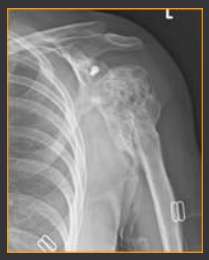
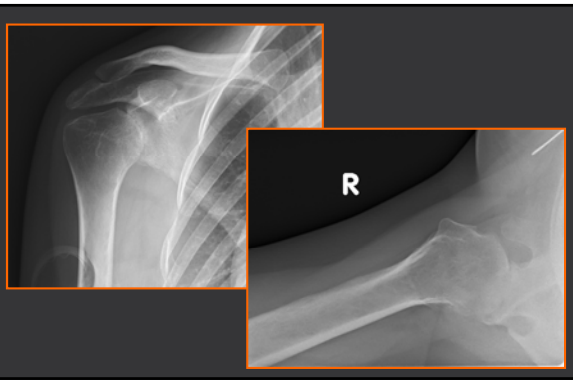
SHOULDER CASE PRESENTATIONS

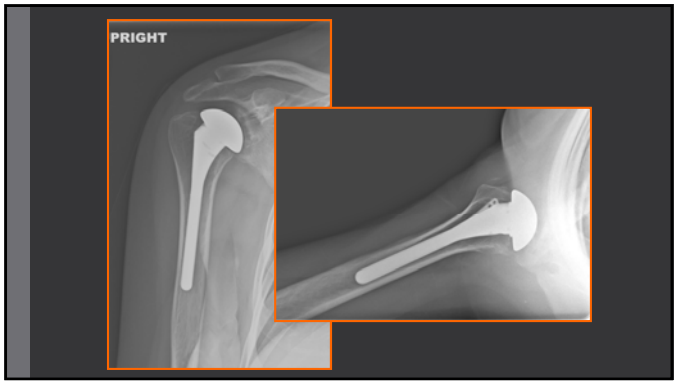


G. Dean Harter, MD
Chief , Shoulder and Elbow Surgery
Department of Orthopaedic Surgery
Geisinger Medical Center
Danville, PA
Assistant Clinical Professor
Department of orthopaedic surgery
Temple university
Philadelphia , PA

Case 1

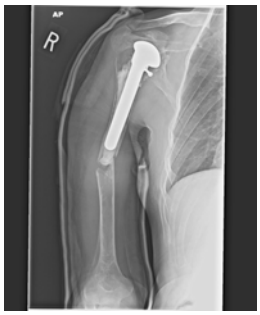
- 28 YO White Female
- History of JRA
- Debilitating Shoulder Pain
- Preop ROM
  - Forward flexion -75 Degrees
  - Abduction – 60 Degrees
  - ER – 0 Degrees
  - IR – Greater Trochanter

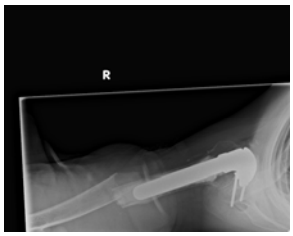




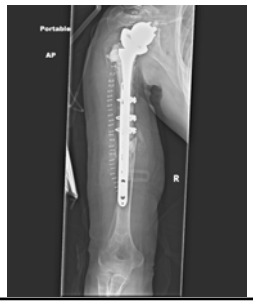
Case # 2

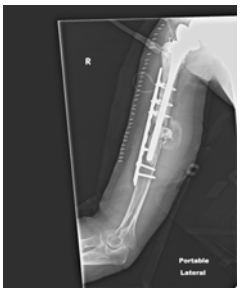
- 48 YO White Male
- Multiple prior shoulder surgeries
- Chronic shoulder pain
- Poor Shoulder function
- Fall off ladder
- Severe arm pain





Postoperative Radiographs



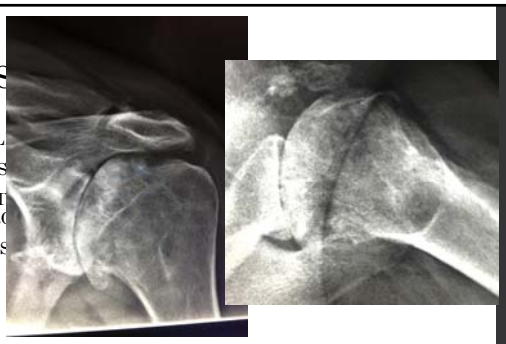


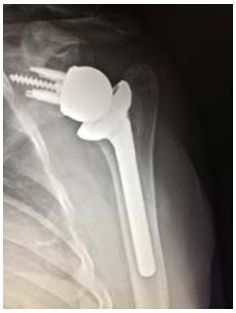
6 months Postop

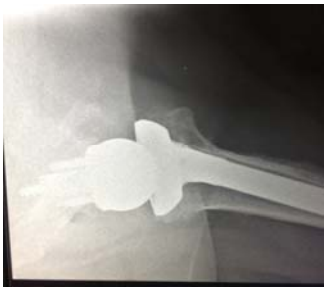
- Fracture Healed
- No Pain
- Active ROM
  - FF 100 Degrees
  - Abduction 70 degrees
  - ER 30 Degrees

CAS

- 55 YO MAL
- CHRONIC S
- POOR ACTI
  PASSIVE RO
- NO PRIOR S

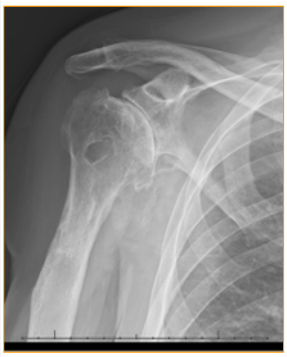


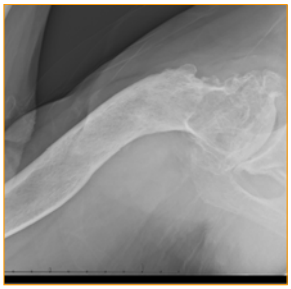




Case # 4

- History:
  - 48-year-old white male with chronic debilitating right shoulder pain
  - constant pain, worse with attempted activity
  - Gradual loss of motion and function
- PMHx:
  - osteomyelitis in proximal humerus as a child, treated surgically.
- Exam:
  - Upper extremity length discrepancy
  - Active forward flexion is at best 85-90 degrees, abduction 80 degrees.
  - 10 degrees of active ER. IR to PSIS.
  - His deltoid is intact. His axillary nerve is intact.

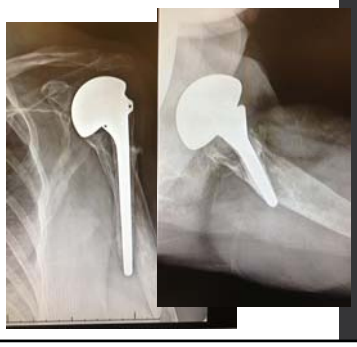




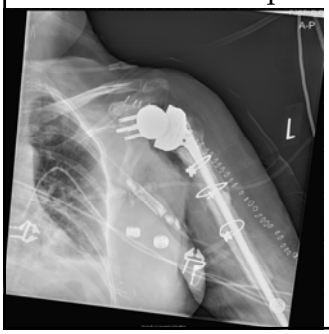
Case 5

- 67 YO White Female
- 12 years s/p Left Shoulder Hemiarthroplasty
- Progressive pain x 1 year
- No systemic symptoms
- NO INURY

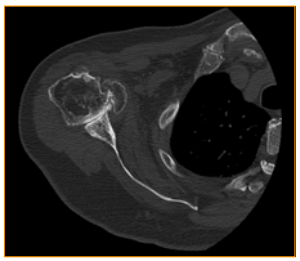
B3 Fracture



Postop AP Radiograph



Pre-op CT

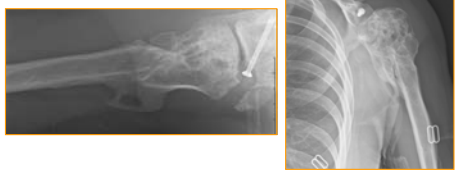


Case # 6

- History:
  - 26 yo female s/p MVA in 2005 with grade III-B Glenoid/ proximal humerus fx
  - ORIF glenoid and proximal humerus
  - STSG over defect
  - chronic aching pain in shoulder

- PHYSICAL EXAMINATION:
  - Active forward flexion 10 degrees, passive forward flexion to 140 degrees
  - external rotation is negative 5, internal rotation is to the SI joint.
  - well-healed skin graft
  - No evidence of infections about the left upper extremity

Pre-op X-rays



Pre-op CT