scores were collected and analyzed. A sample of patients underwent an independent clinical follow-up examination by a physician other than the treating surgeon.

**Results:** ASES, UCLA, and L’Insalata scores were 87.5, 30.0, and 84.3, respectively, corresponding to 87.6% good-to-excellent results. There were no differences in these functional outcomes between those patients who underwent an isolated LHBT transfer (33.3% of this cohort) and those who had concomitant procedures. Forty-two patients (35 male, 7 female; mean age 45.3 years; average follow-up 8.6 years) were available for physical examination. There were no differences in any demographic variable or outcome score between those who were examined and those who were unavailable for examination. Among those who underwent physical examination, there were no significant differences in side-to-side elbow flexion strength or endurance using a 10-pound weight. 85.7% of patients had no tenderness upon palpation of the bicipital groove, 85.7% had a negative thrower’s test, and 95.2% of patients had a negative active compression test. Two patients (4.8%) had a Popeye sign. 2% of patients required arthroscopic subdeltoid scar resection. None of the complications seen with other tenodesis techniques occurred in our series (pain at transfer site, fracture, neurovascular injury, infection, or CRPS).

**Conclusion:** Standardized, validated measures of shoulder function in this largely active, middle-aged cohort revealed excellent results at an average of 5 years after subdeltoid LHBT transfer to the conjoint tendon (range: 2-10 years). These results are consistent with previously reported short-term outcomes, indicating that the early benefits of surgery persist into the mid- to long-term. Arthroscopic transfer of the LHBT to the conjoint tendon is a safe, reliable, and appropriate intervention for selected active patients with chronic, refractory biceps pathology, with durable clinical results. Arthroscopic subdeltoid transfer of the long head of the biceps tendon to the conjoint tendon is a safe, reliable intervention for selected patients with chronic biceps tendinopathy that yields favorable mid- to long-term functional clinical outcomes.

**Arthroscopic Examination May Underestimate Shoulder Long Head of the Biceps Tendon Pathology**

**SS-21**

**Thursday, May 1, 3:30 PM**

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**Introduction:** The purpose of this study is to compare arthroscopic versus open examination of the shoulder, proximal, long head of the biceps (LHB) tendon in patients undergoing shoulder arthroscopy followed by open, subpectoral tenodesis. Our hypothesis is that arthroscopic visualization may underestimate LHB pathology versus open observation.

**Methods:** After statistical power analysis, IRB approval, and patient informed consent, 80 consecutive patients...