shoulder2shoulder UPDATE

Dr. Terry Hammond SHOULDER SURGEON
MBBS FRACS

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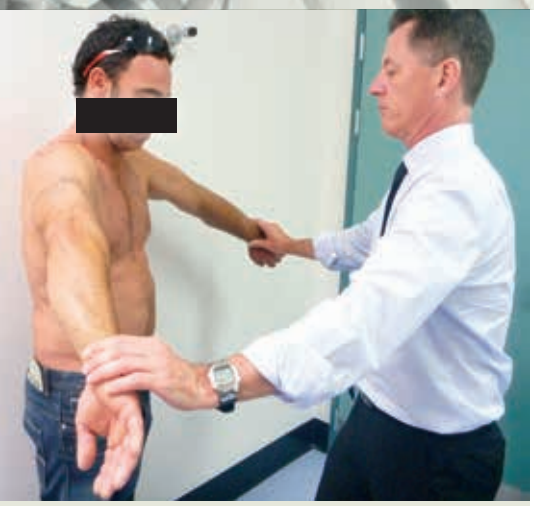

Testing the strength of the supraspinatus - the patient pushes upwards with the arms in internal rotation while the examiner pushes downwards.

Profile

Dr. Terry Hammond has specialized exclusively in disorders of the adult shoulder since finishing his orthopaedic training in 2003. He has undertaken a six month travelling shoulder fellowship in the USA and Canada and an twelve month upper limb fellowship in the world renowned Pulvertaft unit in Derby, England. Since returning to Queensland he has established his private practice in association with Dr. Chris Vertullo at the Orthopaedic and Sports Medicine Centre opposite Pindara Hospital in Benowa.

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PINDARA PRIVATE HOSPITAL

Management of Shoulder Dislocations

A patient dislocates their shoulder and it is reduced in the emergency department. They see you next day in a sling.

What is your initial management?

The most important initial management is to look for any complications – axillary nerve injury, rotator cuff tears, fractures and re-dislocations.

How do I diagnose and manage axillary nerve injuries?

Very common but almost always resolves. Look for an area of numbness over lateral border of shoulder, and refer if fails to improve over a few weeks.

How do I diagnose and manage rotator cuff injuries?

Uncommon in younger patients but common in older people. Often a large tear and poor outcome if missed. Look for weakness of abduction. This can be done safely even after a dislocation (see photo). Refer for MRI if significantly weak.

How do I diagnose and manage fractures and re-dislocations?

Must see a post-reduction X-ray or at least the report. Refer if any fractures. If worried repeat x-ray to exclude re-dislocation.

If the patient has no significant complications what is the management?

Refer for physio. Wean out of sling over the next 3 to 4 weeks, return to activities including sport when feels comfortable.

What about bracing in external rotation?

Theoretically helpful but unproven clinically, compliance a major issue so not generally used.

When should stabilisation surgery be performed?

After two or more dislocations surgery should be advised to prevent long-term joint deterioration.

What investigations need to be done before any surgery?

X-ray plus CT scan to exclude a bony Bankart lesion.

What is a bony Bankart lesion?

A fracture of the anterior glenoid which occurs at the time of dislocation.

What is the significant significance of a bony Bankart lesion?

If greater than about 5 mm requires an open bone grafting operation (Latarjet or Bristow) as any soft tissue surgery (including arthroscopic stabilisation) won't work.

If no bony Bankart what is the appropriate surgery?

Arthroscopic surgery is highly successful and can be done with minimal morbidity.

What is the post-operative treatment?

Six weeks in a sling, six months off sport, heavy work at 3 to 4 months

Do patients require an MRI scan before surgery?

Often not required. If ordered need a MR arthrogram rather than a plain MRI.

What is a Hill-Sachs lesion?

Impaction fracture of the humeral head, Very common and usually insignificant.

Is there anything else I should look for?

Frozen shoulder is sometimes seen after dislocations – examination will reveal lack of external rotation appearing after a few weeks. It often indicates other pathology (such as a cuff tear) so further investigation with an MRA usually needed.

Further information, operative videos and post operative protocols can be found on my website – www.terryhammond.com.au