Risk of recurrence and return to sport after surgery for anterior shoulder instability

E. Laboute, A. Beaulé, E. Verhaeghe, P.L. Puig, P. Trouvé

"Centre européen de rééducation du sportif (CERS).
avenue Maréchal-de-Lattre-de Tassigny, 40130 Capbreton, France

Institut d’enseignement supérieure Parnasse Deux-Alice, Belgium

E-mail address: e.laboute@gsante.fr

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Purpose. – To determine the risk of recurrence during the return to sport after surgery for anterior shoulder instability.

Methods. – The authors followed by telephone 117 athletes who benefited from surgery between 2005 and 2011: Latarjet (79 patients) or Bankart (38 patients). All are competitors, minimum regional level and responded to the questionnaire after surgery: 26 months means (11 to 55 months) for group “Latarjet” and 28 months (14 to 45 months) for group “Bankart”.

Results. – The 117 athletes who responded have the same characteristics in terms of gender, sport type, laterality, and side of surgery. The group “Latarjet” concerned slightly younger patients (23/25 years), and higher level than group “Bankart”, reflecting a trend to operate more frequently by Latarjet for the population with the highest risk of recurrence because of their sports practice. The immobilization after surgery is shorter after Latarjet (3.2/4.7 weeks, = 0.0001). The possibility of running (2.4/3.2 months, = 0.05) and return to competition (6.2/7.3 months, = 0.0027) is faster for the group “Latarjet” significantly. The percentage of expected with lower ratios in the GI.

Conclusion. – These figures about resuming sports involving the use of the upper limbs are below those of competitive throwing sports [1]. Surgeons have little inclination to prescribe muscle gain before resuming a sporting activity. Several studies show that retrieving full muscle strength is not done until one year after surgery [2]. Faced with growing calls for reinforcement of physical activities from patients over 50, the interest of a functional recovery of the operated cuff on the ability to resume sport needs assessing.

References

Method. – Through GREP, 220 questionnaires making a retrospective assessment of the time taken to go back to sport after cuff surgery were sent to patients aged under 60, and 23 questionnaires were sent to senior surgeons with 5 questions on their post-operative practices.

Outcome. – Ninety-six in 220 questionnaires were usable (55 male, average age 52.77). Eighty percent took regular exercise before the operation, with 59% using their upper limbs. 87% resumed a sport (52% of whom a racket sport or a contact sport) on average 8.7 months after the operation. A biceps tenotomy-tendonitis was the only factor with a positive influence on the resuming of sport. The surgeons answered that they allowed going back to potentially traumatic or contact activities after 7.9 months on average. Only 31.8% prescribed muscle gain prior to sport.

Conclusion. – These figures about resuming sports involving the use of the upper limbs are below those of competitive throwing sports [1]. Surgeons have little inclination to prescribe muscle gain before resuming a sporting activity. Several studies show that retrieving full muscle strength is not done until one year after surgery [2]. Faced with growing calls for reinforcement of physical activities from patients over 50, the interest of a functional recovery of the operated cuff on the ability to resume sport needs assessing.

Muscular imbalance: Shoulder injury risk factor in handball player?

S. Gleizes Cervera, L. Giacomo, C. Gault, F. Delvaux, J.L. Croisier, B. Forthomme

Clinique MEDIPOLLE Garonne, 45, rue de Gironis, 31100 Toulouse, France

University of Liege, Faculty of Medicine, Department of Physical Medicine and Rehabilitation, Belgium

E-mail address: sophie.gec@sfr.fr

Keywords: Shoulder; Isokinetic; Muscular imbalance; Handball

Objective. – The purpose of this study was to verify whether the handball players with a history of shoulder injury have a particular isokinetic profile and if it can be regarded as a risk factor for injury.

Population. – Seventy men and five women playing in French and Belgian handball championships (average age 23.57 years ± 4.19 years) participated in this study.

Materials and methods. – A preseason questionnaire helped fill in handbalлистiques characteristics of each player, its history and pathological lesions more specifically on the shoulder. Isokinetic evaluation of shoulder rotator muscules in concentric mode at 60°/s and 240°/s and at 60°/s in eccentric mode was performed to identify, early in the season, isokinetic profile of each subject. Various parameters were analyzed: peak torque (PMF) of external rotators (RE) and internal rotators (RI) and peak torque ratios of RE compared to RI, concentric/concentric, eccentric/concentric (combined ratio) and concentric/eccentric (functional ratio).

Results. – According to history of shoulder injuries, two groups were defined: the group of shoulder injury (GI, n = 42) and the healthy group (GH, n = 32). Peak torque asymmetry (dominant side vs nondominant) for the GH and GI are not significant. For the ratio of concentric/concentric at 60°/s, we note that for the dominant arm, the presence of a previous injury changes the ratio departs from the standard (0.73 ± 0.13 to 0.8), unlike subjects in the GH. This difference is not significant but a trend seems to emerge ( = 0.0738). Whether in the GI or GH, functional and combined ratios are lower, but not significantly, to the standard, expected with lower ratios in the GI.