

Online Appendix

Figure A1. Forest plot of rates of return to sport at any level.

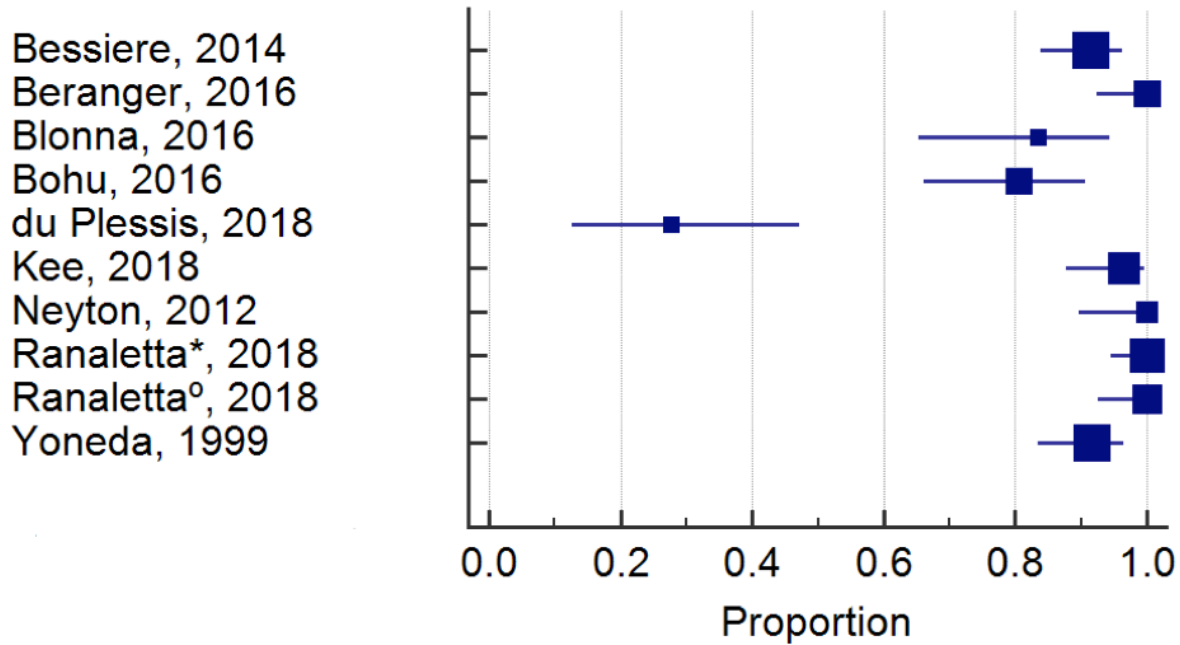


Figure A2. Forest plot of rates of return to sport at preinjury level.

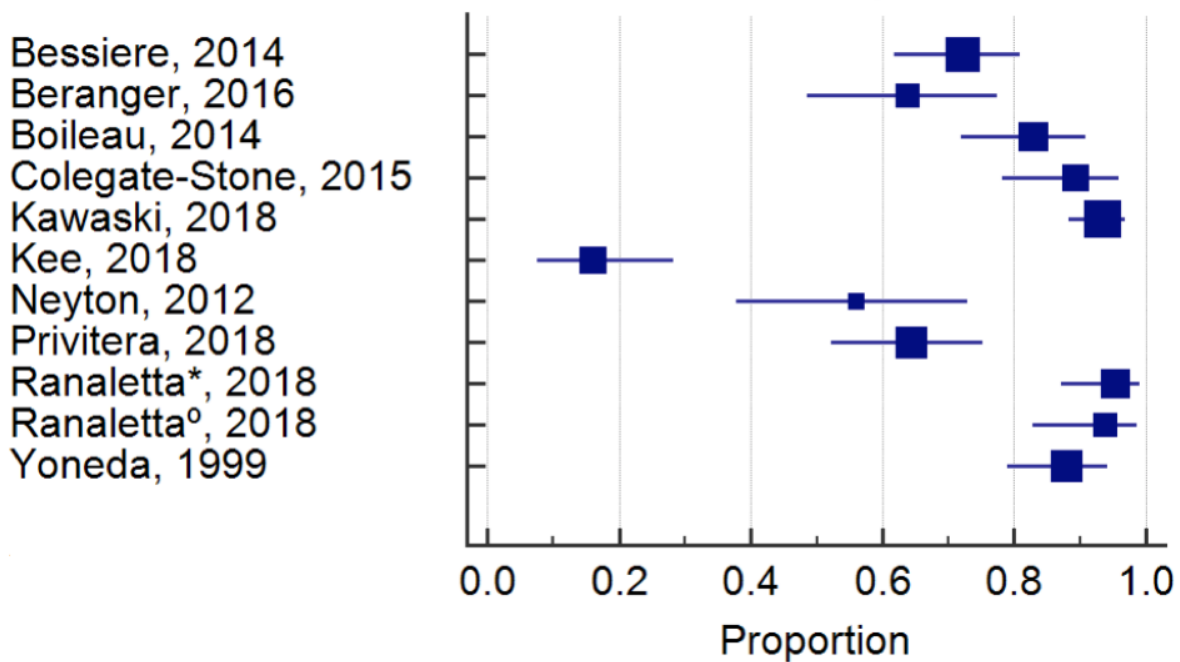


Table A1. Summary of Included Studies and Patient Demographics

First Author	Year	LOE	N	Follow-Up	Procedure	Inclusion Criteria
Bessiere	2014	III	93	72 (50-118)	Open Latarjet	Open Latarjet procedure for recurrent traumatic anterior instability, minimum 4 years follow-up
Beranger	2016	IV	47	47 ± 10	Open Bristow-Latarjet	Minimally invasive Bristow-Latarjet procedure for chronic post-traumatic anterior instability, athlete, age <50 years, ISIS >3, minimum 2 years follow-up
Blonna	2016	III	30	64 (24-108)	Open Bristow-Latarjet	Posttraumatic recurrent anterior dislocation (2+ episodes), minimum 2 years follow-up, age >18 years
Bohu	2016	III	46	18 ± 5	Open Latarjet	Primary minimally invasive Latarjet procedure for unidirectional anterior instability
Boileau	2014	IV	70	35	Arthroscopic Bristow-Latarjet combined with Bankart repair	ISIS > 3, presence of severe glenoid bone defect (>20% of surface measured on CT)
Colegate-Stone	2015	III	56	12	Modified congruent arc Latarjet	Modified congruent arc Latarjet procedure, athlete with recurrent anterior instability

du Plessis	2018	IV	29	≥12	Modified Latarjet (Walch-Boileau)	Female with recurrent anterior instability who played a contact sport, had anterior glenoid bone loss >10% or Hills-Sachs lesion of >20%, or had failed soft tissue stabilization procedure
Kawaski	2018	IV	152	51 (47-56)	Open Bristow	Competitive rugby players who desired to return to play, injury involving acute or recurrent dislocation/subluxation, minimum 2 years follow-up
Kee	2018	IV	56	67 (24-113)	Open Latarjet	Latarjet procedure for recurrent anterior instability, athlete, minimum 2 years follow-up
Neyton	2012	IV	34	144 (68-237)	Latarjet-Patte	Rugby players with recurrent anterior instability treated with Latarjet-Patte procedure
Privitera	2018	IV	73	52 (24-120)	Open Latarjet	Open Latarjet procedure, signs of anterior instability on examination and glenoid osseous defect on CT or prior failed anterior shoulder stabilization procedure, participation in contact/collision sport
Ranaletta*	2018	IV	65	44 (24-108)	Modified Latarjet without capsulolabral repair	Modified Latarjet procedure without capsulolabral reconstruction, recurrent shoulder instability after at least one previous surgery, clinical findings of recurrence of anterior shoulder instability and glenoid lesion > 20% on CT, athlete

Ranaletta ⁹	2018	IV	49	48 (24-108)	Modified Latarjet without capsulolabral repair	Modified congruent arc Latarjet procedure without capsulolabral repair, recurrent anterior instability, competitive rugby player (practice >2 times per week and competitions during weekends), glenoid bone defect > 20% on CT
Yoneda	1999	IV	83	70 (24-144)	Arthroscopic Bankart repair augmented by coracoid transfer	Bankart procedure augmented by coracoid transfer, traumatic anterior dislocation or subluxation, contact athlete, minimum 2 years follow-up

Follow-up is reported in months (range). LOE (Level of evidence), ISIS (Instability Severity Index Score).

Table A2. Patient Reported Outcomes

	First Author	Year	N	Score
Rowe	Bessiere	2014	93	78 (10-100)
	Boileau	2014	70	89.7 (65-100)
	Kawaskai	2018	152	87.7 (85.5-89.9)
	Kee	2018	56	88.6
	Neyton	2012	34	93 (60-100)
	Ranalletta	2018	49	94
	Ranalletta	2018	65	90
	Yoneda	1999	83	91 (30-100)
WOSI	Beranger	2016	47	223.6
	Bohu	2016	46	343.4
	du Plessis	2018	29	433 (63-1927)
	Kawaskai	2018	152	534.3 (473.4-595.3)
SSV	Bessiere	2014	93	90 (30-100)
	Blonna	2016	30	75
	du Plessis	2018	29	87 (5-100)
	Neyton	2012	34	90 (60-100)

WOSI (Western Ontario Shoulder Instability Index), SSV (Subjective Shoulder Value).