

Codman Shoulder Society Case Presentation

September 24, 2018

MB 71 yo M

ID: 71 yo M RHD who presents with 2 recent right shoulder dislocations (6 and 10 weeks ago) in the setting of the complex surgical history as follows:

- 6/2010: right TSA for OA
- 7/2010: ORIF lesser tuberosity after postoperative fracture from a fall
- 4/2011: LOA, biopsy to rule out infection (negative)
- 10/2011: LOA due to postoperative stiffness
- 8/2012: subscapularis repair due to recurrent instability
- 3/2013: revision to RSA due to recurrent instability
 - Zimmer anatomical cemented stem and Zimmer TM base plate 40-mm glenosphere
- 7/2014: humeral component and poly exchange; anterior capsule reconstruction with Achilles allograft

No pain or dysfunction between last surgery and most recent dislocations

SSV is now 40% and the patient is apprehensive to performing any task in abduction and external rotation

PMHx: HTN, HLD

PSHx: outlined above, R TKA, R ulnar nn transposition, inguinal hernia repair

Meds: lipitor, HCTZ, Ambien, ASA

SHx: former smoker (quit 23 years ago); retired President & CEO of a Textile Company

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Current physical examination

- Prior incision healed; no skin changes, ecchymosis
- Obvious deformity and atrophy across the anterior shoulder
- Positive periscapular muscle atrophy
- Positive TTP over the anterior joint line
- AROM/PROM
 - FF 90/150, Abd 80/100, ER 25/40, IR PSIS
- Positive apprehension with abduction and ER/extension
- Abduction strength 4/5
- Positive belly press and bear hug
- No adduction or abduction ER lag signs
- NVI





