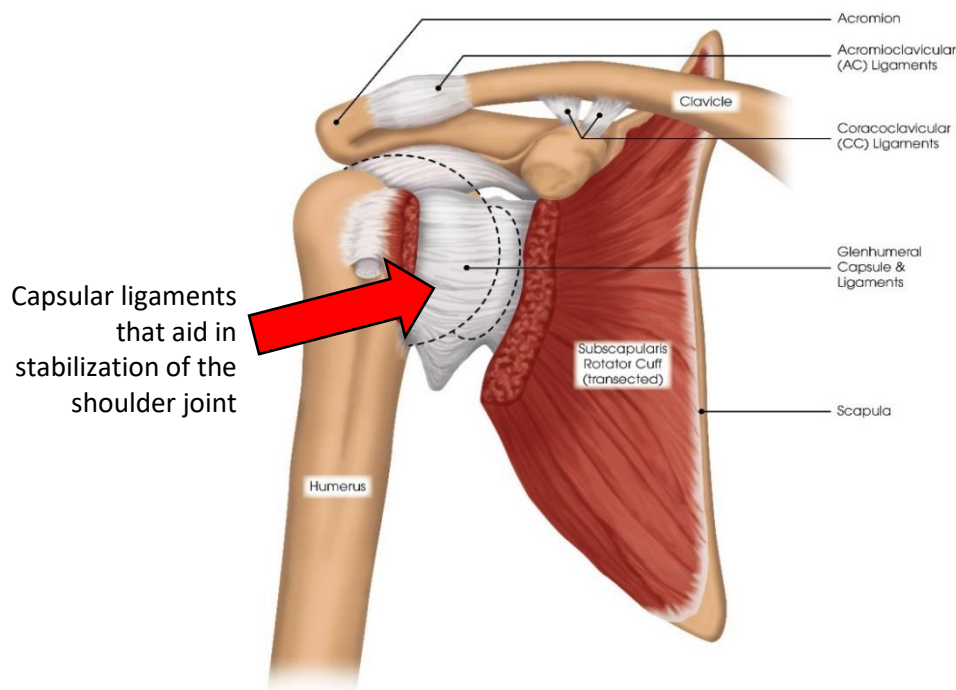


STEVEN CHUDIK MD
SHOULDER, KNEE & SPORTS MEDICINE

Capsular Injuries 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 extreme ends of shoulder motion to keep the shoulder stable. The capsule ligaments can be torn during glenohumeral dislocation. Additional repetitive activity (throwing, swimming, etc.) can injure or stretch the capsule ligaments resulting in instability. When the capsule ligaments are torn, this often results in uncontrolled shoulder instability (slipping out of place).



Conservative treatment including rest from aggravating activities and physical therapy to restore 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 plication (tightening). 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
- Apprehension, feeling like your shoulder wants to “pop out of place”
- Tenderness and occasional 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

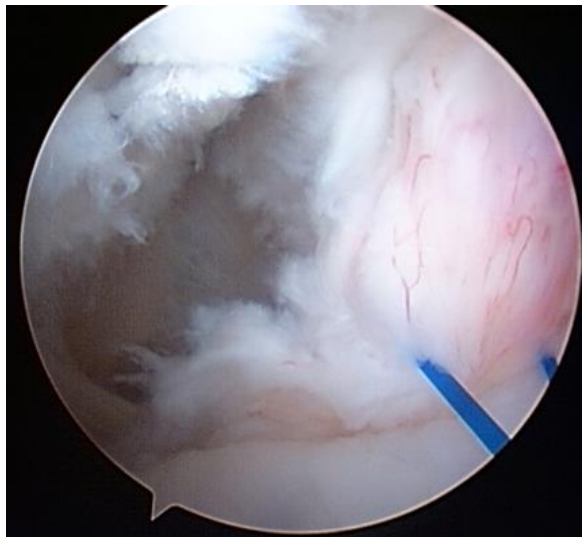
With appropriate conservative treatment of physical therapy, many shoulders recover and resume activity. For those who fail to improve with conservative treatment, arthroscopic surgery can repair or plicate (tighten) the irregular (torn or stretched) capsule and ligaments, restore functional stability,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

Potential Complications

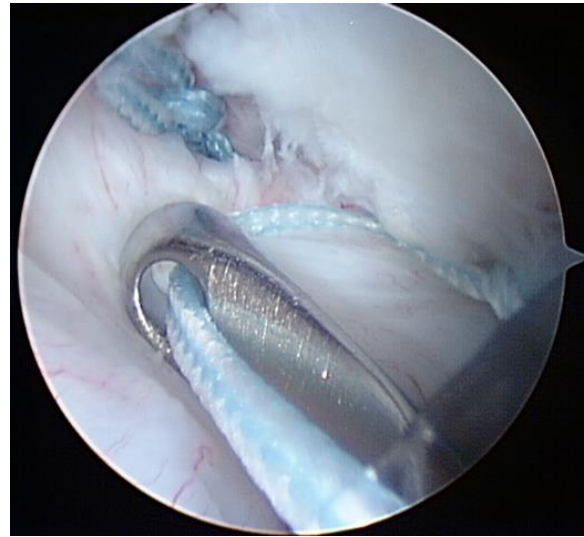
Prolonged recovery, recurrent instability or stiffness and decreased shoulder range of motion following surgery.

Treatment Considerations

Some patients suffering from a capsular injury respond to temporary activity restriction and physical therapy. Others do not respond and require arthroscopic capsular plication (tightening), repair, or reconstruction to restore stability to the shoulder. Dr Chudik uses fine, absorbable sutures to arthroscopically sew or tighten the injury. In some cases, when the capsule is deficient (absent), 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 treatments



Arthroscopic view of capsular glenohumeral ligament tear, particularly a humeral avulsion of the glenohumeral ligaments (HAGL)



Arthroscopic view of glenohumeral ligament repair



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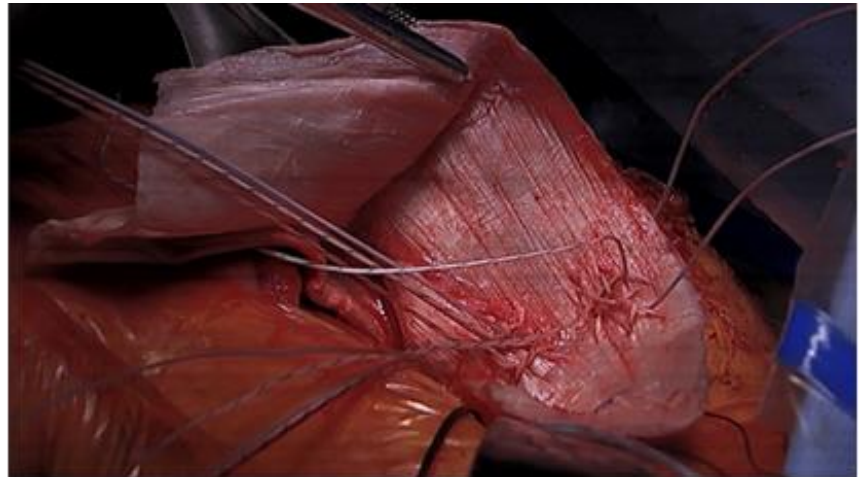
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Arthroscopic photo of anterior capsule absent from chronic tear



Intraoperative photo of Achilles tendon allograft used to reconstruct the anterior capsule

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 15 to 20 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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