Antoniou* ²⁹ Gartsman** ⁴⁹	CR CR	41 16	6	15 0	28 (12-69) 34 (26-63)

CR - Posterior capsulolabral repair; TC - Arthroscopic thermal capsulorrhaphy; * Mini-open capsulorrhaphy performed in some patients; * 10 shoulders had evidence of multidirectional instability; **adjunctive thermal capsulorrhaphy or rotator interval closure also used; *** Patients with both posterior and posteroinferior instability included in the study.