

Surgery May Be First-Line Option for First-Time Anterior Shoulder

Physical Therapy in San Jose, Los Gatos, Foster City and Burlingame for Shoulder

Have you suffered an anterior shoulder joint dislocation recently, or do you suffer from recurrent shoulder dislocation? The outcome of shoulder surgical repair versus conservative treatment may be of interest to you.

According to statistics, the shoulder is the most commonly dislocated joint in the human body, possibly because of the joint provides, reducing the stability that other joints have. The anterior dislocation is the most common type of dislocation, accounting for 90 percent of shoulder dislocations. This is a dislocation that occurs at the front of the joint, rather than the back.

People who are most likely to experience a dislocated shoulders are young men (aged between 21 and 30 years) and older men (aged between 61 and 80 years). Unfortunately, once a shoulder has been dislocated, it is subject to being dislocated again later on, with a 94 percent chance of a second dislocation within 10 years of the original injury. Some statistics say that the chances of a second dislocation is as high as 94 percent.

Traditionally, first time anterior shoulder dislocations are treated conservatively, without surgery. Surgery is usually recommended for patients who have heavy physical activities (for first time injuries) or for repeat dislocations. That being said, there does not seem to be a consensus as to whether surgery would be beneficial after first time injuries for most people. The authors of this article wanted to provide recommendations regarding how first-time anterior dislocations would be best treated and if there could be an optimal treatment.

Researchers reviewed the medical literature for studies that were randomized controlled trials comparing operative with conservative treatment for primary anterior shoulder dislocation. After excluding studies that were not appropriate, the researchers gathered six randomized controlled trials, with one study being reported twice.

Results of the study found that all patients, except one, in two groups in the Kirkley trial were able to return to their previous activity levels. In two other studies, the Bottoni study and the Robinson trial saw both operative and conservatively treated patients return to previous activity levels. However, one study, done by Wintzell, found that patients who had undergone surgery had only a 73.1 percent rate of returning to previous levels of activity, while conservatively treated patients had a 65.2 percent rate.

The rates of repeat dislocations, an important aspect of the study, were lower in those who had undergone surgery. Twice as many patients in the shoulder did redislocate in the operated group, the length of time between treatment and repeat injury was longer than the time between conservative treatment and re-injury. This finding, however, was not consistent across all studies.

Upon reviewing the results of the published studies, the authors determined that there was not enough information to conclude that surgery should be done on most first-time anterior shoulder dislocations. However, there was enough evidence to conclude that surgery is a first-choice treatment if the patient has a heavily physical occupation or participates in sports activities.

Reference: Jonathan Godin, BA, and Jon K. Sekiya, MD. Systematic Review of Rehabilitation Versus Operative Stabilization of First-Time Anterior Shoulder Dislocations. In *Sports Health*. March/April 2010. Vol. 2. No. 2. Pp. 156-165.