



**Patricia S.  
Franklin, TN**

**PROBLEM**

“I tripped over an uneven surface at the U.S. National figure skating competition in Atlanta, fell, and dislocated my shoulder, although I didn’t know it then. I was in a lot of pain. I’ve given birth to four children and not one of them hurt as much as that dislocation. They took me to the emergency room, but the rotator cuff problem does not show up on X-ray. I wore a sling the rest of the trip.”

**SEEKING HELP**

“As soon as we got home I went to an orthopaedist whose father is a friend of ours. The MRI confirmed the rotator cuff problem. But he and I didn’t connect; he didn’t want to answer my questions. Any question I asked he would say, ‘You can ask my nurse about that.’ So a friend who’d had Dr. Petty operate on her told me, ‘He’s wonderful. I had such little pain; he has this new procedure.’ I was due for surgery the next week but I got my MRI from the first doctor and went to see Dr. Petty.”

**DIAGNOSIS**

Traumatic rotator cuff tear.

**OPTIONS**

Surgery

**OPERATION**

“Dr. Petty normally drills four little holes but with mine he drilled five. I just kept little band aids over them.

**RESULTS**

“It’s fine. Before, I couldn’t comb my hair or do anything. I don’t have any pain and I had very little pain after the surgery. In fact, the anesthesiologist panicked me beforehand during the what-to-expect pre-op talk, saying, ‘This is one of the most painful surgeries you can have.’ I thought, ‘What am I getting into?’ But he was wrong. He must have been talking about the old way of doing surgery. With Dr. Petty’s way, there’s little pain afterward. I have sung his praises to the high heavens. It’s been extraordinary. I can’t speak highly enough of him. I’ve had virtually no pain; it’s the wave of the future. Dr. Petty is just very caring and really identifies with the patient.”

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***Dr. Petty’s Comments:** I appreciated the fact that Patricia had to drive 50 minutes each way to see me. She and her husband were extremely nice. Patricia had a massive rotator cuff tear that required extensive reconstruction, as well as some other problems in her shoulder. We were able to achieve a good repair using my Arthroscopic Double-Row technique without making a formal incision. I think, in her case, the repair we got with the arthroscopic technique was better than we could have done open, because the five small portals gave access to the entire shoulder rather than being restricted to the exposure limited by a single, large incision.*