**Supplemental material 4**

**Table 1.** Selected randomised controlled trials.

| Author (year) | No. of patients E/D – M/F | Age (years) E/D | Tear characteristics | Surgery characteristics | Outcomes |
|---|---|---|---|---|---|
| Arndt et al., 2012 [35] | 49/43 – 34/58 | 55.3 | Non-retracted isolated tears of supraspinatus; partial-thickness: 24%, full-thickness: 76% | 5 surgeons; 59% single row, 41% double row; LHB tenotomy: 65%, LHB tenodesys:11%; acromioplasty: 91% | CM, healing (arthrogram, CT or arthro-MRI, ROM |
| Cote & Mazzocca [33] | 73 - NA | NA | NA | NA | WORC, ASES, SST, SANE, healing (MRI) |
| Cuff & Pupello, 2012 [25] | 33/35 – 38/30 | 63.2 | Supraspinatus; full-thickness; crescent shape | Transosseous suture bridge | ASES, healing (US), ROM, SST |
| De Roo et al., 2015 [44] | 51/79 – 89/41 | 65.1/64.6 | Small to large; full-thickness | Single or double row; acromioplasty at all times | CM, ROM, SPADI, SST, strength, UCLA, US |
| Deutsch et al., 2007[32] | 37/33 - NA | 57/56 | Supraspinatus or 2 to 3 affected; 30 small, 17 medium, 33 large to massive | 1 Surgeon; single row; 4 patients had acromioplasty | ASES, healing (US), ROM, VAS |

***Continue***

**Table 1 (continue).** Selected randomised controlled trials.

| | | | | | |
|---|---|---|---|---|---|
| Duzgun et al., 2014 [45] | 20/22 – 6/34 | 57.68/57.2 | Medium and large | NA | ROM |
| Duzgun et al., 2011 [36] | 13/16 – 3/26 | 55.85/56.63 | Medium and large | NA | DASH, ROM, VAS |
| Keener et al., 2014 [37] | 65/59 – 73/51 | 54.8/55.8 | Only subscapular tears were excluded; small and medium; full-thickness | 3 surgeons; double row transosseous; acromioplasty; LHB tenodesis or tenotomy | ASES, CM, healing (US), ROM, SST, strength, VAS |
| Kim et al., 2012[39] | 56/49 - 44/67 | 60/60.06 | Small and medium; full-thickness | Different surgeons; single row: 17, double row: 2, suture bridge: 86; acromioplasty | ASES, CM, healing (US,MRI or CT), ROM, SST, VAS |
| Koh et al., 2014 [40] | 40/48 – 44/44 | 59.9 | Postero-superior; medium; full-thickness | Single row, acromioplasty, capsular release | ASES, CM, healing (MRI), VAS |

***Continue***

**Table 1 (continue).** Selected randomised controlled trials.

| | | | | | |
|---|---|---|---|---|---|
| Lee et al., 2012 [41] | 30/31 – 41/25 | 54.5/55.2 | Medium: 41, large: 45; full-thickness | One surgeon; single row; patients who need LHB, acromion and/or clavicle procedures were excluded | ROM, strength, UCLA, VAS, healing (MRI) |

ASES: American Shoulder and Elbow Surgeons, CT: Computed Tomography, CM: Constant-Murley Score, E/D: Early/Delayed, FIS: Functional Index of the Shoulder, LHB: Long Head of Biceps, MRI: Magnetic Resonance Imaging, M/F: Male/Female, NA: Not Available, ROM: Range Of Motion, RCT: Rotator Cuff Tear, SANE: Single Assessment Numeric Evaluation score, SST: Simple Shoulder Test Score, US: Ultrasound, UCLA: University of California Los Angeles, VAS: Visual Analogue Scale, WORC: Western Ontario Rotator Cuff index.