Shoulder Instability: What Should I Do, Doc?  
Panel Discussion

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Disclosure
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- Royalties: Smith & Nephew Endoscopy
- Consultant: Smith & Nephew, Mininvasive, Cymedica
- Stock: Omeros, Mininvasive
- Research/Fellowship Support: Smith & Nephew, Arthrex, Athletico, ConMed Linvatec, Miomed, Mitek, Tornier, Ossur
- Publisher Support: Arthroscopy, Vindico Medical
- Editorial Board: Journal Knee Surgery, Arthroscopy, SLACK incorporated

Case 1

- 18 yo Male High School Football Starting Linebacker
- Sustains a Fall with Anterior Shoulder Dislocation (First Time)
- 2nd Game Junior Season
- Reduced on the sideline with the trainer
- XRAYS at ER “negative”
Imaging

What do you tell him?
Case 2
- 20 yo male Senior Basketball, Football DB
- First Dislocation 2 years ago while dunking, required emergency room reduction
- Since then feels as though shoulder is "slipping"
- 20+ Instability events both subluxation and Dislocation
- Plans to Play Division II next fall
What do you Recommend?

Management

Outcome
Case 3
20 y/o RHD Female Division 1 Collegiate Volleyball Player
Presents in October, Start of her senior season of Volleyball
Dislocated Right shoulder six times over 2 years, traumatic in nature
Most recent dislocation the prior week, with self reduction while taking an overhead striking swing
Some soreness, and had not returned to practice to date.

Imaging
Case 4: History

- 29 year old RHD M with a desk job and no previous shoulder concerns
- Two episodes of L shoulder dislocation while playing sports (pain 7/10)
  - first episode 3 weeks prior to presentation
- Able to self reduce
- Positional with his arm in an outstretched position overhead.
- The patient is extremely active and participates in CrossFit

Physical Exam

- 6'2", 220lbs
- Examination of the left shoulder with the skin exposed demonstrates some element of scapular dyskinesia.
- No biceps or AC joint TTP.
- 5/5 strength in bear hug, belly-press, hornblower, and empty can.
- External rotation with the arm at the side to 80 degrees without any difficulty.
- Negative posterior load, shift jerk and Kim sign
- Positive abduction, external rotation, apprehension, relocation, and release signs

Radiographs
Thank you