

Shoulder Instability: Review Questions

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QUESTIONS

Choose the single best answer for each question.

- 1. A 20-year-old male athlete with no prior history of shoulder problems sustains a traumatic anterior shoulder dislocation while snowboarding. Which of the following ranges represents his risk for recurrent anterior shoulder instability if his injury is left untreated?**
 - A) 0% to 20%
 - B) 21% to 40%
 - C) 41% to 60%
 - D) 61% to 80%
 - E) Greater than 80%
- 2. Which of the following statements is true regarding acute posterior dislocation of the shoulder?**
 - A) It has a risk for recurrent instability similar to that of anterior shoulder dislocation
 - B) It is associated with greater tuberosity fractures
 - C) It is more common than acute anterior shoulder dislocation
 - D) It should be immobilized in a sling and swath following a reduction
 - E) It should be suspected in patients with a history of seizure or shock
- 3. Patients older than 40 years who have anterior shoulder dislocations must be evaluated for which of the following possible complications?**
 - A) Bankart lesion
 - B) Hill-Sachs lesion
 - C) Lesser tuberosity fracture
 - D) Musculocutaneous nerve injury
 - E) Rotator cuff tear
- 4. An 18-year-old female swimmer reports shoulder instability. On physical examination, she has systemic hyperlaxity, positive responses on anterior and posterior drawer tests, and a positive sulcus sign. Initial management should consist of which of the following?**
 - A) Anterior/inferior capsular shift
 - B) Arthroscopic Bankart repair and capsular plication
 - C) Rotator cuff strengthening exercises
 - D) Thermal capsulorrhaphy
 - E) Ultrasonography and other imaging modalities
- 5. Which of the following initial imaging studies should be performed in a patient with a suspected shoulder dislocation?**
 - A) Anteroposterior (AP) radiography in internal and external rotation
 - B) AP, scapular lateral, and axillary lateral radiography
 - C) Computed tomographic scan
 - D) Magnetic resonance imaging
 - E) Ultrasonography

(turn page for answers)

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EXPLANATION OF ANSWERS

- (E) Greater than 80%.** Recent studies have confirmed that acute traumatic anterior shoulder dislocations in a young age group is highly associated with increased risks for recurrent instability. In studies at the United States Military Academy (West Point, NY), this recurrence rate has shown to be approximately 90%.¹ In this population, acute or subacute arthroscopic stabilization should be considered.
- (E) It should be suspected in patients with a history of seizure or shock.** Seizures and shock are highly associated with posterior instability, because the internal rotators overpower the external rotators with this stimulus, resulting in a posterior shoulder dislocation. Posterior shoulder dislocations are associated with lesser tuberosity fractures, not greater tuberosity fractures. Posterior instability is much less common than is anterior instability and has a lower risk for recurrent instability. Initial management includes immobilization with a gunslinger-type brace, not with a traditional sling and swath.
- (E) Rotator cuff tear.** Patients older than 40 years have a higher risk for rotator cuff tears associated with anterior shoulder dislocation. Awareness of this risk is critical, because patients with anterior dislocation and rotator cuff tear will not do well without rotator cuff repair. Delay in diagnosis may result in retraction and atrophy of the rotator cuff tendon(s). Bankart and Hill-Sachs lesions are more common in young patients. Greater tuberosity—not lesser tuberosity—fractures are more common in patients with anterior instability. Musculocutaneous nerve injuries are very rare in anterior shoulder dislocations.
- (C) Rotator cuff strengthening exercises.** This patient has multidirectional instability and atraumatic instability. She needs aggressive rehabilitation for at least 3 to 6 months before ever considering surgical intervention. Rotator cuff strengthening is the mainstay of physical therapy efforts. Thermal capsulorrhaphy has recently been shown to have a high risk of recurrent instability in this population.² These patients rarely have a Bankart tear. Ultrasonography and other imaging modalities play a very limited role in patients with multidirectional instability.
- (B) AP, scapular lateral, and axillary lateral radiography.** The anteroposterior (AP), scapular lateral, and axillary lateral views represent the trauma series and should be obtained in any patient with shoulder injuries. AP radiographs in internal and external rotation, although commonly performed in the emergency department, do not allow assessment of anterior/posterior instability. Many posterior dislocations have been missed because a lateral radiograph was not obtained. Ultrasonography, computed tomographic scans, and magnetic resonance imaging are adjunctive studies not used in the initial evaluation.

REFERENCES

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