

specialtyorthopaedics



DR TIMOTHY YEOH  
ORTHOPAEDIC SURGEON

# 4 Shoulder dislocations, 4 different problems

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# Case 1

- 20 year old man
- Shoulder dislocated after a tackle
- Relocated on the field
- Sent to you for follow up
- What now?

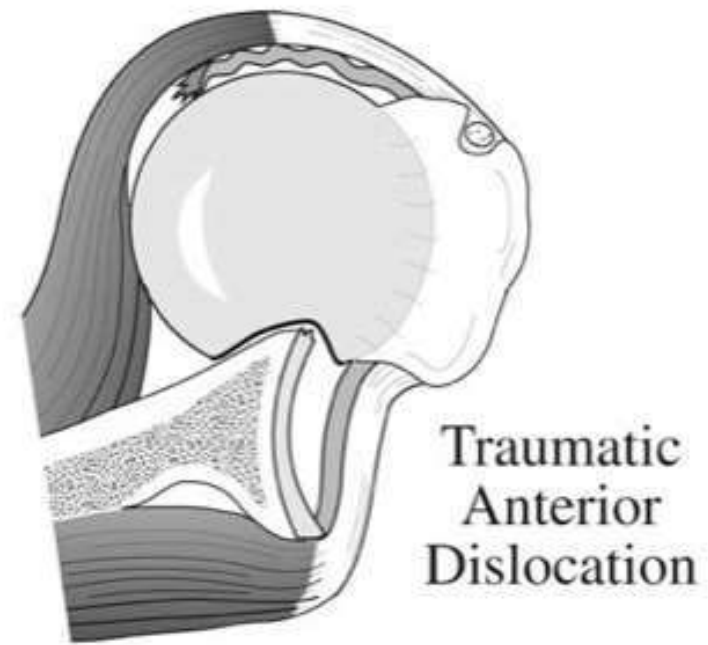


# Recurrence rates

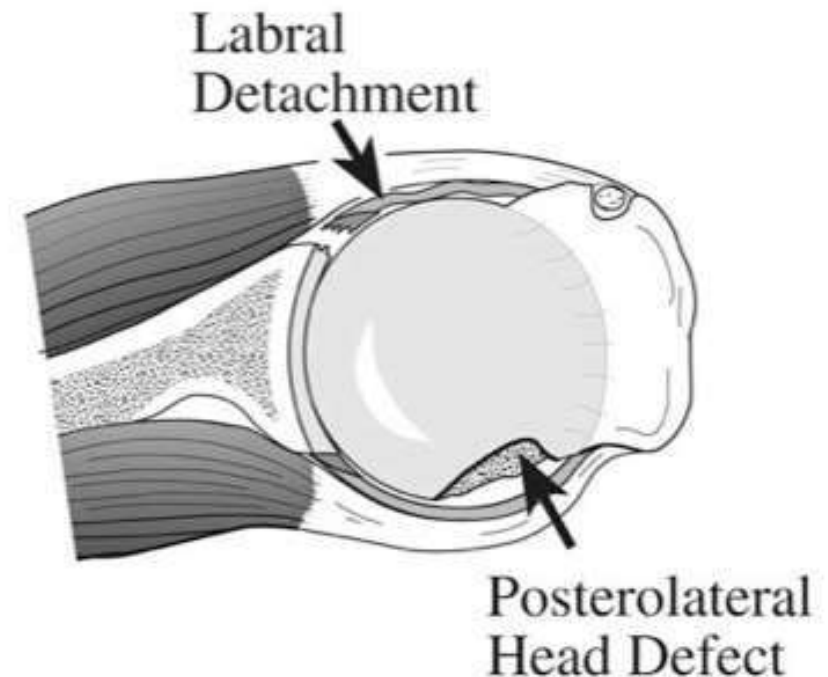
- Age related

Age (years)	Recurrence rate (%)
<20	95
20-30	80
31-40	50
41-50	25
>50	10

- Pathology related
  - Glenoid is relatively flat.
  - Concavity created by thicker peripheral cartilage and labrum



- Common constellation of injuries
  - Labral tear (soft tissue Bankart)
  - Glenoid fracture (bony Bankart)
  - Hill Sachs lesion





- Labral tear
- Hill Sachs lesion



- Bony Bankart
- Hill Sachs lesion

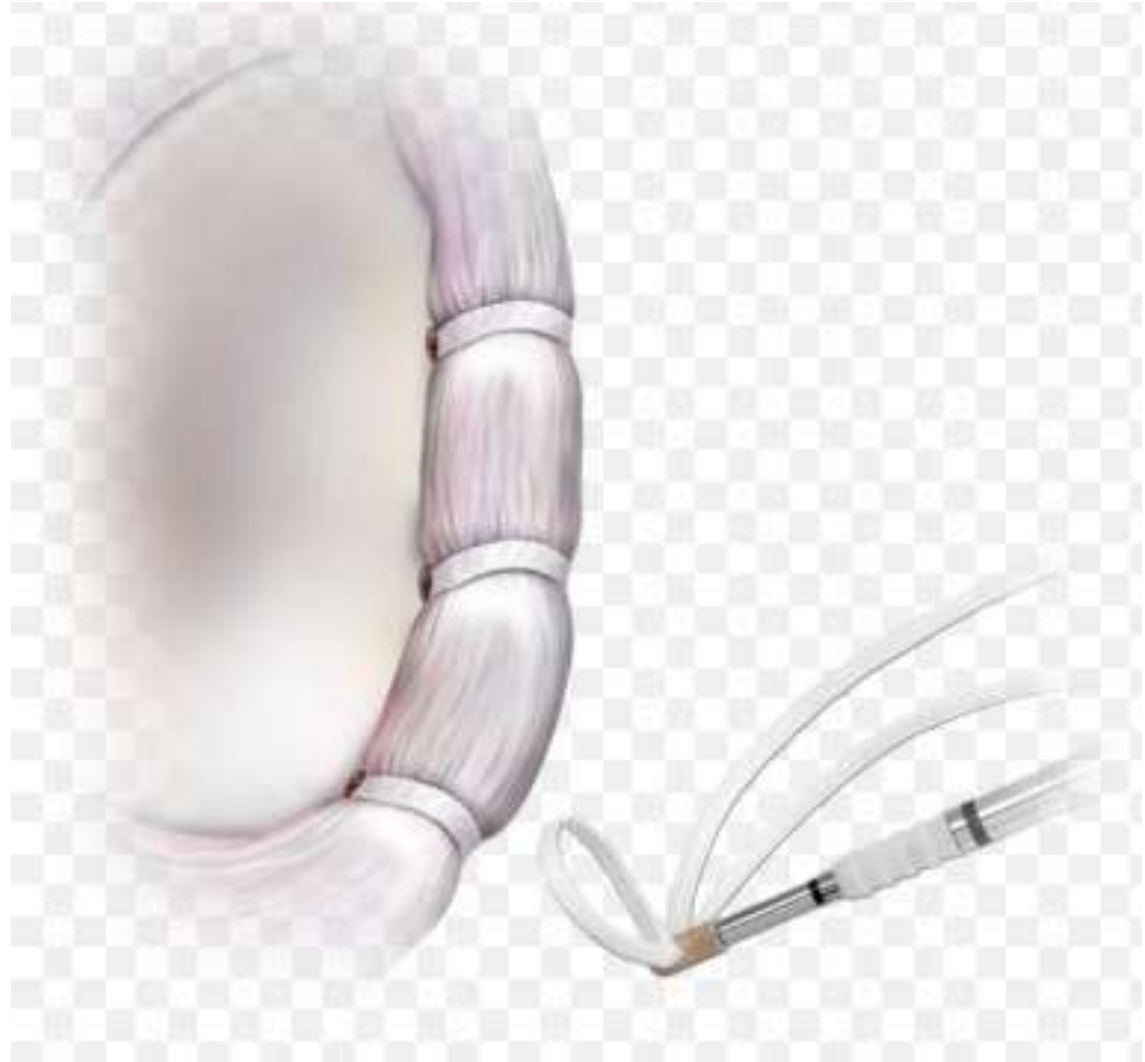
# Surgical treatment

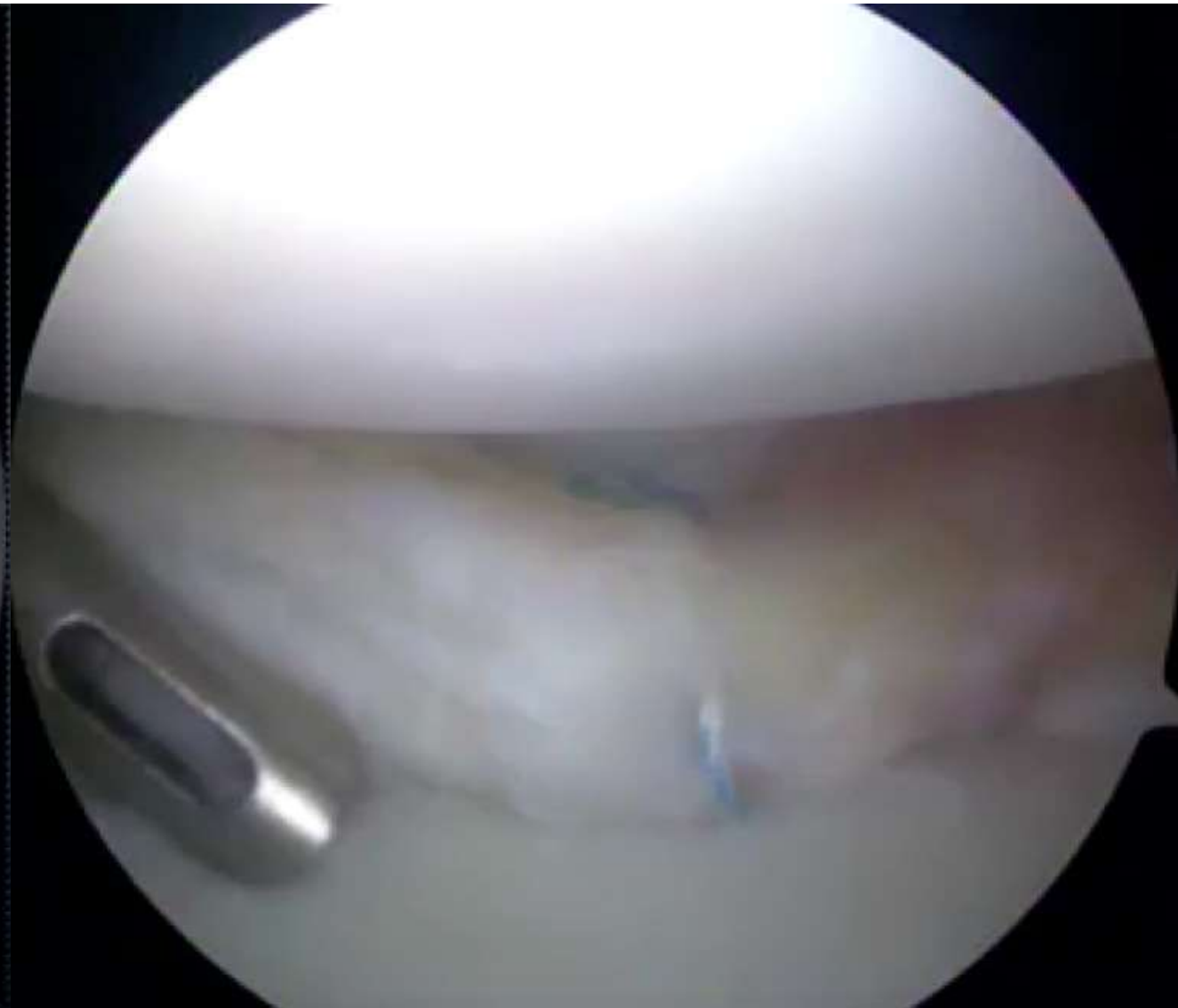
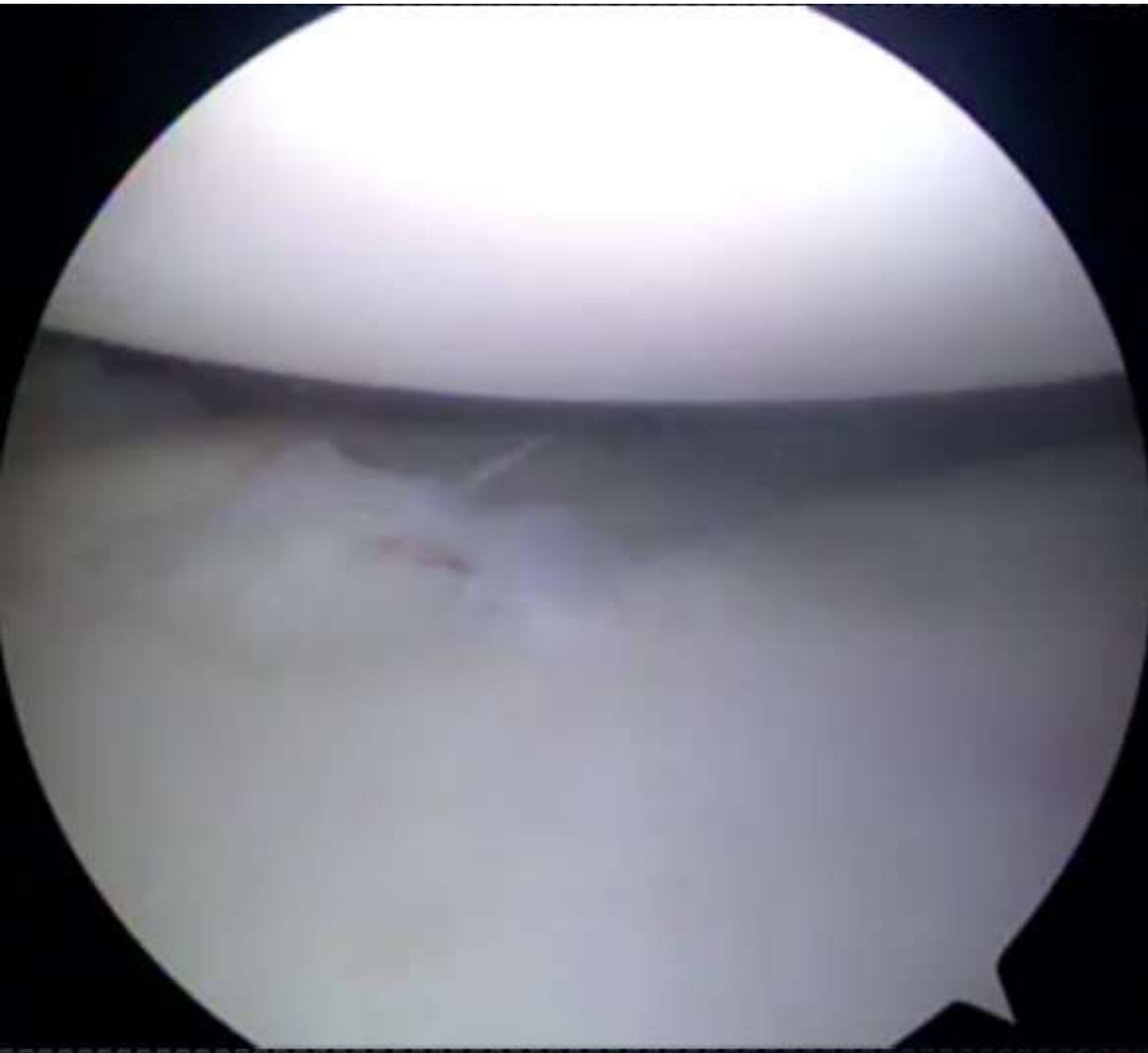
- Tailored to each individual
  - Pathology
  - Patient activity and expectation
- Soft tissue vs bony stabilisation



# Soft tissue stabilisation

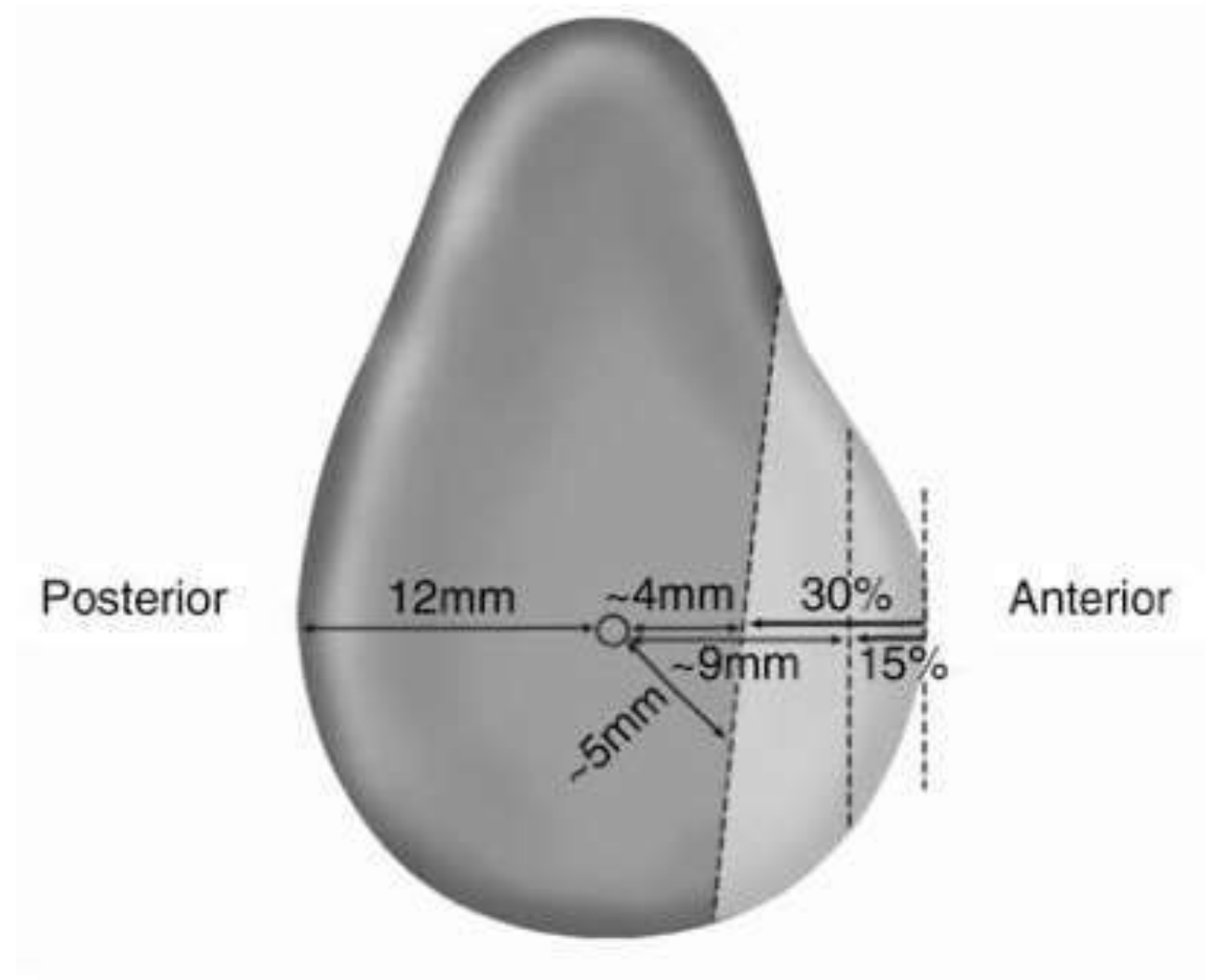
- No or small bony deficit
- Non collision athletes
- Not ligamentously lax
- Recurrence rate of 10%





# Bony stabilisation

- Critical bone loss
- Collision athlete
- Recurrence rate 2%

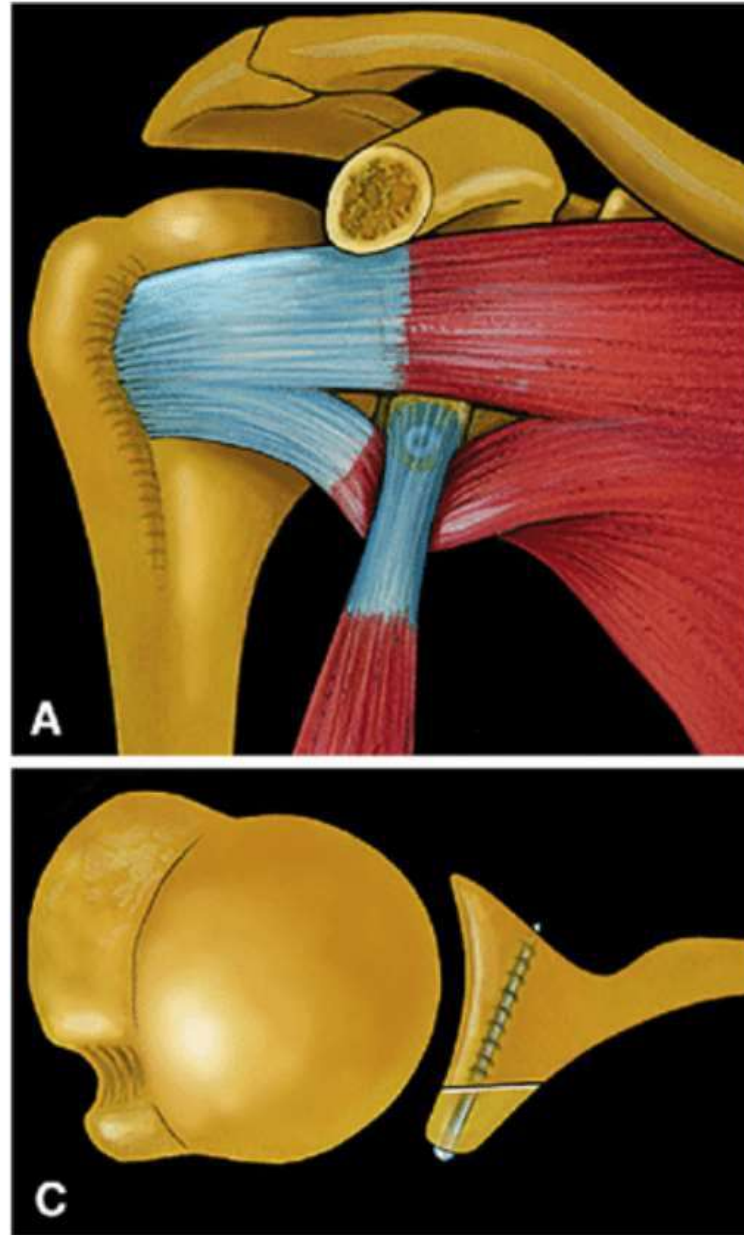


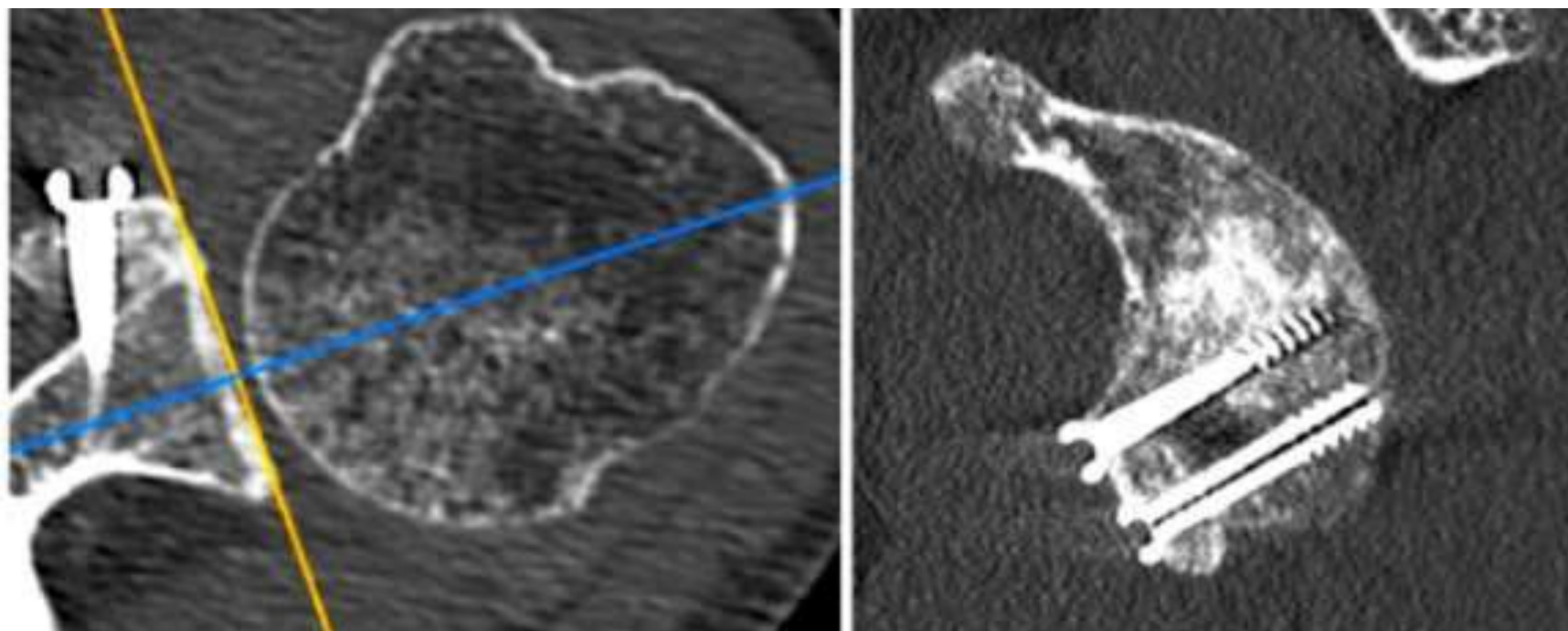
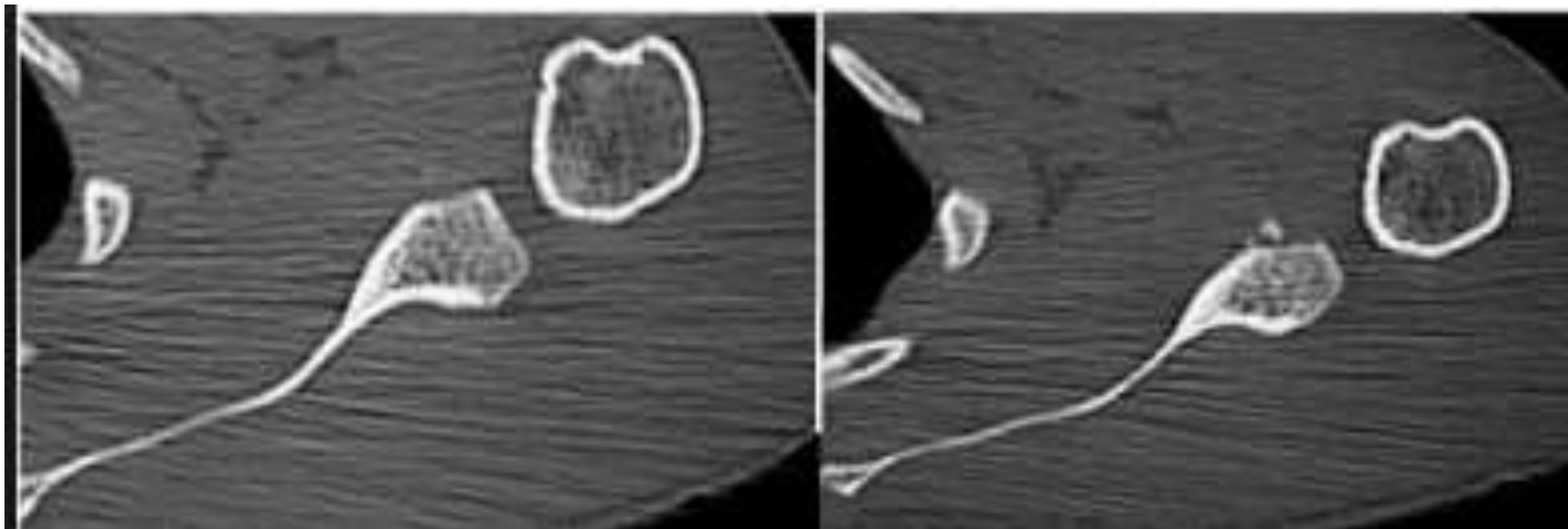
# Acute bone reconstruction



# Bone transfer

- Provides bony and soft tissue constraints to failure
  - Bone contour
  - Subscapularis sling



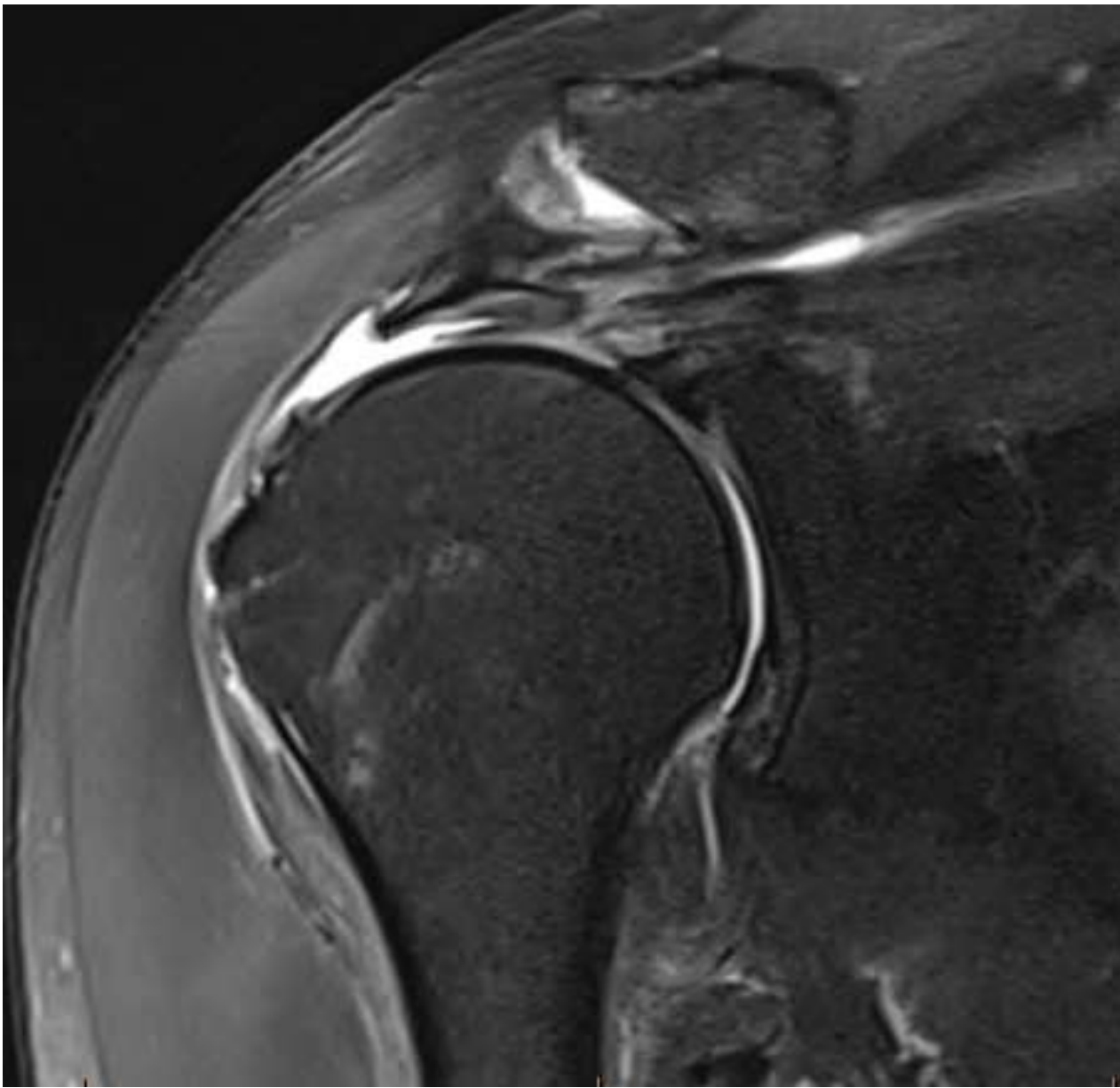




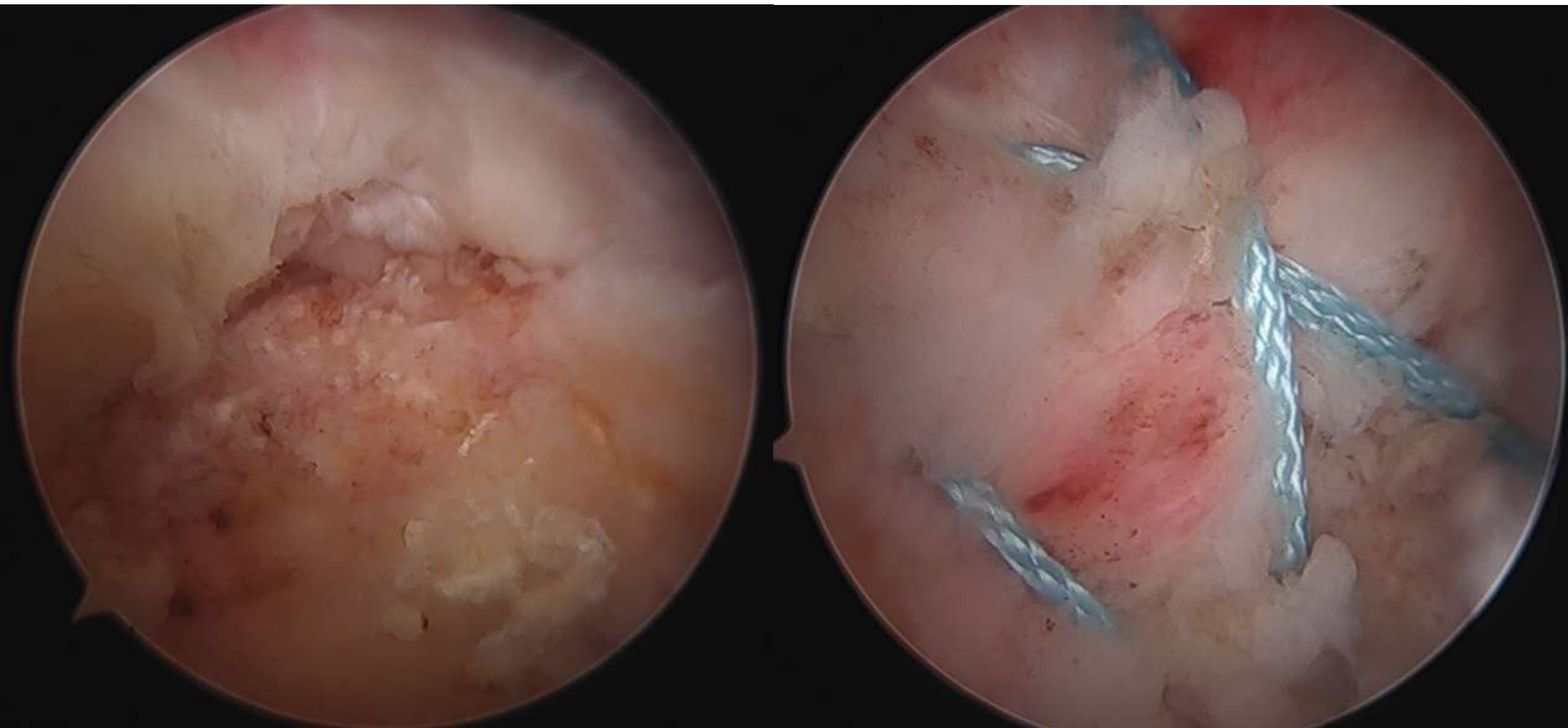
# Case 2

- 50 year old man
- Shoulder dislocated after a fall from a ladder
- Relocated in Emergency
- Sent to you for follow up
- What now?





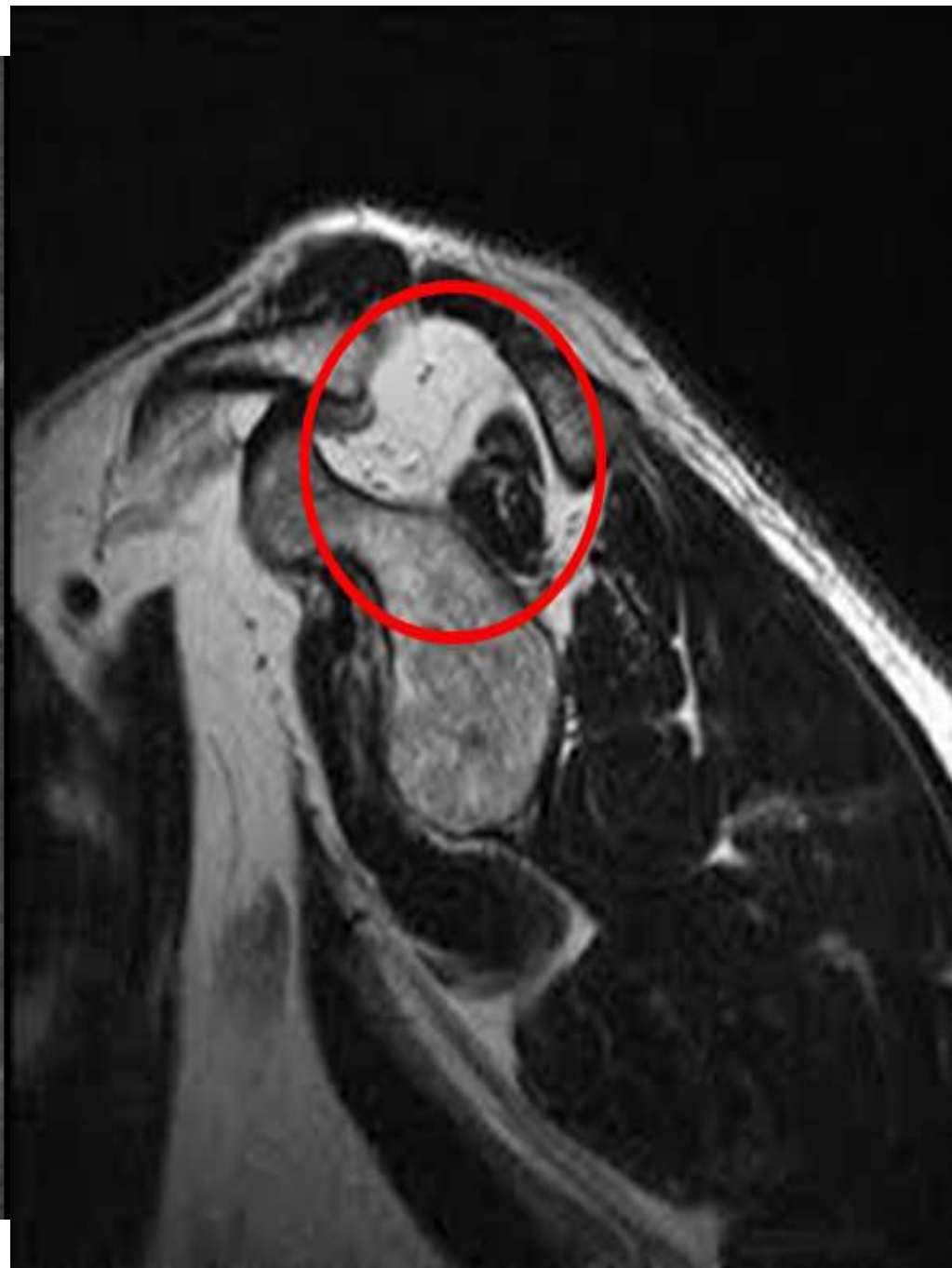
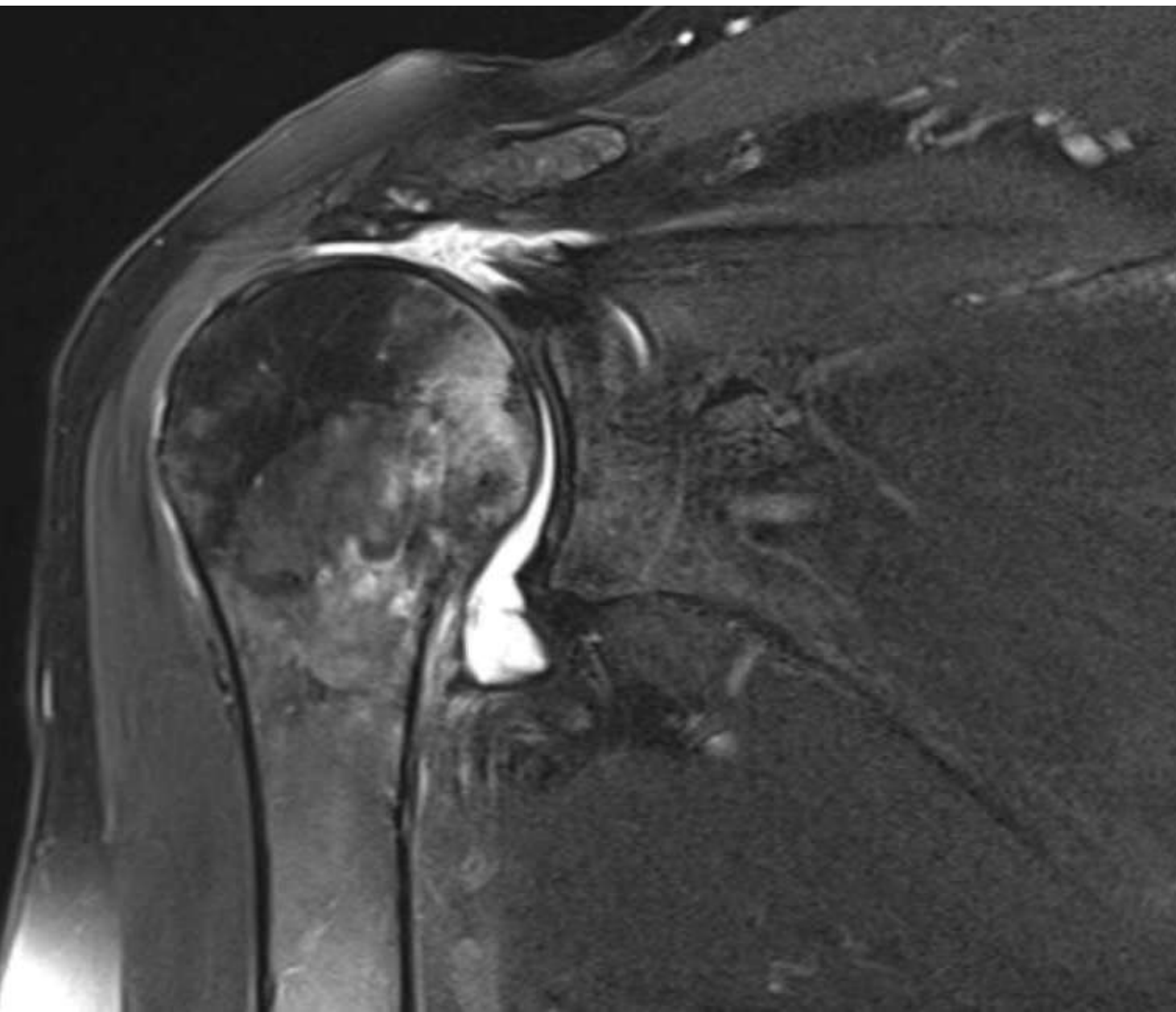
Rotator cuff tear post dislocation



# Case 3

- 70 year old woman
- Shoulder dislocated after a fall
- Relocated in Emergency
- Dislocated again immediately, and reduced again
- Sent to you for follow up
- What now?







# Case 4

- 42 year old construction worker
- Shoulder dislocated after a fall off a roof at work
- Relocated in Emergency, no follow up
- 2 years later has ongoing pain
- Sent to you to sort out
- What now?





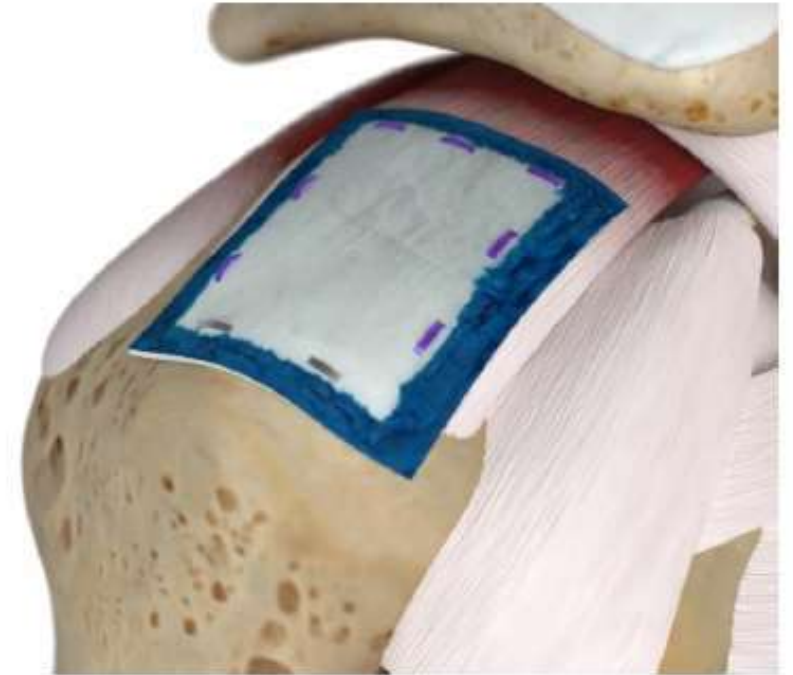
- High grade partial thickness supraspinatus tear
- Can cause significant morbidity
- 50% low grade will progress to high grade and eventually full thickness within 3 years

## REGENETEN™ Bioinductive Implant



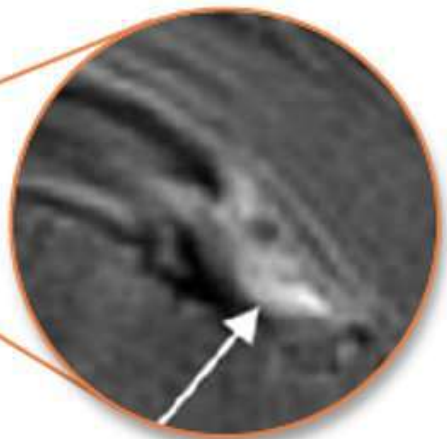
### What is it?

- A collagen implant derived from bovine Achilles tendon, with highly purified, highly porous, highly oriented design
- Stimulates the body's natural healing response to support new tendon growth and disrupt disease progression<sup>1,2</sup>
- Clinically proven to reliably induce new tendon-like tissue and promote tendon healing<sup>1,2</sup>
- Gradually absorbs within six months, leaving a layer of new tendon-like tissue to biologically augment the existing tendon<sup>3</sup>

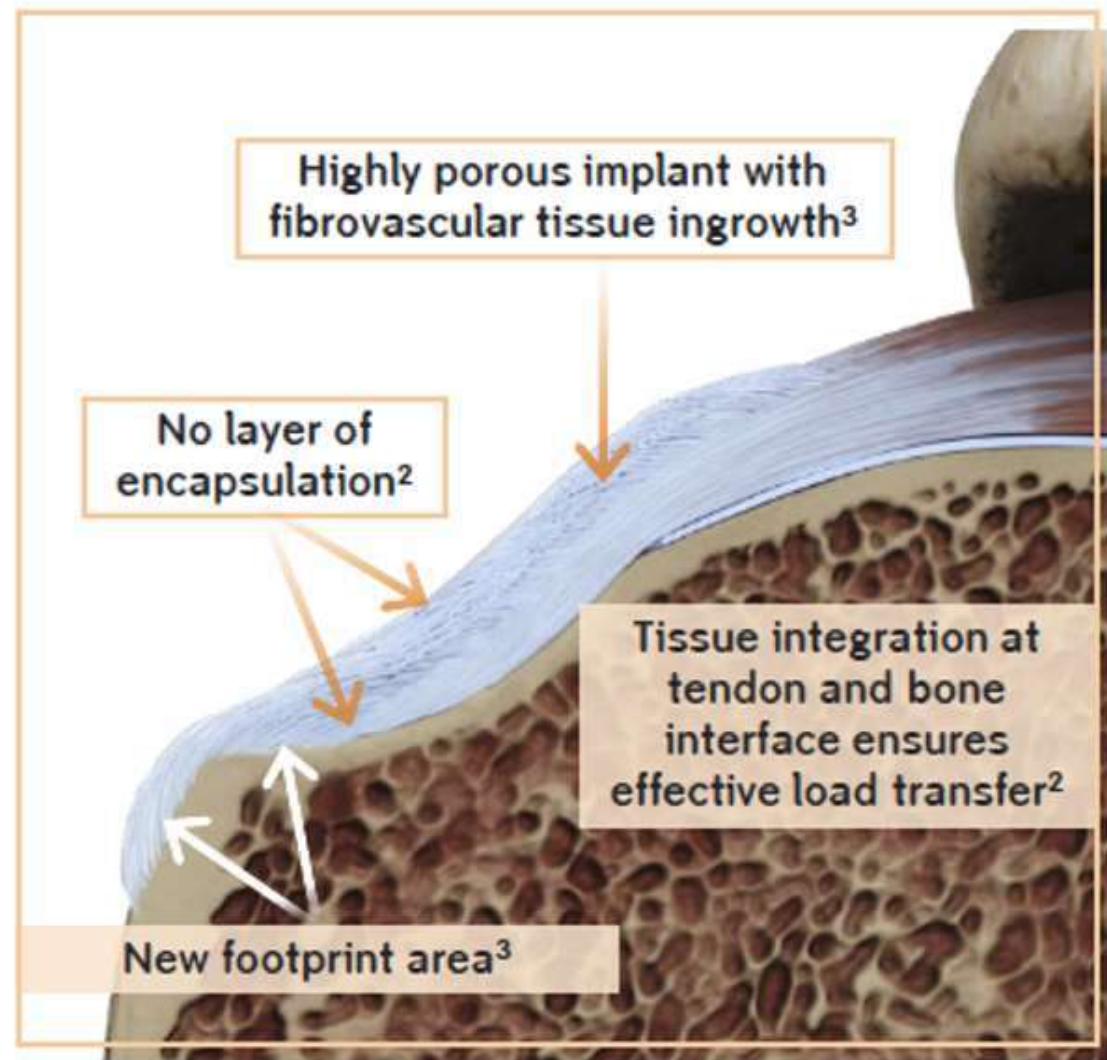
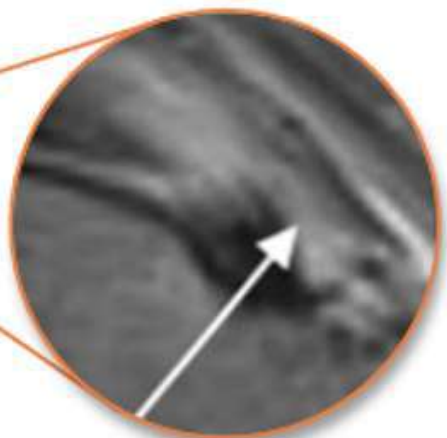


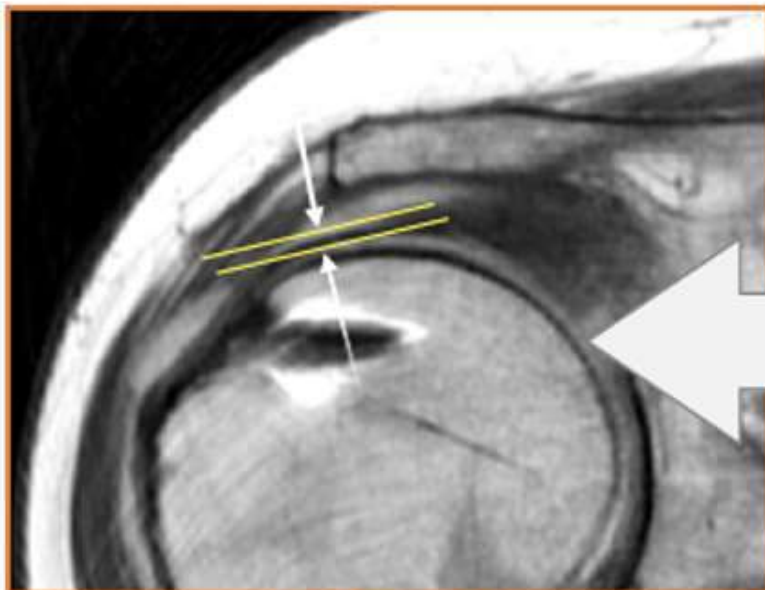
## Partial-Thickness Tear<sup>1</sup>

Pre-Op



12 Months

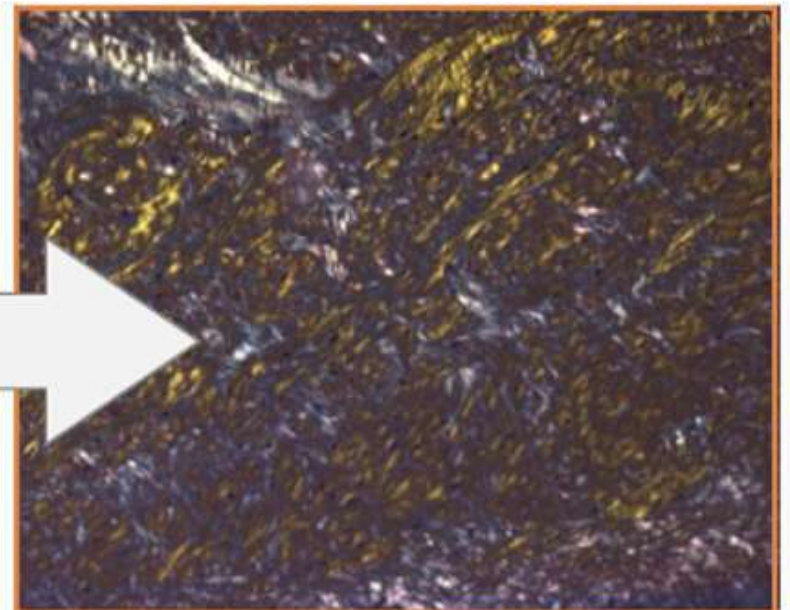




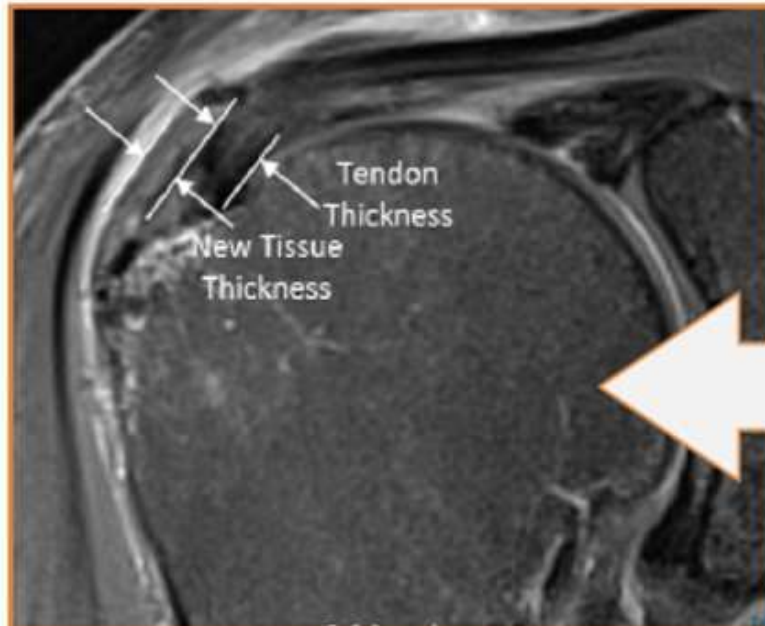
2 Years\*

## Dermal Patch

**NO** induction of new host tissue by dermal patch,  
**NO** evidence of any functional remodeling of the dermal patch @ 2 years. – Dr. Arnoczky



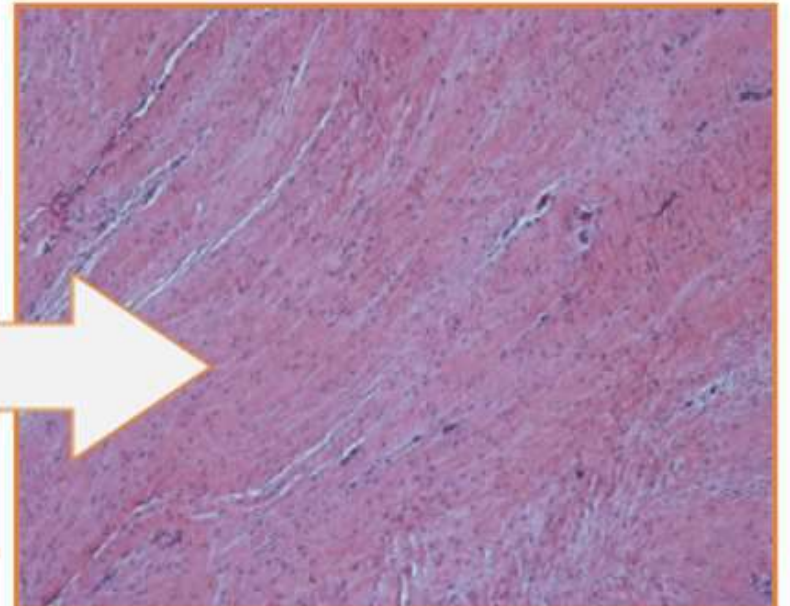
2 Years\*



3 Months<sup>1</sup>

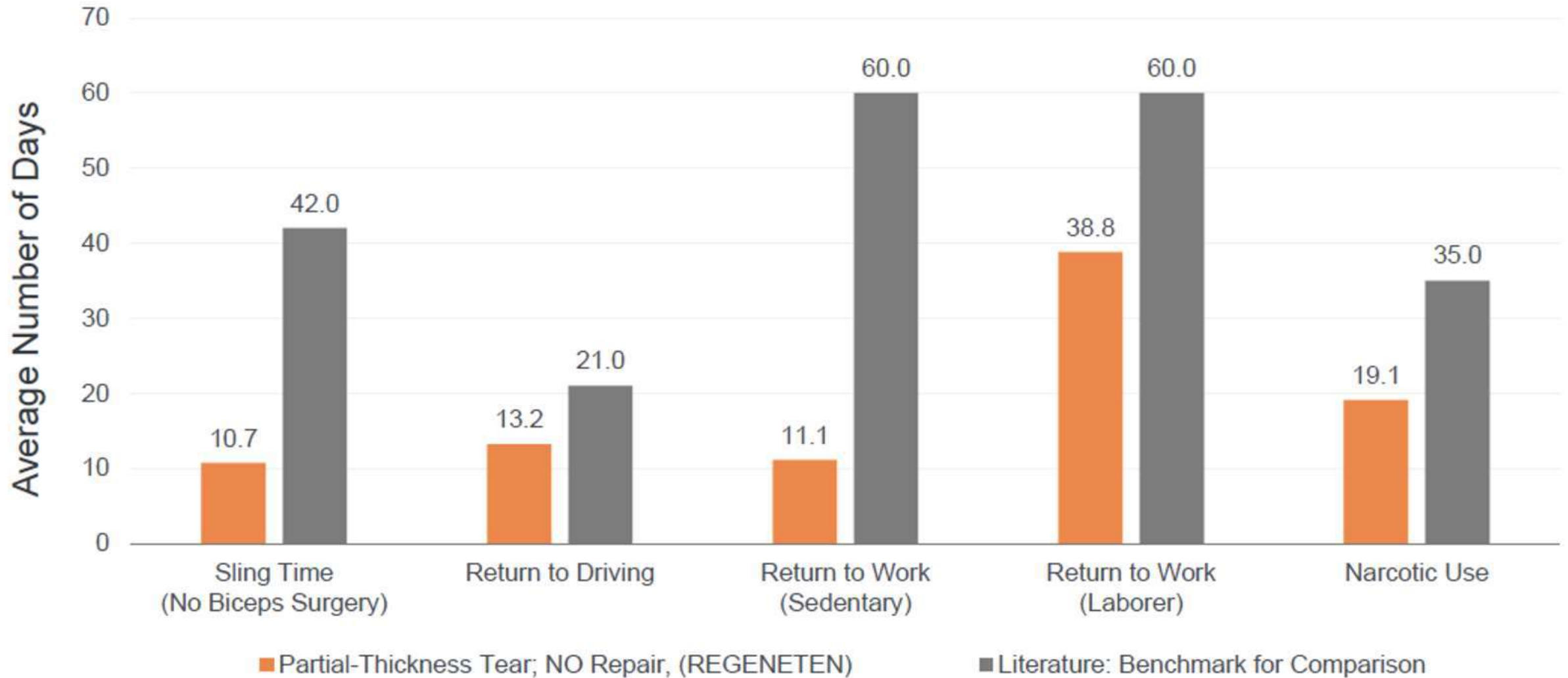
## **REGENETEN™** Bioinductive Implant

Induction of new tendon-like tissue, thicker tendon, implant completely absorbed within 6 months



6 Months<sup>2</sup>

## High Grade Partial Thickness Tear, **REGENETEN** vs Repair



# Postop Rehab Protocol

## *Phase I: Immediate post-op (first 5 to 7 days after surgery, prior to starting PT)*

Use sling for 24 – 48 hours

Remove 4 or 5 times daily to do pendulum exercises, supine external rotation, supine passive arm elevation, scapular retraction, shoulder shrug

Sleep with sling in place

May use affected arm in front of body, no lifting of objects over 5lbs., no excessive shoulder extension, no supporting body weight by hands

## *Phase II: Intermediate phase (1 to 6 weeks post-op)*

Should be weaned out of using sling

Begin formal physical therapy (ROM, AAROM, AROM, Pendulums, Pulleys, Cane Exercises, Self Stretches)

Once patient has pain free full ROM and no tenderness – initiate isotonic program with dumbbells, PNF

Continue to ice regularly

Unless instructed otherwise, okay to drive, allowed to actively use arm for daily living, bathing, dressing, typing on computer, etc.

## *Phase III: Active strengthening phase (6 weeks and beyond)*

Must have full painless ROM and no pain or tenderness on examination to proceed to this phase

Continue dumbbell strengthening, progress thera-band exercises to 90/90 position for internal rotation and external rotation, etc.

# Take Home Message

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- Every dislocation is different
- **RED FLAGS:**
  - Recurrent dislocations
  - First time dislocation in the young
  - Inability to move the arm post dislocation (pseudoparalysis)
  - Patients that cannot 'trust' the shoulder or have ongoing pain or sense of instability
  - Fracture dislocations

