

TABLE E-1 Search Terms Entered into MEDLINE, Scopus, and Embase Search Engines*

Search	Search Term(s)
1	Remplissage
2	Infraspinatus AND tenodesis OR capsulotenodesis
3	Posterior capsule AND tenodesis OR capsulotenodesis
4	Hill-Sachs
5	Humeral head defect
6	Anterior shoulder instability
*The time period of each search was January 2000 to November 2012. The terms “AND” and “OR” represent Boolean operators.	

TABLE E-2 Design and Inclusion and Exclusion Criteria of Each Included Study*

Study	Design	Inclusion Criteria	Exclusion Criteria
Boileau ³⁴	Retrospective, Level IV	1. ISIS >3 points. 2. No substantial glenoid bone deficiency. 3. Isolated, large (Calandra Grade-III) Hill-Sachs lesion engaging over glenoid rim at any degree of abduction and/or external rotation during arthroscopy	1. Recurrent AGHI secondary to soft-tissue lesion. 2. Substantial glenoid bone loss. 3. First-time dislocation. 4. Posterior and/or multidirectional instability. 5. Full-thickness RC tear. 6. Severe GH osteoarthritis
Franceschi ³⁵	Retrospective, Level III	1. ≥2 episodes of shoulder dislocation and/or subluxation. 2. Clinical + MRI diagnosis of shoulder instability. 3. Engaging Hill-Sachs lesion during arthroscopy	1. Glenoid bone defect >25% by 3-D CT. 2. HAGL lesion. 3. Neurologic injury to shoulder. 4. RC pathology. 5. Shoulder stiffness. 6. Rheumatologic disorder
Haviv ³²	Prospective, Level IV	1. No “significant” glenoid bone loss. 2. Engagement sign during abduction and external rotation of <90°	NR
Nourissat ³³	Prospective, Level II	1. Absence of osseous defect of the glenoid. 2. ISIS score of 5 or 6 with confirmed Hill-Sachs lesion	NR
Park ³⁰	Retrospective, Level IV	1. Recurrent AGHI (>3 episodes/12 months). 2. Failed conservative management. 3. Intraop. findings: Bankart + “significant” Hill-Sachs lesion (>25% of humeral head by method of Rowe et al. ⁴)	NR
Zhu ³¹	Retrospective, Level IV	1. Anterior shoulder instability. 2. Glenoid defect <25% + Hill-Sachs lesion. 3. Engaging Hill-Sachs lesion during intraop. evaluation	1. Glenoid defect >25%. 2. HAGL lesion. 3. Psychological disease or epilepsy. 4. Revision surgery
*ISIS = Instability Severity Index Score ³⁶ , AGHI = anterior glenohumeral instability, RC = rotator cuff, GH = glenohumeral, 3-D = three-dimensional, HAGL = humeral avulsion of the glenohumeral ligament, and NR = not reported.			

TABLE E-3 Clinical Outcomes

Study	Preop./Postop. Scores*									
	Rowe	Constant	Walch-Duplay	UCLA	SST	ASES	Penn	WOSI (%)	SSV (%)	RTS (%)
Boileau ³⁴	NR/91	NR/94	NR/89.5	NR	NR	NR	NR	NR	58/90	NR/90
Franceschi ³⁵	43.1/82.8†	48.7/11.94†	NR	14.4/31.2†	NR	NR	NR	NR	NR	NR
Haviv ³²	10.6/85†	NR	NR	NR	6.6/11†	NR	NR	NR	NR	NR
Nourissat ³³	NR	NR	NR/11E,3G†	NR	NR	NR	NR	NR	NR	NR
Park ³⁰	NR	NR	NR	NR	NR	NR/92.5	NR/90	NR/72.7	NR	NR
Zhu ³¹	36.8/89.8†	93.3/97.8	NR	NR	NR	84.7/96.0†	NR	NR	NR/98	NR/71.4

*UCLA = University of California Los Angeles, SST = Simple Shoulder Test, ASES = American Shoulder and Elbow Surgeons, WOSI = Western Ontario Shoulder Instability Index, SSV = Subjective Shoulder Value, RTS = return to sports, NR = not reported, E = "excellent," and G = "good." †Significant improvement from preop. score, $p < 0.001$.

TABLE E-4 Recurrence Rates

Study	N	Mean Follow-up (mo)	No. of Recurrences (Mechanisms)	Recurrence Rate (%)
Boileau ³⁴	47	24	1 (fall onto abducted arm)	2.1
Franceschi ³⁵	25	24.8	0	0
Haviv ³²	11	30	0	0
Nourissat ³³	15	27	1 (epileptic fit)	6.7
Park ³⁰	20	29.2	3 (2 atraumatic, 1 subluxation)	15
Zhu ³¹	49	29	4 (1 trauma, 2 subluxation, 1 positive apprehension test)	8.2
Total	167	26.8	9	5.4