Table S1: Patient forms which will contain preoperative and postoperative clinical signs, briefoutcomes of neurophysiological and imaging studies.

PATIENT FORM

INCLUSION DATE:____

Allocation/Number:

OPERATION DATE:____

NAME/SURNAME: GENDER:	AGE:		
DIAGNOSIS (MENTION SIZE OF CUFF TEAR):			
RELATED SHOULDER PROBLEMS (E.G: IMPINGEMENT, A/C JOINT PAIN, INSTABILITY)			
DATE OF DIAGNOSIS ESTABLISMENT IF DIFFERENT FROM INCUSION DATE:			
CLINICAL SIGNS	PREOPERATIVELY	6 MONTHS POST-OP	12 MONTHS POST-OP
HORNBLOWER SIGN			
DROPPING SIGN			
JOBE SIGN			
NEER SIGN			
HAWKIN'S SIGN			
LAG SIGN			
ABDUCTION			
FORWARD ELEVATION			
INTERNAL ROTATION			
EXTERNAL ROTATION			
SUPRASCAPULAR			
SENSORY FUNCTION			
(0,1,2), REGIONAL PAIN			
POWER			
SUPRASPINATUS			
SUBSCAPULARIS			
INFRASPINATUS			
TERES MINOR			
ATROPHY			
CONSTANT SCORE			
SPADI SCORE			
ASES SCORE			
DASH SCORE			
		1	
OP MRI FINDINGS AND DATE: PRE- OP NC/EMG FINDINGS AND DATE:			
OF MRI FINDINGS AND DATE.			
TWELVE MONTHS SIX MONTHS NC/EMG FINDINGS:			
POST-OP MRI FINDINGS:			
	12 MONTHS NC/EMG FINDINGS:		
12 WONTHS INC/EWO FINDINGS.			