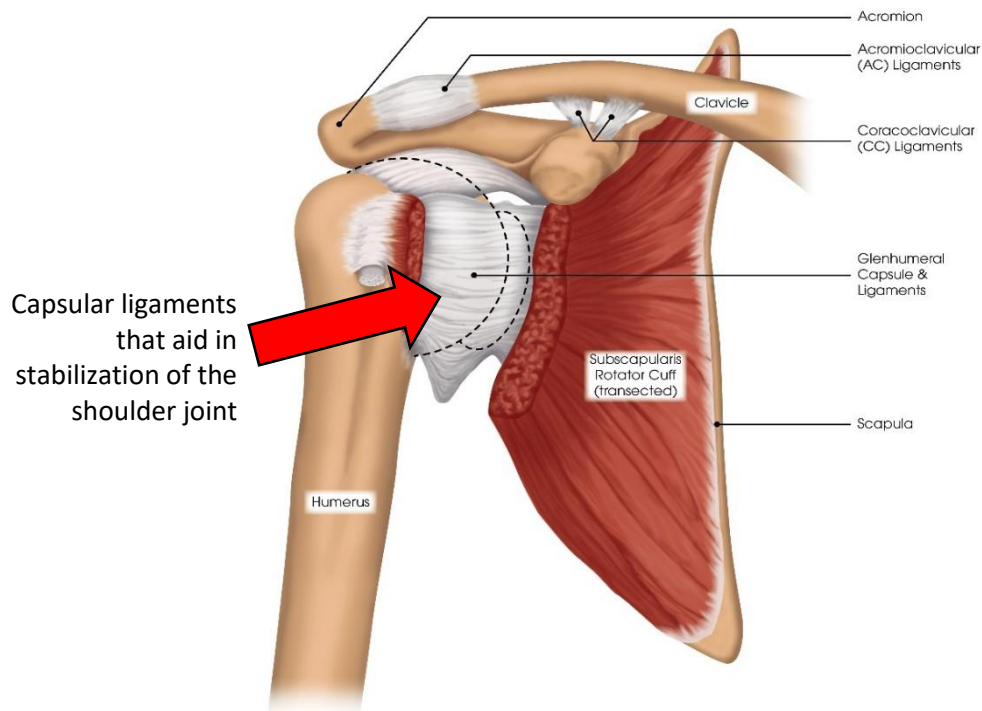


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SHOULDER, KNEE & SPORTS MEDICINE

Capsular Tears of the Shoulder

The shoulder capsule is the deepest soft-tissue layer in the shoulder and represents the ligaments between the humeral head (ball) and glenoid (socket) of the shoulder joint that gets tight at the extremes of shoulder motion to keep the shoulder stable. The capsule ligaments are often torn during glenohumeral dislocation. When the capsule ligaments are torn, this often results in and uncontrolled shoulder instability (slipping out of place).



Conservative treatment including rest from the aggravating activity and physical therapy to retrain the stabilizing function of the rotator cuff muscles of the shoulder can be successful; however, many patients continue to have symptoms and require an arthroscopic capsular repair. This is an arthroscopic surgery performed through limited small incisions where the torn edges of the capsule are sewn back together. Some patients have a chronically torn or absent capsule and ligaments that requires reconstruction, making a new capsule with a tendon graft from either another location like the iliotibial band or an allograft from a cadaver. After surgery, patients are immobilized in a sling for six weeks followed by physical therapy for four to six months.



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Frequent Signs and Symptoms

- Pain in the shoulder with repetitive overhead activities, often without any significant injury.
- Loss of shoulder function and pain when attempting to move the shoulder
- Feeling like your shoulder wants to slip out of place
- Tenderness and occasionally swelling
- Pain with moving the shoulder, especially when reaching overhead; pain with heavy lifting; pain that awakens you at night
- Loss of strength
- Feeling and sound of crepitation (“crackling”) when the injured area is touched or with shoulder motion
- Some people can willfully produce a dislocation or sublux (partially shift) their shoulder.

Etiology (Causes)

- Direct blow to the shoulder or backward force on an extended or outstretched arm or arm overhead (traumatic causes are not as common)
- Usually, microtraumatic or atraumatic onset with repetitive activity
- Repetitive overhead motion of throwing or swimming

Risk Factors

- Loose joints
- Female gender
- Sports that involve repetitive overhead activity, such as baseball, volleyball, swimming
- Previous shoulder dislocations or injuries
- Poor physical conditioning (strength and flexibility)

Prevention

- Appropriately warm up and stretch before practice or competition.
- Maintain appropriate conditioning:
 - Shoulder strength
 - Flexibility and endurance
 - Cardiovascular fitness
- For participation in contact sports, wear protective shoulder pads.



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Outcomes

With appropriate conservative treatment of physical therapy, many shoulders recover and resume activity. For those who fail to improve with conservative treatment, arthroscopic surgery can repair the torn capsule and ligaments, restore functional stability and allow full return to activity for most patients.

Potential Complications

Prolonged recovery, recurrent instability or stiffness and decreased shoulder range of motion following surgery.

Treatment Considerations

Some patients suffering from a capsular tear respond to temporary activity restriction and physical therapy. Others do not respond and require arthroscopic capsular repair or reconstruction to restore stability to the shoulder. Dr Chudik uses fine, absorbable sutures to arthroscopically sew the capsule back together. In some cases, an open reconstruction of the capsule with a tendon graft is necessary. Following surgery, the patient is required to wear a sling for six weeks and about four to six months of post-operative physical therapy. Outcomes are generally good with appropriate treatment.



Arthroscopic photo of anterior capsule tear



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Possible Medications

- Nonsteroidal anti-inflammatory medications, such as aspirin and ibuprofen (do not take within 10 days before surgery), or other minor pain relievers, such as acetaminophen, are often recommended. Take these as directed by your physician. Contact your physician immediately if any bleeding, stomach upset, or signs of an allergic reaction occur.
- Strong pain relievers may be prescribed as necessary. Use only as directed and only as much as you need.

Modalities (Cold Therapy)

Cold is used to relieve pain and reduce inflammation. Cold should be applied for 10 to 15 minutes every two to three hours for inflammation and pain and immediately after any activity that aggravates your symptoms. Use ice packs or an ice massage with a cloth between the ice and your skin to prevent burning /freezing your skin.

Notify My Office If Symptoms Worsen



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