

The Classification of Partial Rotator Cuff Tears Survey

Initials or Name (Optional): _____

Email Address (Optional): _____

Age: _____

Number of years in practice: _____

Approximate number of shoulder arthroscopies performed per year: _____

Fellowship trained in sports medicine or arthroscopy: Yes No

Please circle only one answer for each case:

Case #1 <ul style="list-style-type: none">• A) A-0, B-0• B) A-0, B-IV• C) A-I, B-IV• D) A-III, B-0	Case # 6 <ul style="list-style-type: none">• A) A-IV, B-IV• B) A-0, B-II• C) A-II, B-IV• D) A-III, B-I
Case # 2 <ul style="list-style-type: none">• A) A-0, B-0• B) A-IV, B-2• C) A-IV, B-0• D) A-0, B-IV	Case # 7 <ul style="list-style-type: none">• A) A-0, B-III• B) A-III, B-I• C) A-IV, B-III• D) A-I, B-IV
Case # 3 <ul style="list-style-type: none">• A) A-IV, B-IV• B) A-0, B-IV• C) A-II, B-0• D) A-I, B-III	Case # 8 <ul style="list-style-type: none">• A) A-IV, B-0• B) A-IV, B-III• C) A-0, B-I• D) A-0, B-IV
Case # 4 <ul style="list-style-type: none">• A) A-IV, B-I• B) A-0, B-IV• C) A-III, B-IV• D) A-0, B-0	Case # 9 <ul style="list-style-type: none">• A) A-0, B-IV• B) A-I, B-IV• C) A-0, B-0• D) A-III, B-II
Case # 5 <ul style="list-style-type: none">• A) A-0, B-I• B) A-I, B-I• C) A-II, B-IV• D) A-IV, B-IV	Case # 10 <ul style="list-style-type: none">• A) A-II, B-IV• B) A-0, B-IV• C) A-IV, B-0• D) A-0, B-0