





Streaming a Live Shoulder Surgery Insights on work related shoulder injuries

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I have no conflicts of interest

Except...that I'm a surgeon



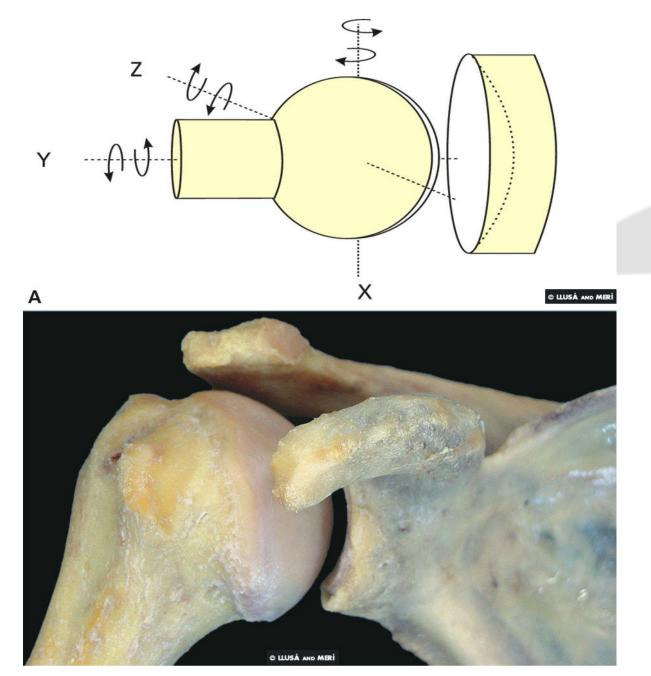
Shoulder Pathology



- One of most common MSK complaints
- Top 3 MSK complaints in PCP office
 - (van Doorn PF, et al. Fam Pract. 2021 Sep)



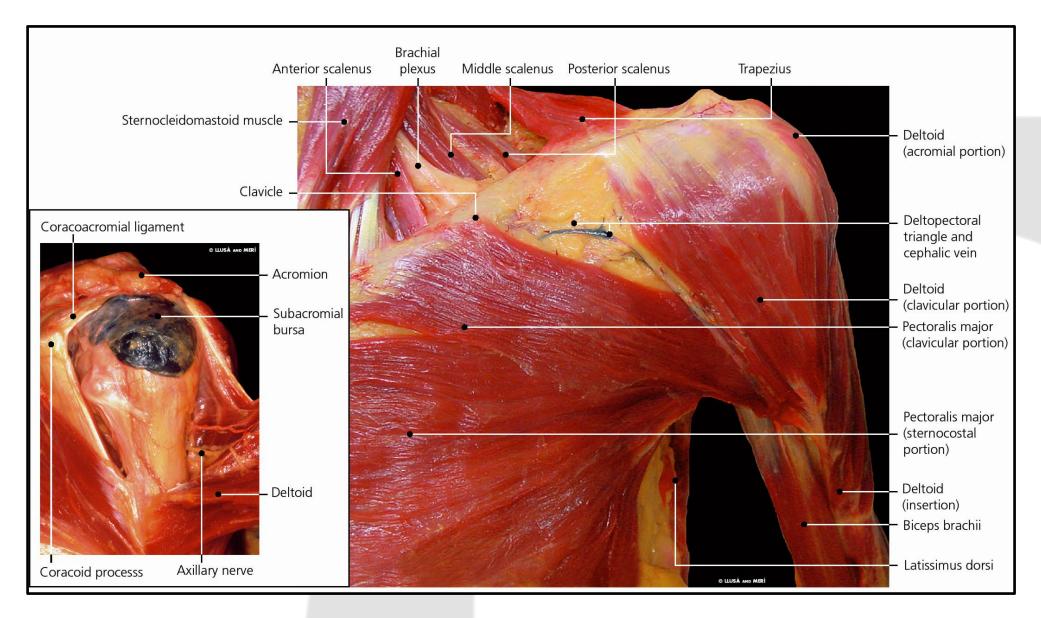
Anatomy



Anatomy images from Surg Atlas of the Musculoskeletal System. Perez et al, 2008.

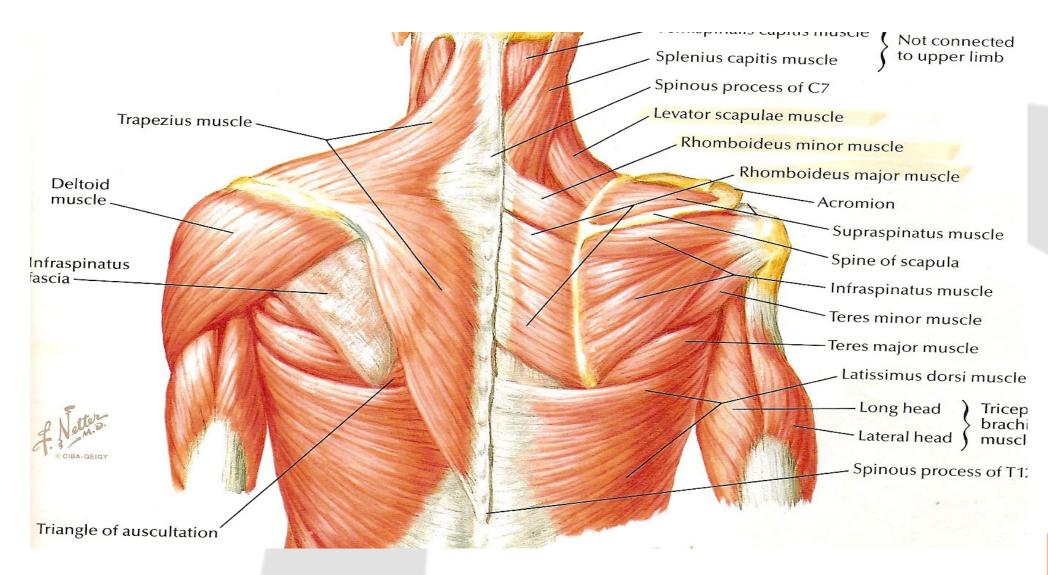


Muscle Anatomy

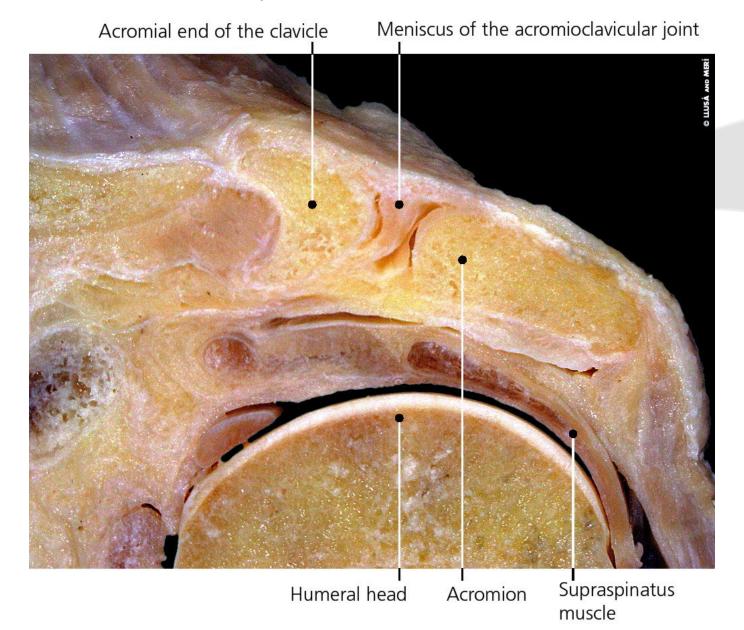




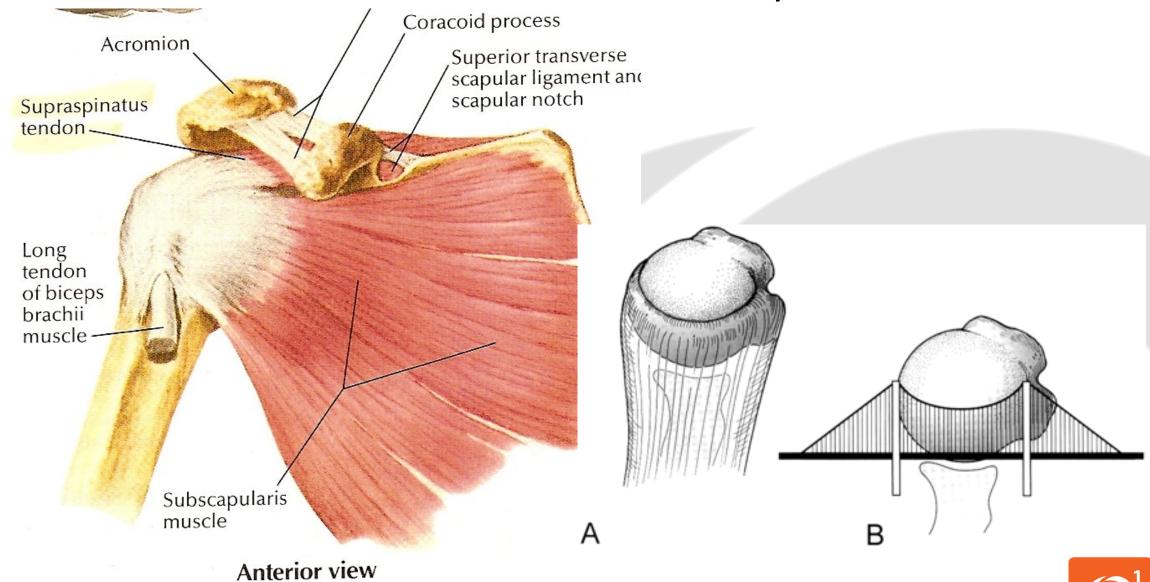
Muscle Anatomy

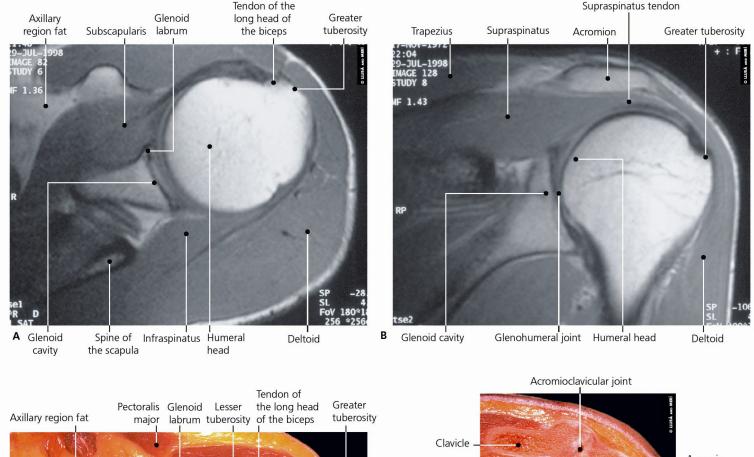


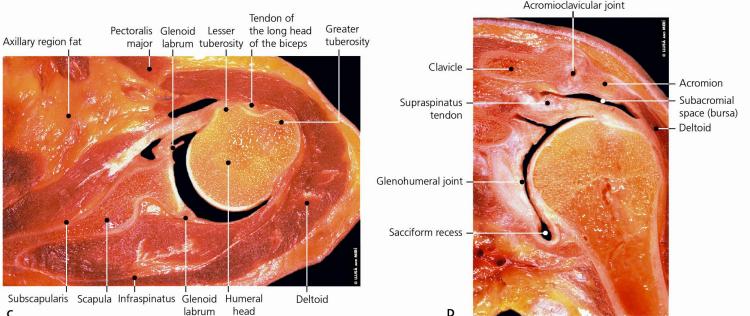
Rotator Cuff Anatomy



Rotator Cuff Anatomy



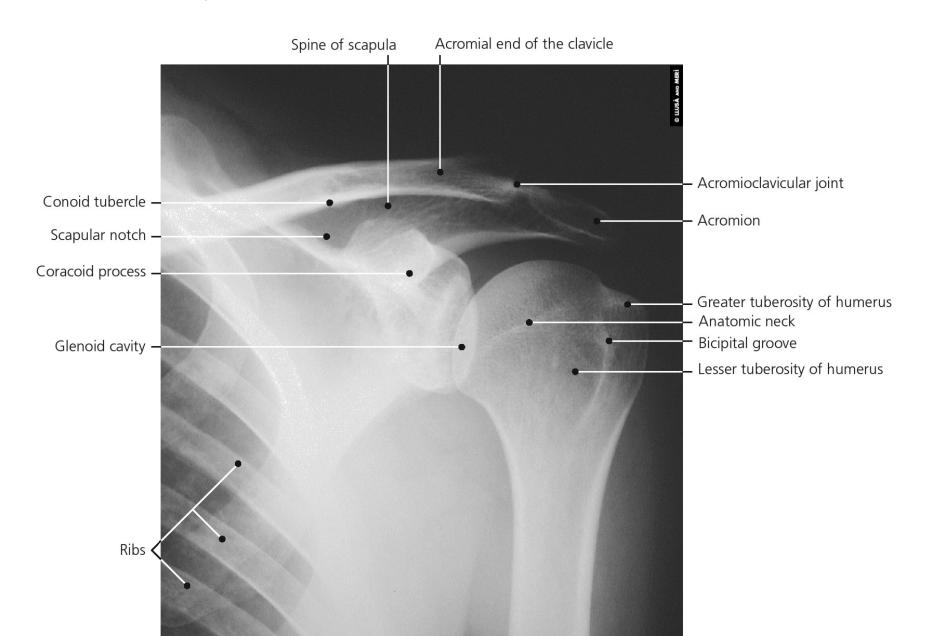




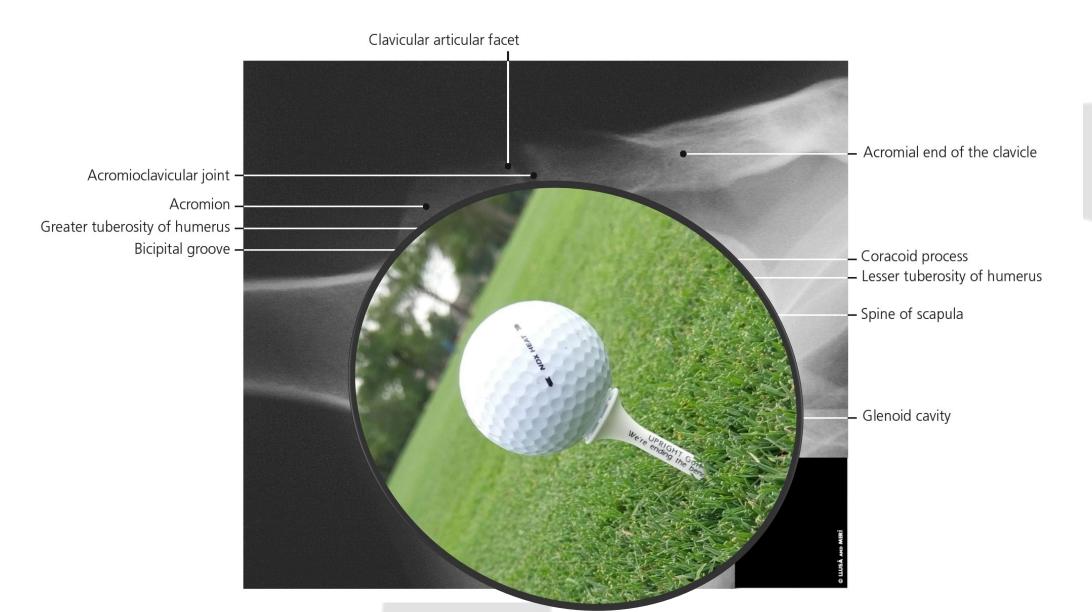
Cuff =
Head
"compressor"



X-Ray Anatomy

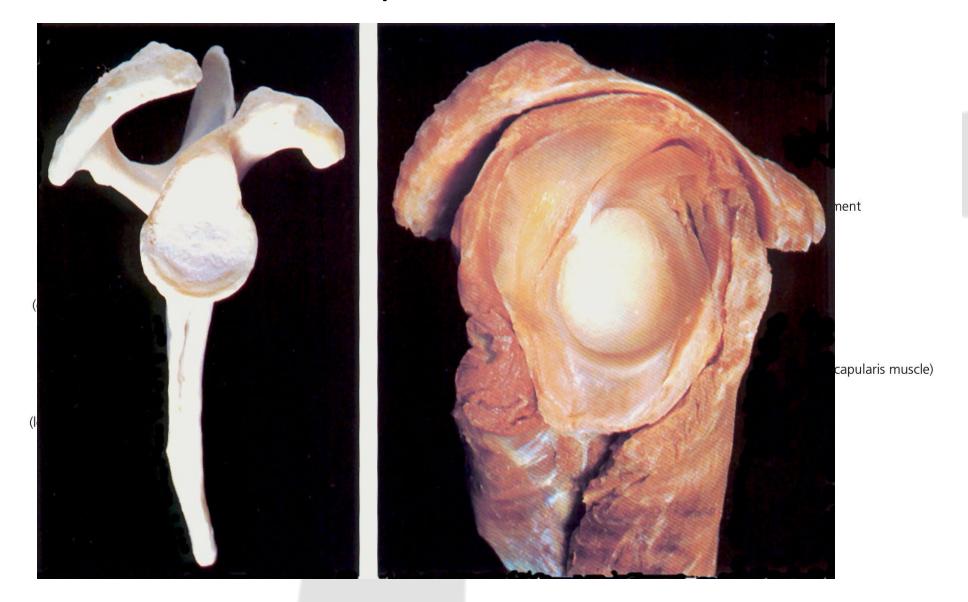


X-Ray Anatomy





Glenoid Anatomy

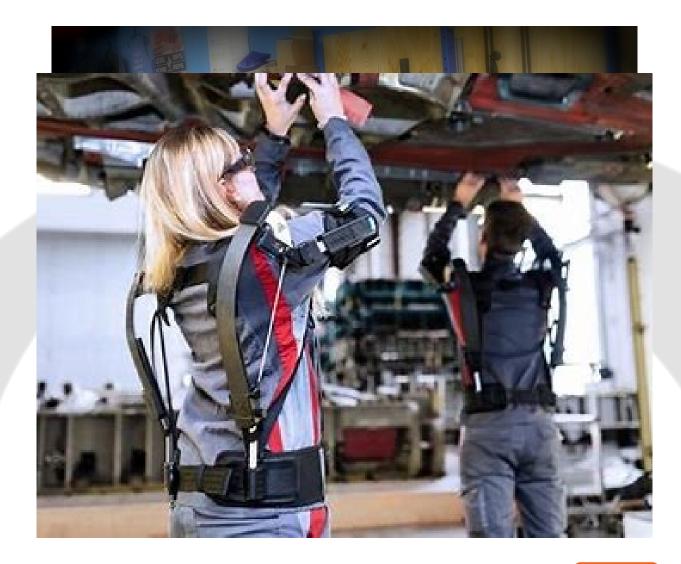


Biomechanics

 Shoulder a complex balance between motion, stability and strength

 More motion than any other joint to place hand in space

Force generation





"My Shoulder Hurts!"







- Complete tear
- Partial tear
- Rotator cuff Impingement/Tendinitis

Shoulder Joint

- Biceps/SLAP tears
- Labral tear/Instability
- Osteoarthritis
- Adhesive Capsulitis (Frozen shoulder)

"Other" Shoulder

- AC joint injuries
- Deltoid/Pec injuries
- Scapular Dyskinesis

"Not" Shoulder

Cervical Pathology



"Not" Shoulder

- Pain is periscapular or in the neck
- Radicular symptoms
- Constant, burning pain







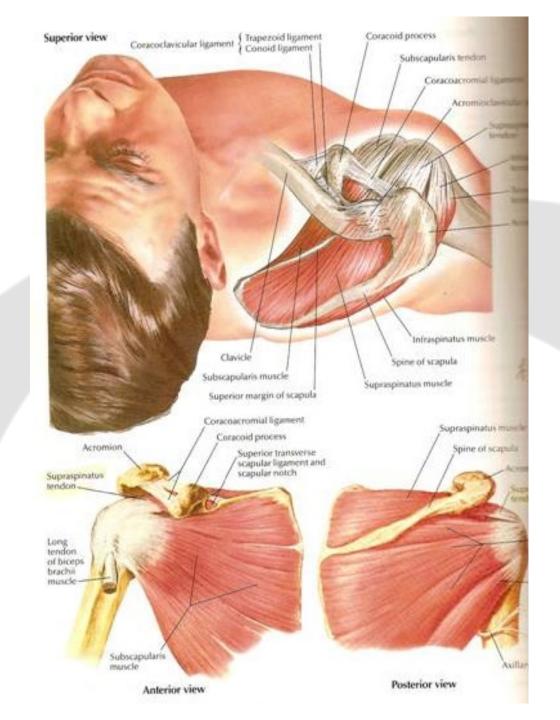
"Not" Shoulder

- Neck exam elicits symptoms (limited ROM)
- Positive Spurling's maneuver or shoulder abduction test (75 -100 % specific)
- Trapezial pain with both neck and shoulder problems (be careful)





- Smaller, deeper muscles
 - Initiates elevation and rotation but NOT sole generators of torque or abduction
- Along with capsule, helps keep ball centered in socket
 - Humeral head "compressor"





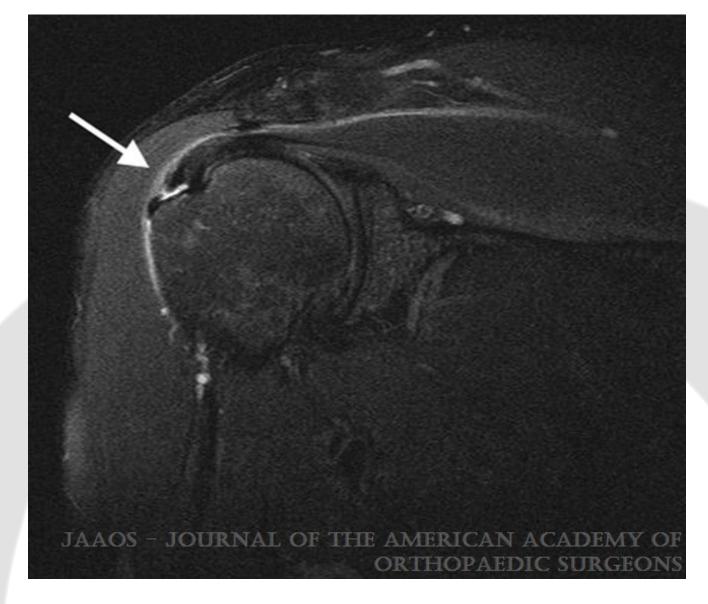
 Many rotator cuff conditions are a degenerative process with or without superimposed injury

Overuse or injury can play a role





- 30-50% of patients over
 50 have some tearing of rotator cuff
 - Tuenis, et al; JSES Dec 2014





Presentation



- Acute
 - Fall
 - Lifting
 - Twist/turn/pull
- Acute on chronic
 - Chronic symptoms exacerbated by acute episode
- Chronic
- Traumatic vs insidious

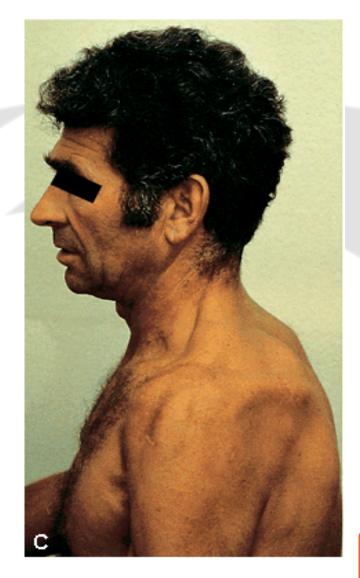


Presentation

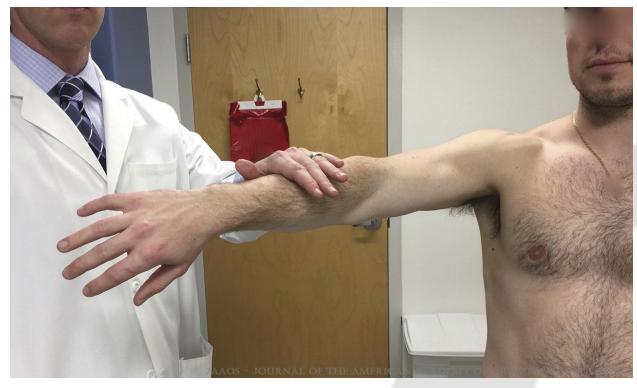
- Pain
 - Lateral arm
 - Pain with motion
 - Night pain
- Weakness
 - Difficulty with elevation
 - Painful Arc

Atrophy





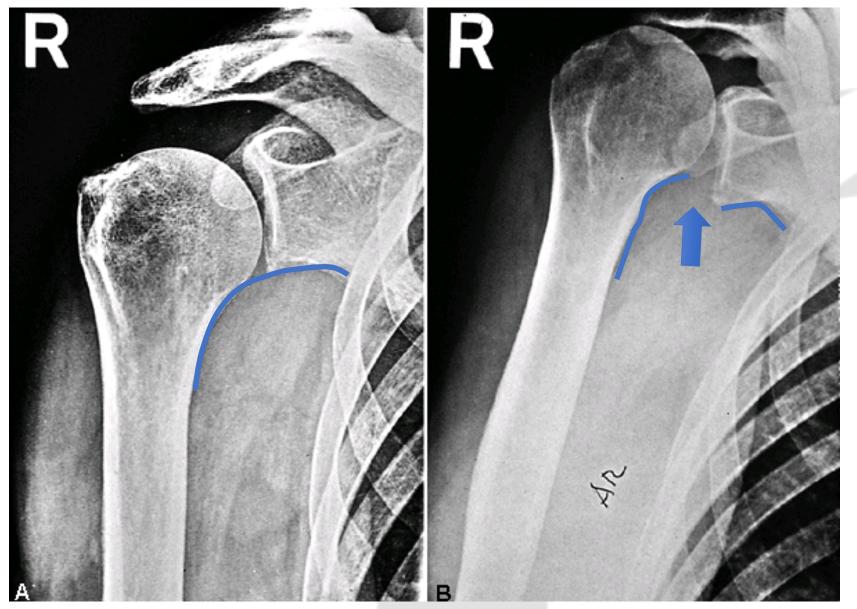
Exam



- Evaluate if the cuff engages!
- Distract and revisit tests



Studies



• Plain films

- Spurs
- High riding head
- Fractures
- Arthritis



Studies

- MRI indications
 - Younger patient
 - Acute injury with weakness
 - Chronic injury that has failed conservative treatment





Spectrum of disease

Tendinitis/bursitis **Tendinopathy** Partial tear Full thickness rotator cuff tear Rotator cuff arthropathy

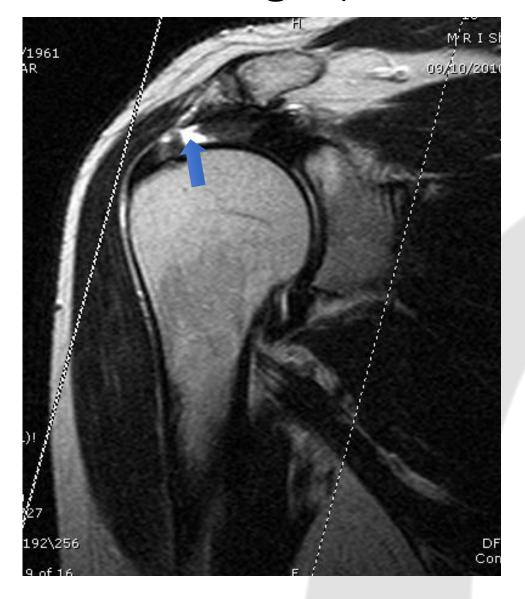


Normal or partial tear





Small vs Large (Massive) tears







Treatment

 Not all cuff tears need fixed

 30-50% of patients over
 50 have some tearing of rotator cuff





Important Treatments

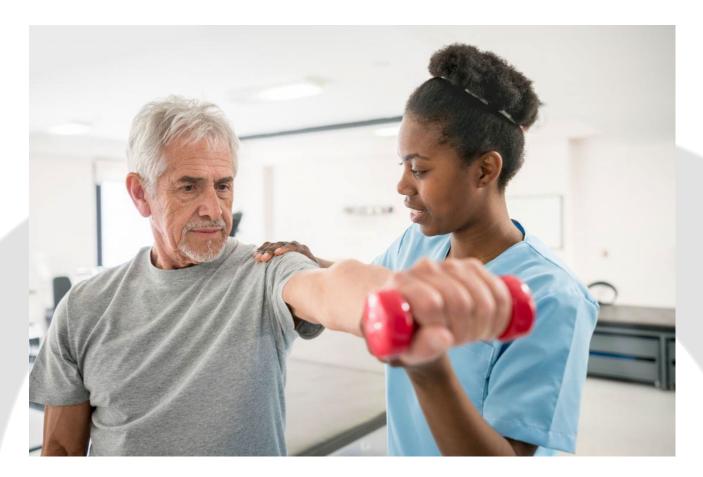
- Glucose Control! (Hgb A1C < 7)
- Smoking Cessation
- Weight Loss
 - Better Results with lower BMI
 - Anti-inflammatory diet
- Ergonomics at work





Treatment

- Non-operative
 - Physical Therapy!
 - Rehab!
 - Physio!
 - NSAIDS
 - Activity modification
 - Corticosteroid injections
 - Multiple studies with improved function!





Steroid injections



- More than 2 Steroid injections leads to a higher failure rate of RTC repair
 - Weber, et al, Arthroscopy 2019
- Injections within 1 month of arthroscopic rotator cuff repair significantly increases the risk of surgical site infection
 - Forsythe et al, JBJS 2019

