

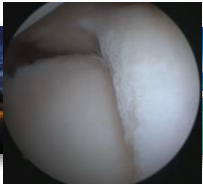




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Case Presentations: *Shoulder Instability*






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Case Presentations: *Shoulder Instability*

DISCLOSURES

1. Royalties: Arthrex, Elsevier
2. Consultant: Arthrex
3. Miscellaneous Support: Arthrex
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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



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RUSH UNIVERSITY MEDICAL CENTER **Exam** Midwest Orthopaedics at RUSH

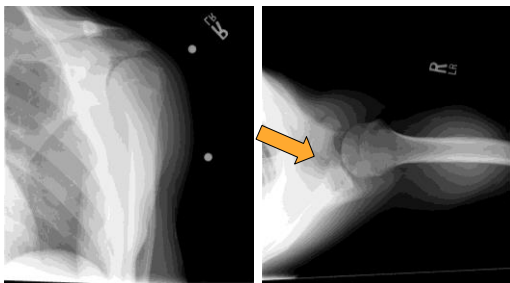
- Full nonpainful ROM, cuff strength normal
- + Apprehension/Relocation anterior
- Guarding for load and shift test
- Posterior jerk negative
- No hyperlaxity (thumb-forearm etc.)

RUSH UNIVERSITY MEDICAL CENTER **Radiographs**

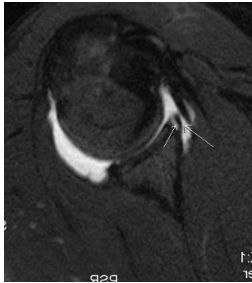


Do you want more imaging?

RUSH UNIVERSITY MEDICAL CENTER **What about these films?**



RUSH UNIVERSITY MEDICAL CENTER  **MRI**




RUSH UNIVERSITY MEDICAL CENTER **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

RUSH UNIVERSITY MEDICAL CENTER  **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?

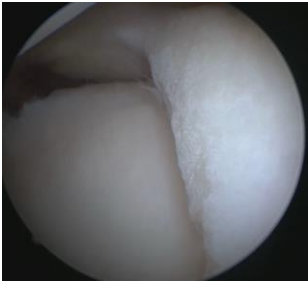
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What was done

- 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

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Case 2:
24 yo MLB player, outfielder



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Initial Arthroscopic Evaluation



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Final Repair
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Case 2:
44yo male, acute dislocation
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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”

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Exam
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- + Apprehension anterior
- Very uncomfortable
- Neuro exam normal

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imaging



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Discussion

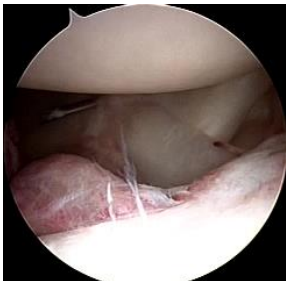
44 active physician acute bony bankart.

Treatment Options? Surgery vs Non-op?

Open vs. Arthroscopic?

Arthroscopic Fixation technique?

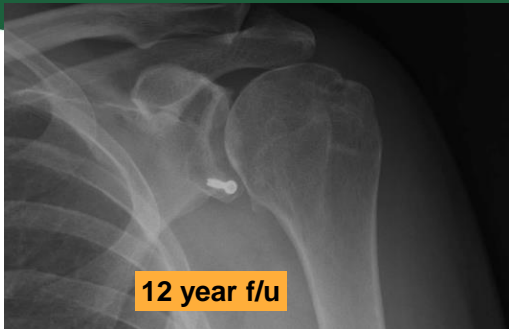
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Scope Findings



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Role of Arthroscopy vs Open?



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What was done: ARIF



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What was done: ARIF



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Case 3:
High School Lineman, +shoulder pain

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



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Mechanism of Injury
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Exam
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- Posterior shoulder pain
- Full ROM
- Cuff strength normal
- No bicipital groove pain
- O'Brien's/Speeds- posterior shoulder pain
- Negative apprehension anterior
- Posterior Jerk test positive
- Sulcus negative, no hyperlaxity

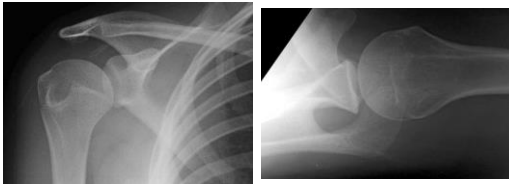
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Physical Exam Test?



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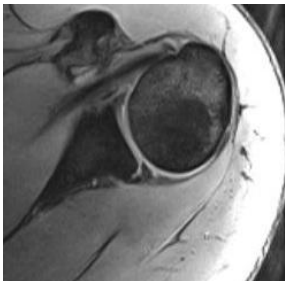
Radiographs



More imaging?

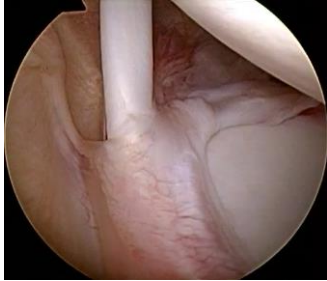
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MRI



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Intraoperative Findings



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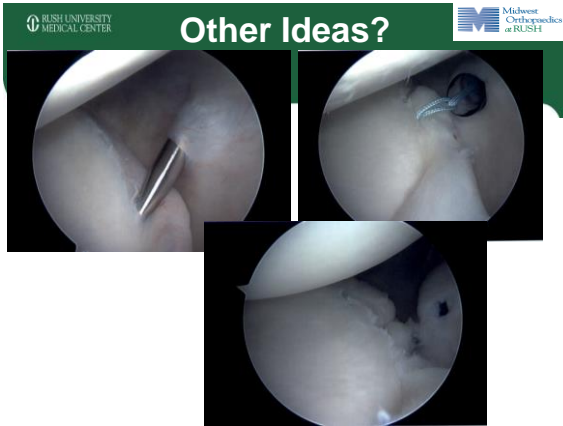
Preparation of Posterior Lesion



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Final Repair





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 complains of instability with daily

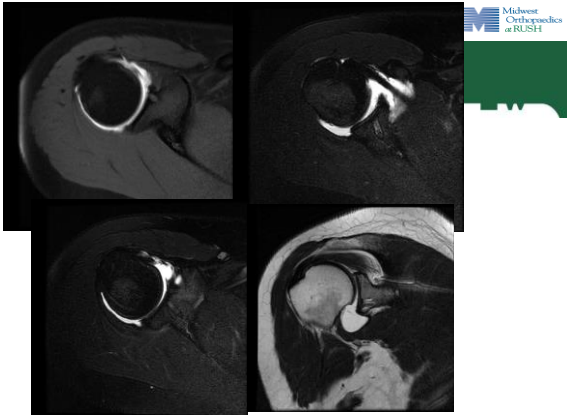
Exam

5'9" 240lbs.
 ROM full, cuff strength normal
 No hyperlaxity, neg sulcus, Positive gagey
 + Apprehension/relocation sign
 3+ Load and shift ant, 2+ posterior in clinic
 Posterior jerk test positive for pain

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radiographs



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



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Treatment?



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Discussion

Why do you think she failed twice before?

-technical errors?

Role of arthroscopy in revision stabilization?

Why not Latarjet? Long term concerns?

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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

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Arthroscopic Bankart Revision: May requires "ideal" situation

- Overhead athlete
- Traumatic recurrence
- Inadequate initial repair
- Minimal bone loss**
- Good tissue

"perfect standard Bankart repair" + augmentation

