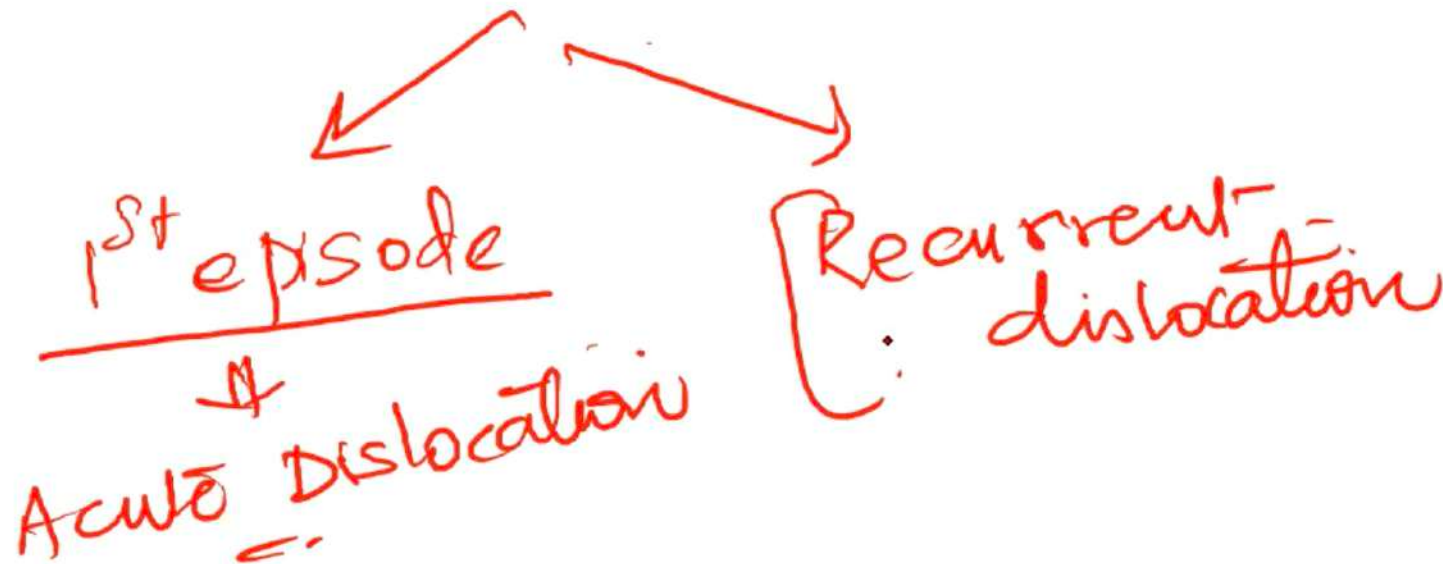


Shoulder Dislocation

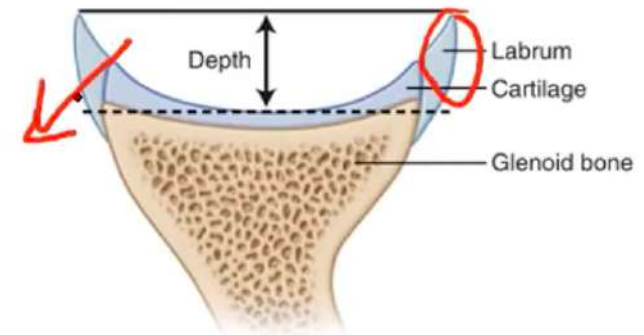


Dr Anurag Tiwari
Faculty TargetOrtho

Anatomy

Role of Labrum

→ ROM ↑



- It increases the depth of Glenoid
- It increases the joint stability

Anatomy- Ligaments

Sup.
middle } GHL
Inf.

- Main restraint to

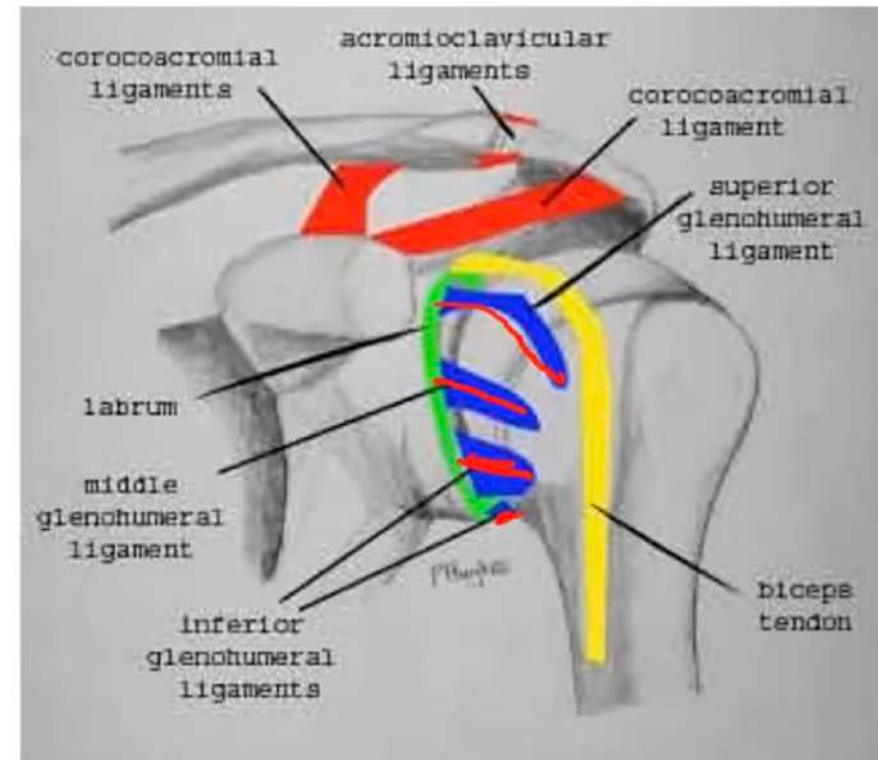
Inferior translation in Adduction- SGHL

Anterior translation in 45 degree abduction and ER - MGHL

Inferior translation in abduction - IGHL

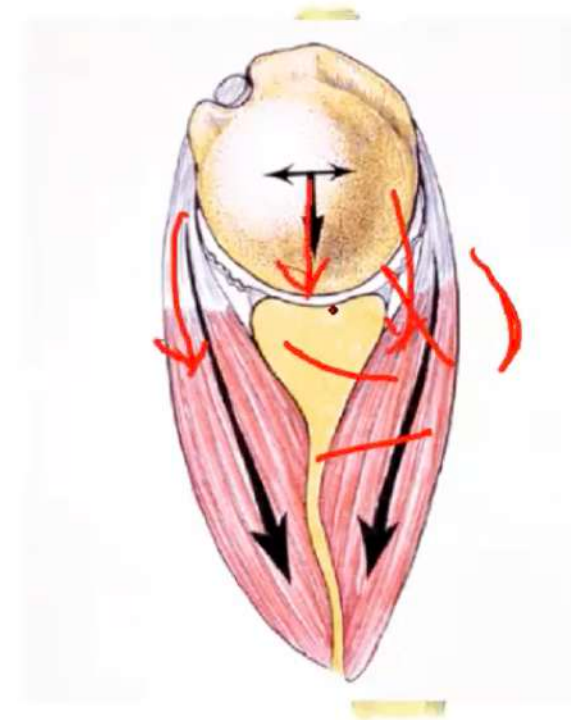
45 degree abduction - Anterior fibres of IGHL

90 degree abduction - Posterior fibres of IGHL



Role of Rotator cuff muscles

- Supra
- Infra
- Teres minor
- Subscap.



- Role- Provide concavity compression and provide stability

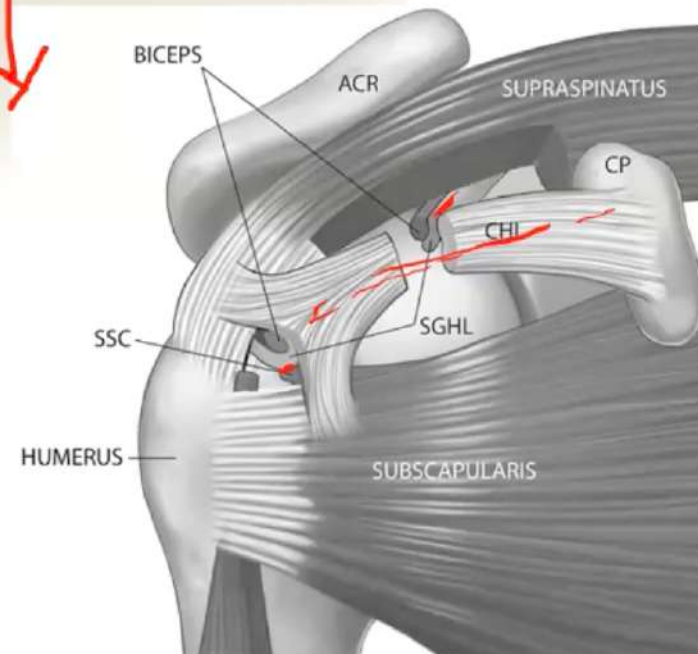
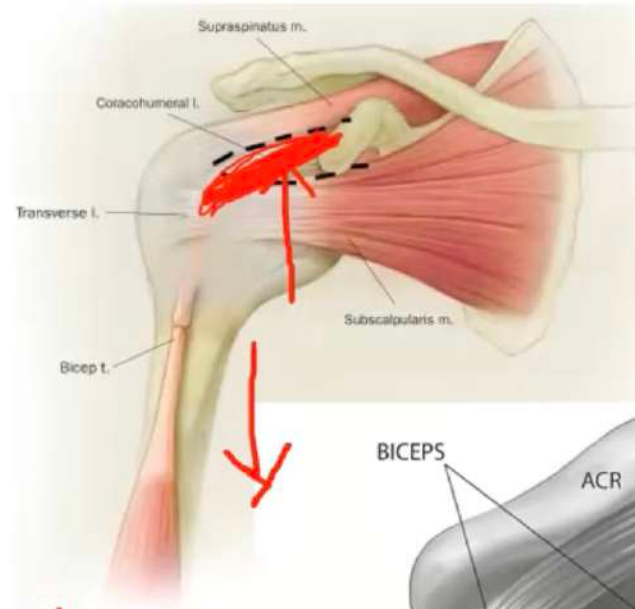
Rotator Interval

- Between Supraspinatus and Subscapularis

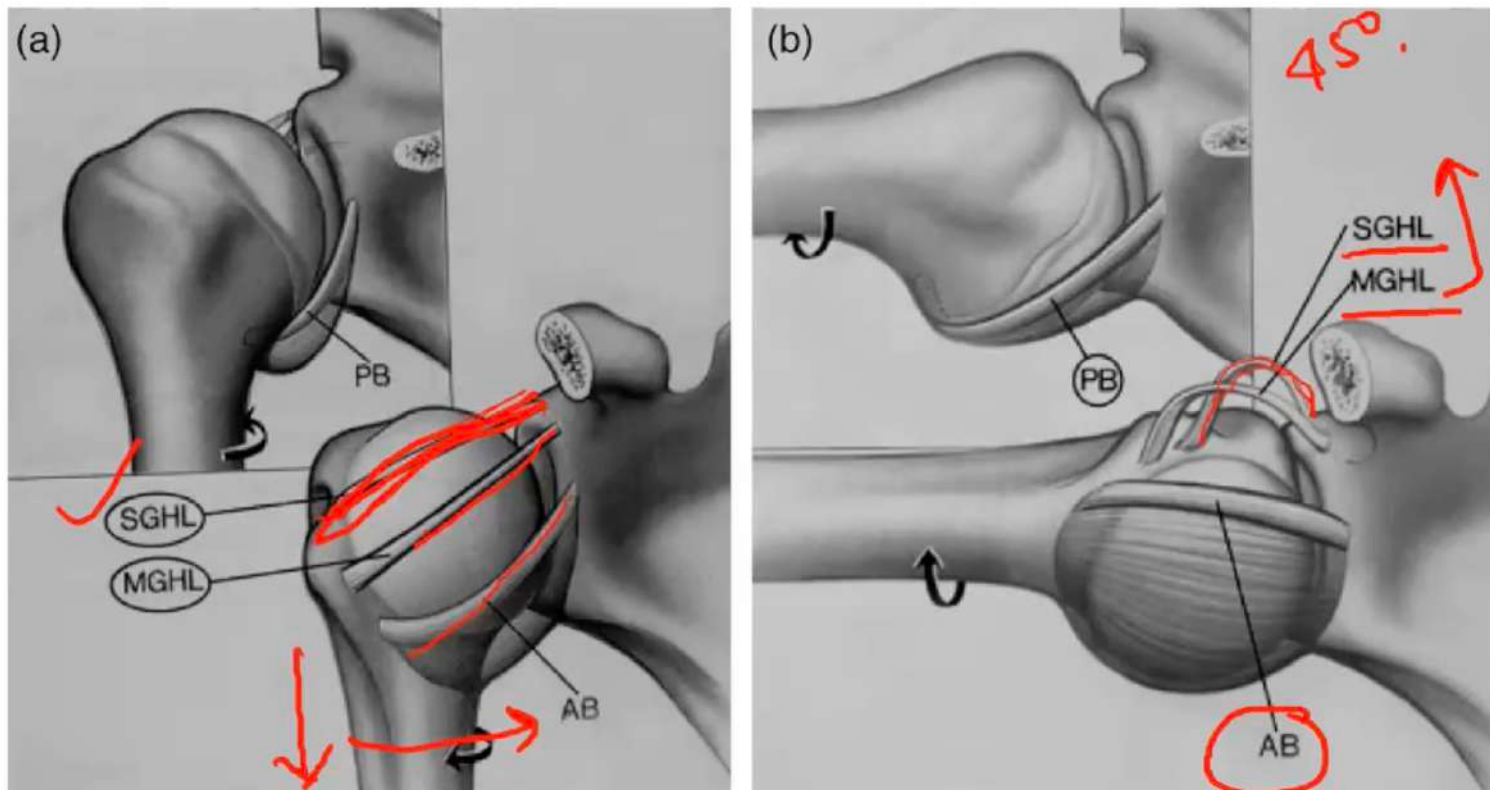
Contents- SGHL and CHL

Coraco H. lig.

To resist inferior translation



MGHL and IGHL



FIRST TIME SHOULDER DISLOCATION: DR ANURAG TIWARI

Anatomy- Ligaments

Sup.
Middle } GHL
Inf.

- Main restraint to

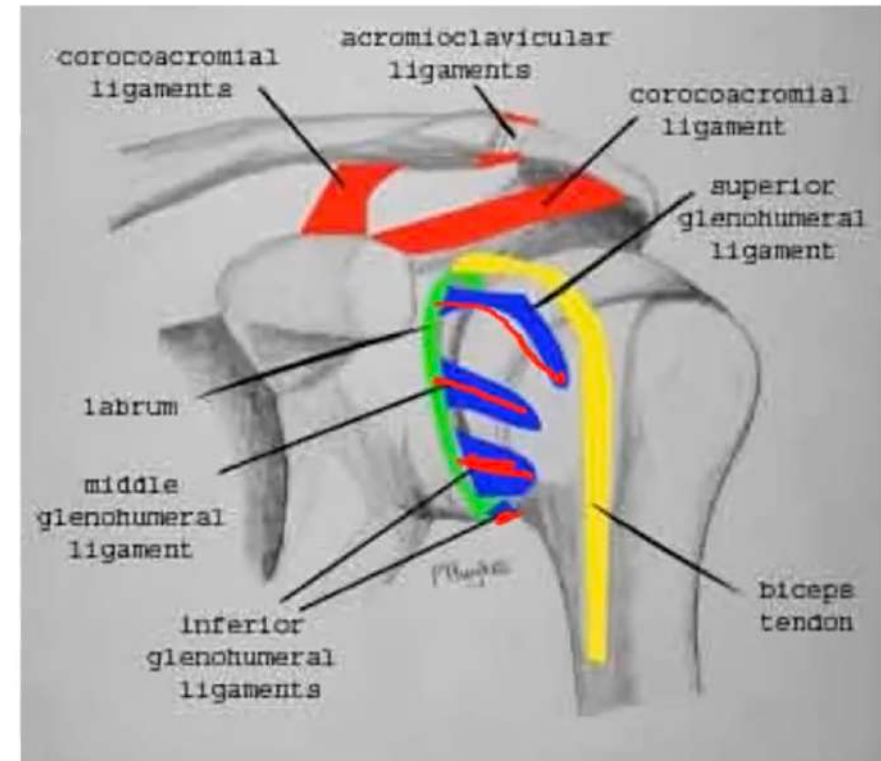
Inferior translation in Adduction- SGHL

Anterior translation in 45 degree abduction and ER - MGHL

Inferior translation in abduction - IGHL

45 degree abduction - Anterior fibres of IGHL

90 degree abduction - Posterior fibres of IGHL



Types of dislocation

- Anterior
- Posterior
- Inferior

•

Risk factors

• A. Age

Young → Recurrent dislocation
< 20 yrs →

• B. Generalised Laxity

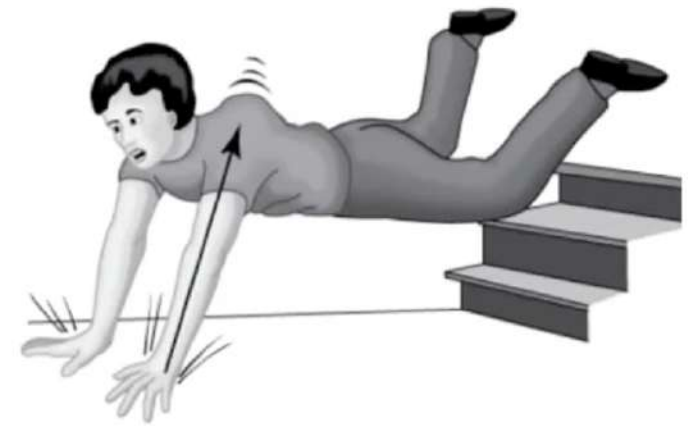
Beighton's > 5/9

• C. Previous Injury

• D. Contact sports

Mechanism of injury

- Anterior-



Clinical examination

- Posterior sulcus
- Ecchymosis
- Swelling
- Attitude – Abduction and ER – Anterior dislocation
Adduction and IR- Posterior dislocation
Hyperabduction – Inferior dislocation



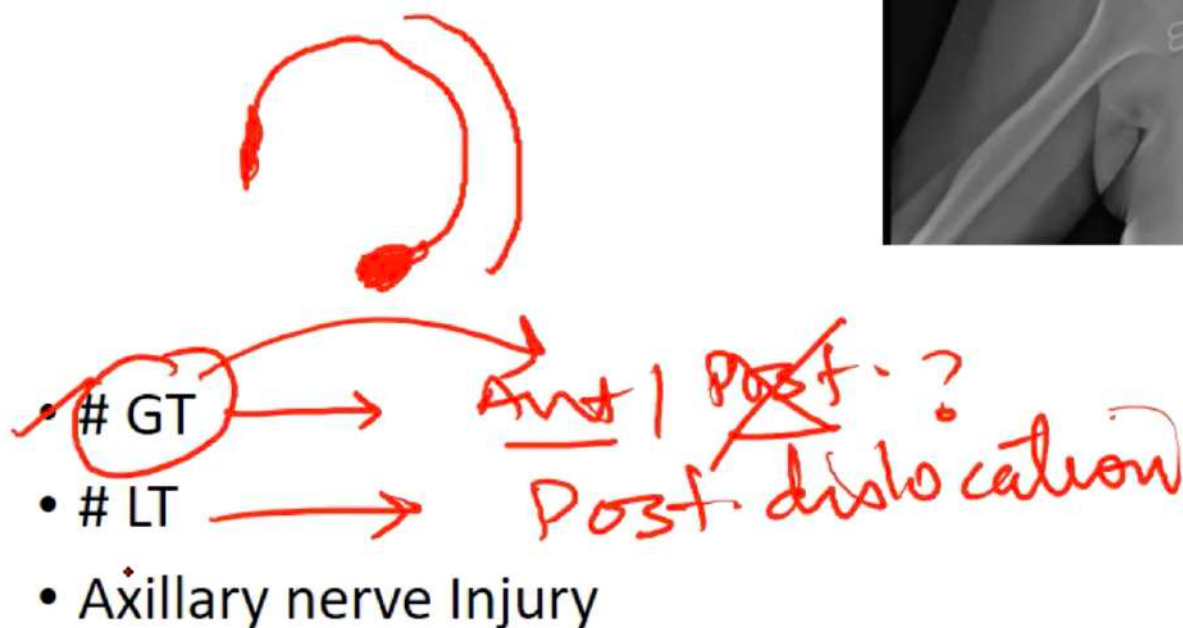


- Dugas'
- Hamilton Ruler
- Callaway's
- Sulcus sign
- to

FIRST TIME SHOULDER DISLOCATION: DR ANURAG TIWARI

- Neurological examination –  "Axillary nerve"
- Vascular examination –

Associated Injuries



Radiographic series

- Which is false

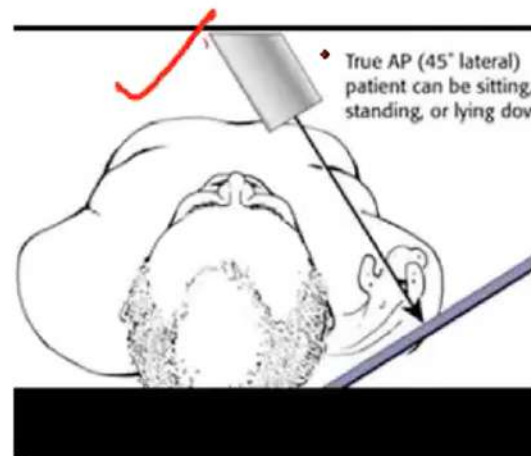
→ Bony Bankart

- A. West point view is for detecting Bankart lesion
- B. Stryker notch view is done for detecting Humerus head lesions
- C. True AP view of Glenohumeral joint is Grashey view
- ~~D. Axillary lateral view is done with arm in abduction~~



Investigations

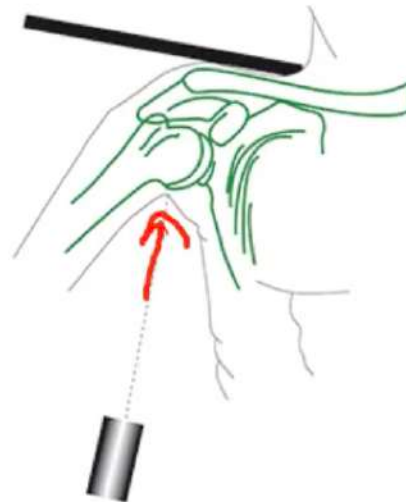
- Xray
- AP view
- Grashey view



- Scapular Y view

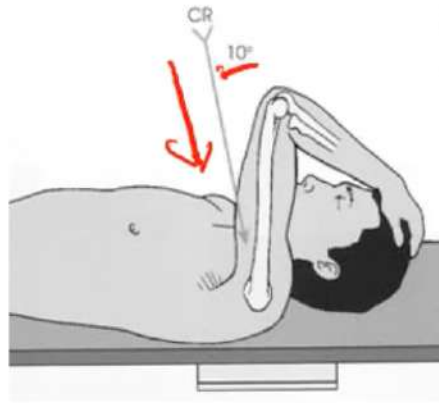


- ✓ • Axillary Lateral View



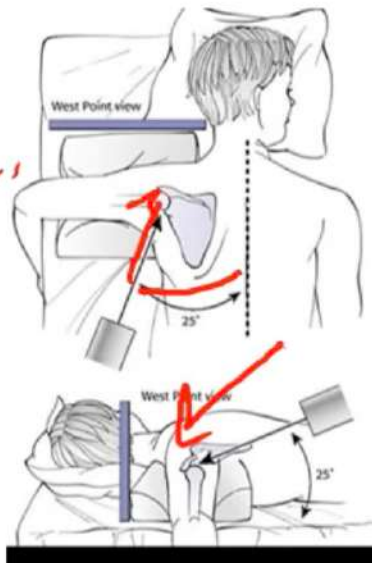
- Stryker notch view

↓
Hill Sachs
lesion



- West Point view

↓
Bony Bankart



Radiographic series

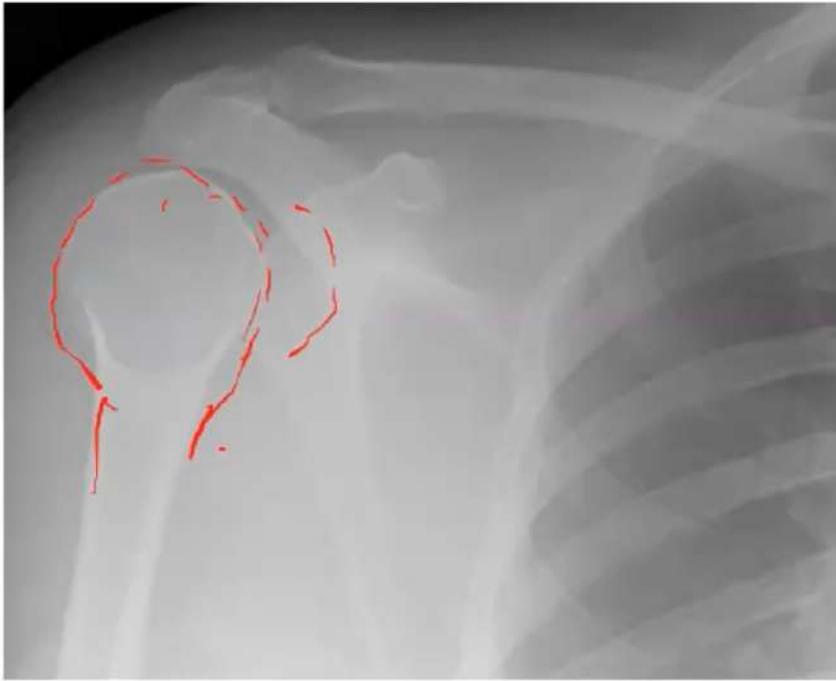
- Which is false

Bony Bankart

- A. West point view is for detecting Bankart lesion (Hill Sachs)
- B. Stryker notch view is done for detecting Humerus head lesions
- C. True AP view of Glenohumeral joint is Grashey view
- D. Axillary lateral view is done with arm in abduction



FIRST TIME SHOULDER DISLOCATION: DR ANURAG TIWARI



↓
Post dislocation



FIRST TIME SHOULDER DISLOCATION: DR ANURAG TIWARI

"Age" - < 20 yrs
CT/ MRI
1st episode"

MRI
Rot. cuff
Bankart.

- ✓ If diagnosis doubtful.
- ✓ associated # X-ray @
- [3) 1/2 of Glenoid Bone loss.
- 4) Hill Sach. lesion..

✓ [Young (20-25) Athlete] → CT Scan
(+/- MRI)

Evaluation of Glenoid Bone loss



$$\frac{A}{B} \times 100 \uparrow \uparrow$$

(25%)

20-25%

30%.

50%.

<25% → ↑ success

>25% → ↑ failure

↓ BQ/Latanger

Bone loss on MRI

- Males = $\frac{1}{3}^{\text{rd}}$ height + 15 mm
- Females = $\frac{1}{3}^{\text{rd}}$ height + 13 mm

Critical bone loss

- 20-25 % Bone loss
- $> 25\%$ loss → Go for Latarjet procedure

Instability Classification

- FEDS
- Frequency- Single episode Vs Recurrent
- Etiology- Traumatic Vs Atraumatic
- Direction- Anterior/ Posterior/ Inferior
- Severity- Subluxation/ Dislocation

Matsen and Thomas classification

• TUBS-
(Group I)

Traumatic
Unidirectional
Bankart lesion ✓
Surgery →

• AMBRII-
(Gr - II)

Atraumatic
Multi Dir
Bilateral ✓
Rehab ✓
Brf. Capsul.

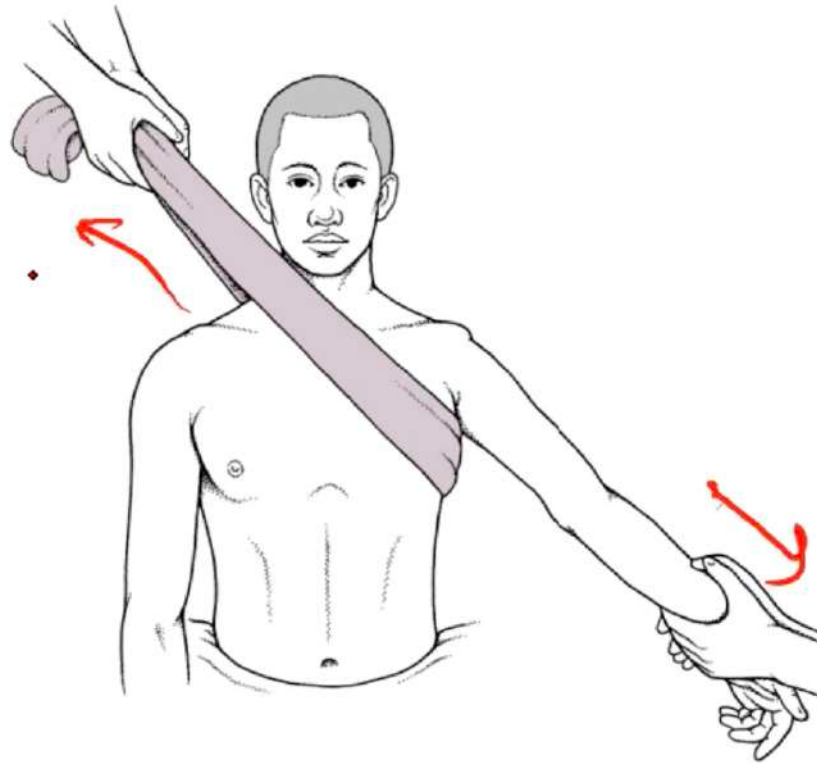
Management

FIRST TIME SHOULDER DISLOCATION: DR ANURAG TIWARI

Reduction techniques

- Stimson. → Gravity
- Hippocrates
- Kocher's
- Tr-Countertraction

Traction Countertraction method



FIRST TIME SHOULDER DISLOCATION: DR ANURAG TIWARI

Hippocrates method



FIRST TIME SHOULDER DISLOCATION: DR ANURAG TIWARI

Hippocrates method



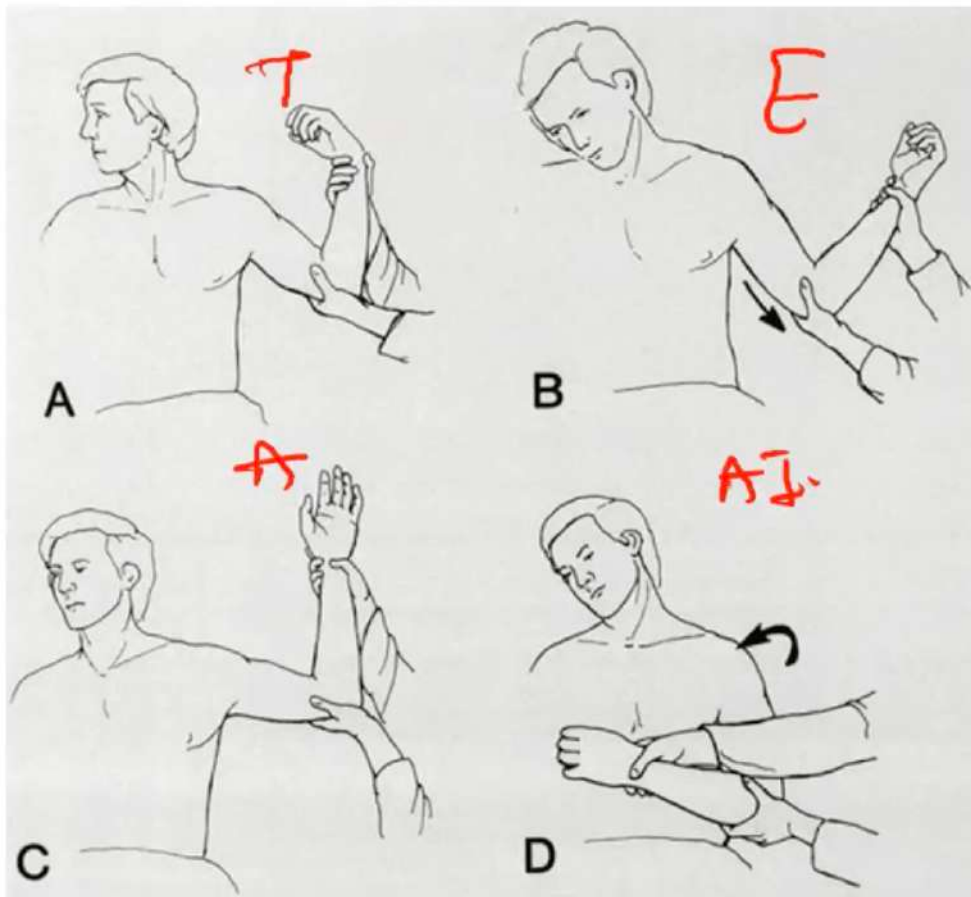
FIRST TIME SHOULDER DISLOCATION: DR ANURAG TIWARI

Stimsons Gravity method



FIRST TIME SHOULDER DISLOCATION: DR ANURAG TIWARI

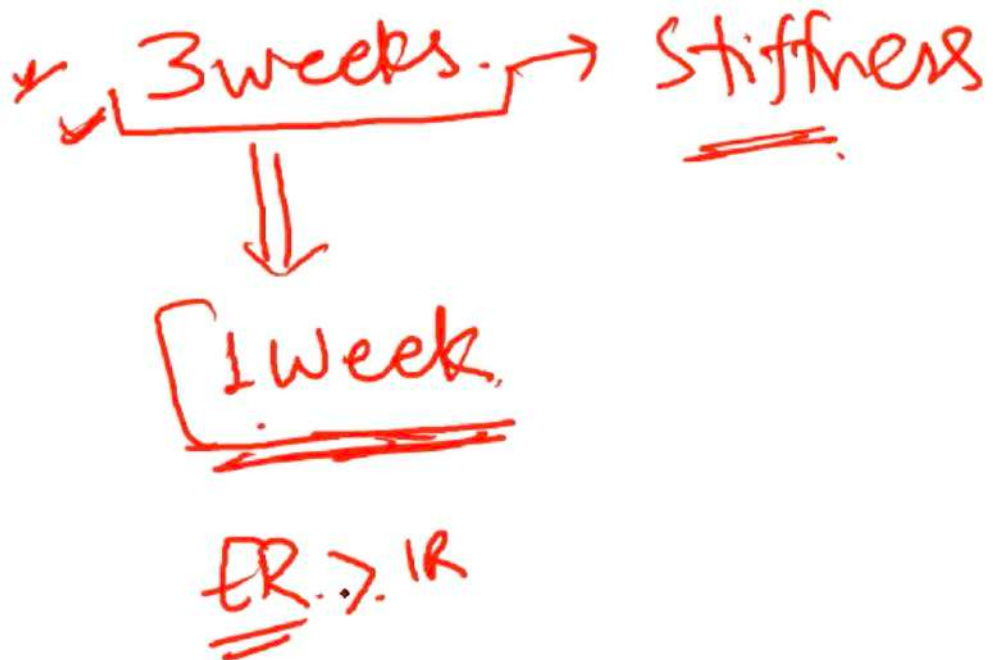
Kochers method



TEA-I

FIRST TIME SHOULDER DISLOCATION: DR ANURAG TIWARI

Immobilization

- Duration 

3 weeks → Stiffness

⇓

1 week

ER > IR

Immobilization

- Duration

→ #
→ Bony Bankart. → Arthroscopic.
→ Rotator cuff B.R.
→ CR → failure → OR

Operative treatment

- Arthroscopic Bankart repair –
- Young athlete with MRI showing Bankart lesion.
- Recurrent dislocation (> 1 episode)