**Appendix B Table 2. Stakeholder ranking of methods issues**

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| --- | --- | --- | --- | --- | --- |
| **Methods Issue Question** | **Unweighted** | **Weighted** | **MD Research/ Clinician** | **PT/MT Research/ Clinician** | **Nonclinicians** |
|  **Measurement** |  |  |  |  |  |
| Which validated outcomes instruments should be used in all studies?  | 7 | 8 | 3 | 3 | 2 |
| What is a minimal clinically important difference in key outcomes?  | 7 | 9 | 5 | 2 | 2 |
| Which promising and/or controversial interventions should be studied?  | 4 | 4 | 2 | 1 | 1 |
| What set of consistent definitions of rotator cuff pathology, including concomitant pathology, should be used across providers and imaging reports?  | 4 | 4 | 0 | 1 | 3 |
| What diagnostic imaging (MRI, ultrasound, surgical inspection, arthrogram) best determines the extent of rotator cuff pathology at baseline, and when is it indicated?  | 5 | 5 | 1 | 1 | 3 |
| What imaging is best to evaluate cuff integrity post-surgery, and when is it indicated?  | 4 | 4 | 2 | 2 | 0 |
| Which imaging is best for cuff tears superimposed on pre-existing pathology? | 1 | 1 | 0 | 1 | 0 |
| What provider training and experience thresholds are required for accurate imaging interpretation (tear classification) for rotator cuff for pathology? | 0 | 0 | 0 | 0 | 0 |
| How should ‘cuff integrity’ be defined for (1) nonoperative/pre-operative and (2) postoperative patients? | 3 | 3 | 1 | 0 | 2 |
| What constitutes a good or acceptable repair?  | 3 | 3 | 0 | 2 | 1 |
| What surgeon factors are associated with better operative repair and/or better outcomes?  | 0 | 0 | 0 | 0 | 0 |
| Should minimum thresholds, such as number of cases or training, be required for complex repairs or revisions? | 0 | 0 | 0 | 0 | 0 |
| Which patient factors should be collected at baseline across all studies? | 5 | 5 | 1 | 2 | 2 |
|  **Design and Reporting** |  |  |  |  |  |
| Should classification of study participants be pathology-based or impairment-based?  | 3 | 3 | 0 | 1 | 2 |
| Which patient groups (for example, acute/chronic, older active/inactive, worker’s compensation) should special care be given to assure representation in research samples? | 2 | 2 | 1 | 1 | 0 |
| What should the minimum followup duration be? Define ‘long-term’. | 2 | 2 | 0 | 1 | 1 |
| Identify additional outcomes data sources (health plan, CMS, VA, other) and develop guidelines for use and reporting (STROBE, other). Is a registry necessary to accrue sufficient patients to examine natural history, baseline factors, and outcomes? | 3 | 4 | 2 | 0 | 2 |