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Fractures

Bankart fracture

- Occurs in up to 40% of first time dislocations. 1
- Amount of bone loss determines management.

Greater tuberosity

• Up to 30% of greater tuberosity fractures associated with shoulder dislocation. Often missed on initial XR.

Humerus fracture

Neck, shaft, coracoid

Axillary nerve injury

- Occurs in up to 35% of anterior dislocations. 2
- Numbness in 'deltoid patch' and weakness of teres minor (external rotation tested at 90 deg abduction) are signs of possible axillary nerve injury.
- Many are transient but if not improving, onward referral is recommended.

Axillary artery injury

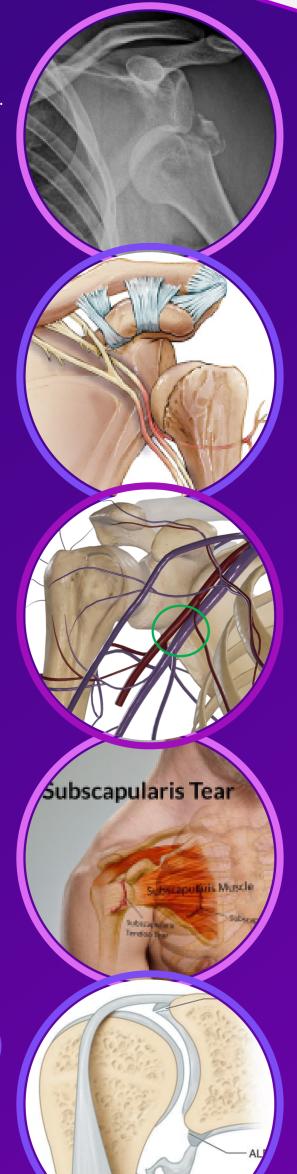
- Rare (1-2% of anterior dislocations). More common in inferior dislocations.
- May present with absence of ipsilateral peripheral pulses, cool limb and expanding axillary haematoma.
- Symptoms/signs may not appear immediately and may develop gradually.

A Rotator cuff tear

- Occurs in up to 63% of anterior dislocations.
 (80% in those >60 yrs).
- Common with anterior dislocations with 'tryscorer' mechanism of injury.
- Careful assessment of the rotator cuff for pain and weakness is required.

Humeral avulsion of glenohumeral ligaments (HAGL) lesion

- Avulsion of capsule/ligaments from humerus.
- These are difficult to detect and are often missed. They present a high risk of recurrent instability.



Clinical Implications

- 1. Perform a full neurovascular examination following GHJ dislocation.
- 2. All first-time dislocators should have an x-ray (as well as an ultrasound if concerned about rotator cuff tear). *3*
- 3. If ongoing apprehension or recurrent instability, high-tech imaging and/or orthopaedic referral may be indicated.

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References

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- 2. Cutts S, Prempeh M, Drew S. Anterior shoulder dislocation. Annals of the Royal College of Surgeons of England. 2009;91:2-7. 10.1308/003588409X359123.
- 3. The Accident Compensation Corporation. Referral Guideline for Imaging in Patients Presenting with Shoulder Pain. Wellington: The Accident Compensation Corporation; 2011.



HAGL lesion