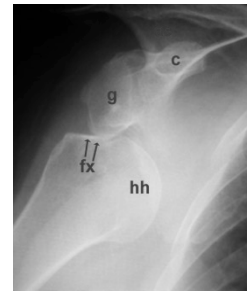


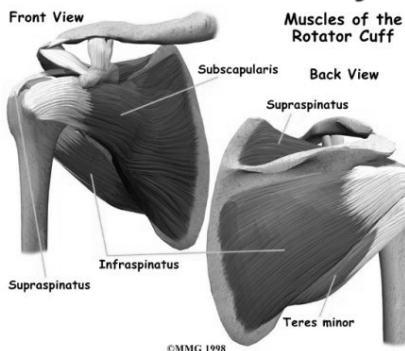
# Shoulder Instability Born, Torn, or Worn Loose

Presented by  
Colin D. Landells MD FRCSC

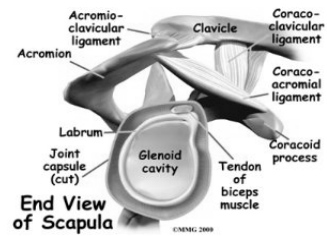
# Shoulder Instability



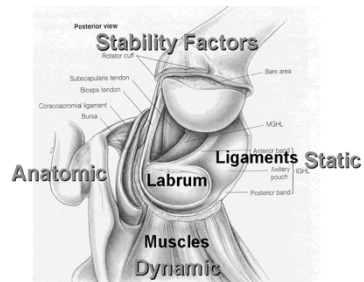
# Soft Tissue Anatomy



# Glenoid View



## Stability Factors



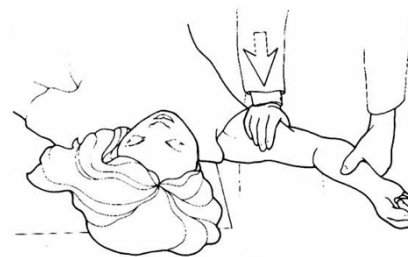
## Case #1

- 20 y/o male U21 National Team Rugby player
- First dislocation 1 year ago during game
- Mechanism of forceful ABD/ER
- Anterior direction.
- Reduced in ER under IV sedation.
- 3 subsequent dislocations – each with sequentially less trauma

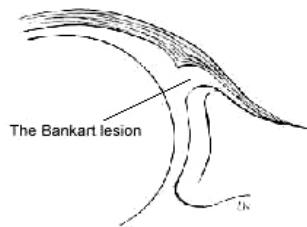
## Anterior Apprehension Test



## Relocation Manouever



## Bankart Lesion



## Duration of Immobilization?



- Recurrence rate after first dislocation reported from 15%-90%
- Younger patients have the highest rate of redislocation
- No consensus in the literature whether immobilization affects recurrence rate

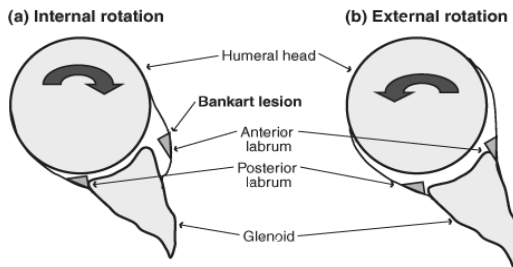
## Hilsach Fracture



## Bony Bankart Fracture



## Position of Immobilization?



## Physiotherapy Goals versus Timelines

- Restoration of Mechanics
- Proprioceptive control
- Stability
- Stability through Range
- Strength
- Speed control - Reaction training
- Functional training
- Pain Relief

## Functional Unit

- Gleno humeral Joint
- Scapulo thoracic unit
- A/C joint
- S/C joint
- Cervical thoracic unit
- 1<sup>st</sup> Rib mechanics

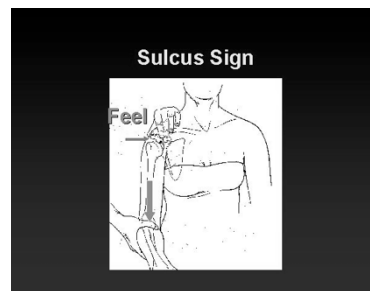
## Case #2

- 19 y/o female gymnast
- Shoulder "slips out" during routine
- Shoulder "slips out" when carrying back pack
- She isn't sure of direction of slippage
- Mother had shoulder surgery at age 20 for similar complaints

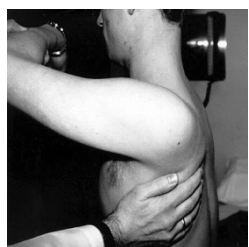
### Multidirectional Instability



### Inferior Sulcus Sign



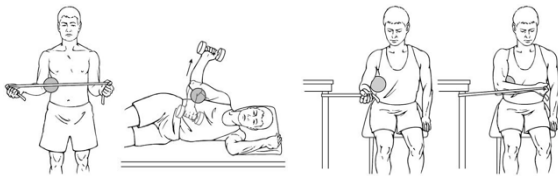
### Posterior Stress Test



### Shift Load Translation Test



### Rotator Cuff Strength



### Case #3

- 63 y/o man, professional house painter
- Slipped off scaffold at work, suspended by right upper extremity.
- Anterior dislocation reduced in ER under IV sedation
- Now main complaint is persisting pain and weakness of shoulder

### Lift-off Test



### Case #3

- U/S shows full thickness tear of Supraspinatous with 2cm of retraction and a tear of Subscapularis
- MRI confirms the same.
- No fatty atrophy of Supraspinatous or Subscapularis seen

