

# Young athletes with shoulder instability might benefit from arthroscopy

July 8 2018

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Young athletes with shoulder instability are considered to be a high-risk group of patients following arthroscopic shoulder stabilization given the high recurrence rates and lower rates of return to sport, which have been reported in the literature. However, according to researchers presenting their work today at the American Orthopaedic Society for Sports Medicine's (AOSSM) Annual Meeting in San Diego outcomes may be improved by proper patient selection and reserving arthroscopic stabilization for athletes with fewer incidents of pre-operative instability.

The senior author of this study, Frank A. Cordasco, MD, MS and his colleagues from the Hospital for Special Surgery in New York City presented a series of patients with shoulder [instability](#) between the ages of 14 and 20 who were treated with arthroscopic anterior stabilization performed in the beach chair position by a single surgeon. The primary outcomes were the rates of revision [surgery](#) and return to sport at a minimum follow-up of 2 years. Sixty-seven athletes were included in the study with 19 females and 48 males who averaged 17 years of age. There was a low rate of revision surgery of 6% and 82% percent of the athletes returned to sport at an average of 7 months following surgery.

"Our study highlights the importance for [young athletes](#) with shoulder instability, undergoing a thorough preoperative evaluation to determine the number of instability events and to obtain appropriate advanced imaging when significant bone loss is suspected. Each pre-operative instability episode can result in greater degrees of bone loss, which results in higher failure rates following arthroscopic shoulder

stabilization. This pre-operative approach can determine the best procedure to select from the menu of operations we use to manage shoulder instability," said Cordasco. "This menu includes arthroscopic stabilization, open stabilization and bone augmentation such as the Latarjet reconstruction. Providing the young athlete with the appropriate selection from the menu will lead to the best outcomes in this high-risk group and will allow them to predictably and reproducibly get back in the game.

Forty-two of the 67 (63%) athletes in this study were indicated for surgery after their first dislocation and only a few had more than two instability episodes. "We found a gender-specific difference in that all of the six recurrences occurred in males. This study demonstrates that when the high-risk young [athlete](#) with fewer episodes of pre-operative instability is treated with an arthroscopic stabilization, the revision surgery rate is low and the return to sport rate is high. Arthroscopic [shoulder](#) stabilization may offer the best outcomes in this group when it is performed after the first dislocation. Additional research needs to be performed to continue to improve the outcomes for this challenging group of young, active high-risk athletes," said Cordasco.

Provided by American Orthopaedic Society for Sports Medicine

Citation: Young athletes with shoulder instability might benefit from arthroscopy (2018, July 8) retrieved 11 July 2024 from <https://medicalxpress.com/news/2018-07-young-athletes-shoulder-instability-benefit.html>

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