Inferior: 1% - 2%
Posterior:
10%
The Three Lesions of Anterior Instability

- Anterior
- Posterior
- Labral Detachment
- Capsular Laxity
- Hill-Sachs Lesion
Glenohumeral Joint Arthritis
Glenohumeral Joint Arthritis
Glenohumeral Joint Arthritis

**History**
- Age

**Physical Exam**
- Poor rotation *with elbow at side*
Taking a Bad AP
Taking a Good AP
Treatment: Non-Surgical

- Anti-inflammatory Medicines
- Supplements (?)
- Cortisone Shots
- Physical Therapy
Surgical Rx: Shoulder Replacement
Common Shoulder Problems

- Impingement
- Glenohumeral joint problems
- AC joint problems
AC Joint Problems

- Instability (separation)
Types of AC Separation

Type I

Type II

Type III
Type I

bump from AC separation
Types of AC Separation

Type I

Type II

Type III
Type II

bump from AC separation
Types of AC Separation

Type I

Type II

Type III
Type III
AC Joint Arthritis
AC Joint Arthritis

History

Physical Exam

- Point tender over AC joint
X-Rays
Treatment: Non-Surgical

- Anti-inflammatory Medicines
- Supplements (?)
- Cortisone Shots
Surgical Rx: Distal Clavicle Resection
Beware of Referred Pain!!
Which structure is least likely affected by subacromial impingement?

1. Subacromial bursa
2. Supraspinatous muscle and tendon
3. Tendon of the long head of the biceps
4. Deltiod muscle and tendon
The most common shoulder (glenohumeral) joint dislocation is:

1. Anterior
2. Posterior
3. Inferior
4. Superior
The “reverse total shoulder” procedure gets its name from the fact that:

1. A posterior (instead of anterior) incision is used
2. The humeral component is implanted upside down
3. The ball is on the scapula and the socket on the humerus
4. The posterior muscles are moved to the anterior side and visa versa
Therapeutic Injections in your practice

A great choice for:
- Your Patients
- You
- Me
Therapeutic Injections

Me (Orthopedists)

- Decreases volume of non operative patients
Therapeutic Injections

You (Primary Care Providers)

- Satisfaction of rendering effective treatment
- $
Corticosteroid Injections

Patients

- Safe
- Effective
- Inexpensive (Cortisone shot=$6.00)


Corticosteroid Injections

Corticosteroid
(Kenalog, Aristacort)

Lidocaine
1% without epi
Syringe and Needle

22 guage 1^{1/2} inch needle

Syringe with Luer-Lock (screw-on) tip
**Prep**

- Betadine
- Alcohol
- Gloves
- Lidocaine
- Cold Spray (ethyl chloride)

Infection rate = 1:15,000

*Clin Fam Prac, Vol 7, 2:2005*
General Rules…

- No more than one injection per month
- No more than 3 injections per year
- Don’t inject infected areas

J Bone Joint Surg Am 1975;57:70-6
Curr Opin Rheumatol 1999;11:417-21
ACTA Orthop Scand 1997;132-4
Subacromial Space Injection
Subacromial Injection Technique

1cc Steroid
4cc Lidocaine

- Patient sitting
- Arm at side
- Lateral approach
Thank You!
Ted Parks, MD
www.western-ortho.com
AC Joint Arthritis

Injection Technique:

1cc steroid  1cc lido

- “walk along and drop in” method
Axillary View