Frederick Sport and Spine Clinic, Inc.

Physical Therapy Update

The clinical staff at Frederick Sport and Spine Clinic regularly reviews articles, discusses the content and implements the information into our patient treatments. As a service to the local medical community, we are offering a summary of these articles to Physicians and Medical Practitioners. It is our intention to provide only the most pertinent info in these ½ page summaries. Further info is available at the clinic. Please take a moment to peruse the information below and contact us if you have any questions about the subject matter. Enjoy!

Age, Activity determine value of Shoulder Arthroscopy

By Craig R. Bottoni, MD;
Biomechanics, June 2001; pages 83-89

The shoulder is an extremely mobile joint, relying on neuromuscular control, rather than joint stability, to perform activities such as throwing a baseball at 100 mph or catching a Frisbee out of the air. Because of the inherent instability, dislocation is common. The anterior aspect of the glenohumeral joint is the most vulnerable and, as a result, most of the athletes we see in the office are anterior dislocations. This can be quite debilitating, especially when the sport of choice involves throwing.

Open reconstruction was the only surgical choice until the arthroscopy technology was improved, allowing for better results for those patients anxious to return to sport. A study at West Point revealed a reoccurrence rate of 90% for young cadet-athletes who sustained 1st time traumatic shoulder dislocations and were treated non-operatively with immobilization and conservative rehabilitation. Another group underwent an arthroscopic repair and the reoccurrence rate was less than 20%.

So why not have the surgery? The factors to consider include age, skill of surgeon and risk of surgery. What was found was that the younger you are when the first episode occurs, the greater the likelihood of subsequent problems that will alter the athlete's lifestyle in the future. For those athletes over 30 years of age who suffered their 1st dislocation, the reoccurrence rate dropped significantly. Therefore, a high school or collegiate athlete who desires to participate in athletics would potentially benefit most from operative treatment.

The second factor is a timely referral to a skilled Orthopedic Surgeon trained in arthroscopic repair. The optimal time for the surgery is 7-10 days after injury and if the 2 week window is missed, non-operative treatment is recommended. Next is the risk of surgery, obvious to most but very important in the minds of the patient. A thorough understanding of all the risks involved will allow the athlete and their family to make an informed decision.

Chronic shoulder instability is common in athletes. Timely decision making can make a big difference in the short and long range goals for the athlete if all the factors are understood. The talented young athlete has better surgical options now and can continue to perform at the highest level if given the opportunity early on.

Reviewer: Mark Acierno, MSPT
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