Some Key Conditions Often Missed

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IMPINGEMENT

Impingement -

Various Types
Extrinsic and Intrinsic

Impingement – Sub coracoid

Impingement of the coracoid process against the humerus (usually the lesser tuberosity) in a coracoid impingement position (humerus is flexed, adducted and internally rotated).

Subcoracoid impingement may cause undersurface Subscapularis tears via the "Roller-Wringer Effect". This is caused by the "bowstringing of the Subscapularis across the prominent coracoid process

Impingement – Sub coracoid

Patients will have anterior shoulder pain with coracoid tenderness especially on flexion, adduction and internal rotation (Hawkins Impingement sign).

Characteristically repetitive movement

The pain is characterized as deep inside and medial to the coracoacromial ligament. Instability signs such as the Jobe relocation manoeuver are usually absent.



Impingement - Sub coracoid

Often a diagnosis of exclusion

Often surgical decompression is required



Impingement – Internal (Posterior Superior Glenoid)

This occurs with repetitive overhead activities, when the arm is abducted 90° and maximally ER

The posterior inferior aspect of the supraspinatus is impinged between the greater tuberosity and the posterior superior labrum.

Impingement – Internal (Posterior Superior Glenoid)

Leads to fraying of the posterosuperior labrum and an undersurface tear of the posterior aspect of the supraspinatus.

High stresses on the anterior inferior capsule.

Therefore, glenohumeral instability may be associated with internal impingement.

Impingement – Internal (Posterior Superior Glenoid)

Laxity Anteriorly

Tightness Posteriorly

Instability

SLAP lesions

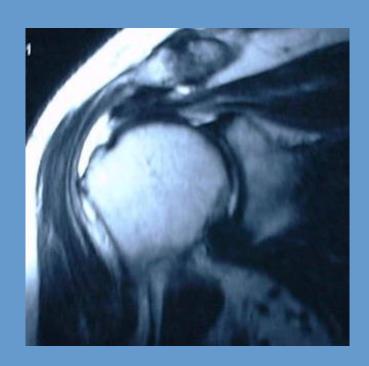


Impingement – Internal (Posterior Superior Glenoid)

Treatment -

Physio

Surgery



PEC MAJOR RUPTURES

Often Weight Training

Swelling, Bruising.

"Dropped Nipple"

Standard MRI scan is Normal



SLAP LESIONS

SLAP lesions

Pain? Impingement in young person,

20s-30s

Vague pain

?Dead Arm



SLAP lesions

MRI is normal

Clinical tests are equivocal



SLAP lesions

Diagnosis

History

Examination

MR ARTHOGRAM

SLAP lesions

Examination

O'Briens Test

Pain Provocation Test

Crank Test

(95% Senstive for SLAP lesion (Jones et al BESS 2008)