Case Presentations: Shoulder Instability

DISCLOSURES

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Case 1: Primary Dislocation

18 year old male Football senior

On field dislocation requiring reduction

No organized college sport plans but wants to stay active
Exam

- Full nonpainful ROM, cuff strength normal
- + Apprehension/Relocation anterior
- Guarding for load and shift test
- Posterior jerk negative
- No hyperlaxity (thumb-forearm etc.)

Radiographs

Do you want more imaging?

What about these films?
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MRI

Treatment options?

- Non-op and possibly avoid surgery!
  - Rehab cuff, sulley brace for season
  - Don’t want to talk pt into Surgery
  - Let him prove recurrent instability

- Operate now while easy to fix!
  - Young, Contact sport
  - Pathology gets worse the more he dislocates
  - Good results reported with primary repair

Discussion

- Is the treatment trend for primary dislocation changing?
- What if patient was planning on college football?
- What if patient was overhead thrower?
- What if patient was 35 year old weekend warrior?

Anthony A. Romeo, MD
Rush University Medical Center
Chicago, Illinois USA
www.shoulderelbowdoc.com
What was done

• Senior season athlete

• Rehab shoulder until able to perform all sports related activity without apprehension

• Return to play with Sulley brace

• Patient education of risks for recurrence

Case 2:
24 yo MLB player, outfielder

Initial Arthroscopic Evaluation
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Final Repair

Case 2:
44yo male, acute dislocation

Cardiologist
Avid skier and runner
Skiing injury 2 days ago
Closed reduced in ER

“I need to get back to my practice”
“I want to stay active”

Exam

• + Apprehension anterior
• Very uncomfortable
• Neuro exam normal

Anthony A. Romeo, MD
Rush University Medical Center
Chicago, Illinois USA
www.shoulderelbowdoc.com
imaging

Discussion

44 active physician acute bony bankart.

Treatment Options? Surgery vs Non-op?

Open vs. Arthroscopic?

Arthroscopic Fixation technique?

Scope Findings
Role of Arthroscopy vs Open?

What was done: ARIF

12 year f/u
Case 3: 
*High School Lineman, +shoulder pain*

- 17 year old Offensive-lineman
- Shoulder pain x 3 months, initial pain during game
- Just finished season

### Mechanism of Injury

- Posterior shoulder pain
- Full ROM
- Cuff strength normal
- No bicipital groove pain
- Obrien’s/Speeds- posterior shoulder pain
- Negative apprehension anterior
- Posterior Jerk test positive
- Sulcus negative, no hyperlaxity
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Physical Exam Test?

Radiographs

More imaging?

MRI

Anthony A. Romeo, MD
Rush University Medical Center
Chicago, Illinois USA
www.shoulderelbowdoc.com
Other Ideas?

Case 4: Failed Stabilization

25 F machinist- repetitive laborer
Initial R shoulder dislocation basketball 2004
Arthroscopic R shoulder stabilization 2004- outside surgeon
2008 R recurrent dislocation basketball
Revision arthroscopic R stabilization 2008- outside surgeon
Did well until 2011 recurrent dislocations
(Also h/o contralateral instability s/p arthroscopic stabilization- no complaints)

Now referred to you with complaints of instability with daily activities

Exam

5'9" 240lbs.
ROM full, cuff strength normal
No hyperlaxity, neg sulcus, Positive gagey sign
+ Apprehension/relocation sign
3+ Load and shift ant, 2+ posterior in clinic
Posterior jerk test positive for pain
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Anthony A. Romeo, MD
Rush University Medical Center
Chicago, Illinois  USA
www.shoulderelbowdoc.com

radiographs

Do you want more imaging? MRI? CT? Both? Why?

Treatment?
Discussion

Why do you think she failed twice before? 
- technical errors?

Role of arthroscopy in revision stabilization?

Why not Latarjet? Long term concerns?

What was done: revision arthroscopic bankart repair

Intraoperative findings:
Previous inferior anchor at 4:30 position, head sliding out inferiorly
Minimal bone loss
Performed Posterior inferior capsular plication and anterior inferior revision bankart

Arthroscopic Bankart Revision: 
May requires “ideal” situation

Overhead athlete
Traumatic recurrence
Inadequate initial repair
Minimal bone loss
Good tissue
“perfect standard Bankart repair” + augmentation

Anthony A. Romeo, MD
Rush University Medical Center
Chicago, Illinois USA
www.shoulderelbowdoc.com
Thank you!