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INFERIOR SHOULDER DISLOCATION WITH ANTERIOR BANKART TEAR

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Objective

 To present the case of a high school multisport athlete that suffered from an inferior shoulder dislocation with an Anterior Bankart tear of the glenoid labrum.

Patient Background

- Male varsity football/baseball player.
- Complaints of discomfort following direct contact to right shoulder.
 - Felt like it was "out."
- An obvious dislocation was observed.
- Previous History:
 - No history of shoulder pathologies of either shoulder

Differential Diagnosis

Multidirectional Instability and SLAP lesion



https://orthofixar.com/sports-medicine/what-is-slap-lesion/

Treatment

When the injury was initially evaluated by the AT, a reduction of the joint was performed. The athlete was provided a sling and referred to physician for imaging.

Pre-operative

 Conservative treatment (shoulder isometrics, use of body blade at 0 degrees shoulder abduction and 90 degrees elbow flexion, lat pulls with standing end range Y, T, A).

Post-operative

• Anterior Bankart repair protocol (wrist/elbow AROM, grip strengthening, PROM stretching by the AT following precautions, and submaximal isometrics).



https://www.hep2go.com/index_b.php?userRef=gciaake

Uniqueness

When it comes to pathologies of the glenoid labrum, SLAP Lesions are usually more common than an Anterior Bankart tear.



https://www.shoulder-pain-explained.com/bankart-lesion.html

Conclusions

This case highlights the importance being readily available to the athletes and educating the athletes of the importance of strengthening the muscles surrounding the shoulder, which lowers the risk of suffering from an injury like this.

