

Historiek van de behandeling van schouderinstabiliteit bij sporters

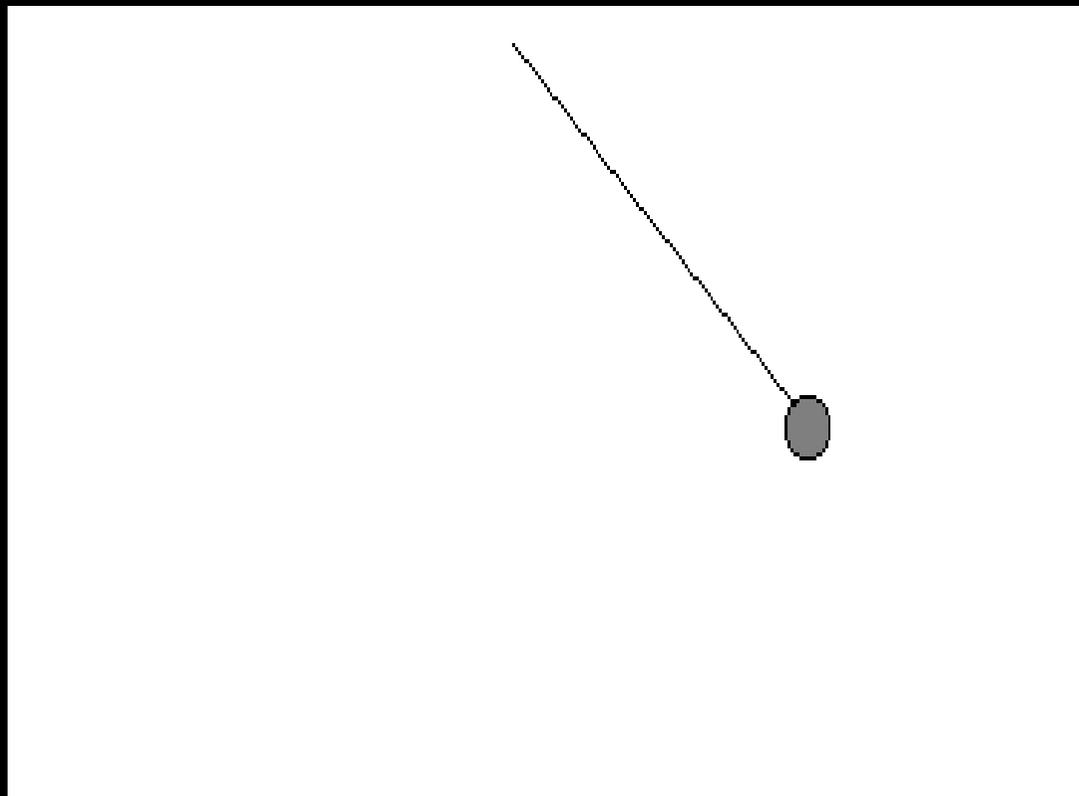


Dr .G.Declercq



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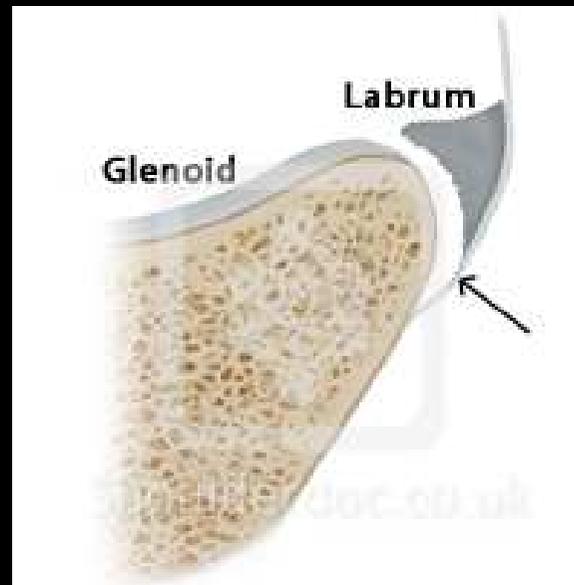
Anatomic



Non-anatomic



Georg Clemens PERTHES



Über Operationen bei habitueller Schulterluxation.
Deutsche Zeitschrift für Chirurgie, Leipzig, 1906, 85:
199–227



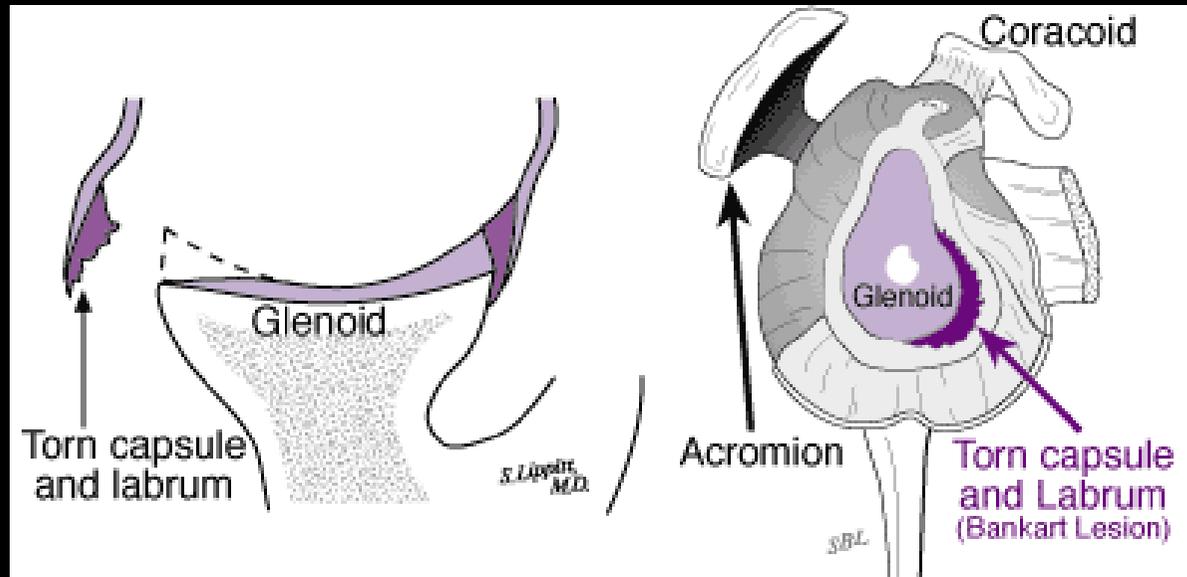
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Arthur Sidney Blundell
BANKART

1879–1951



Bankart ASB. *Recurrent or habitual dislocation of the shoulder-joint.* Br Med J 1923; 2: 1132-3



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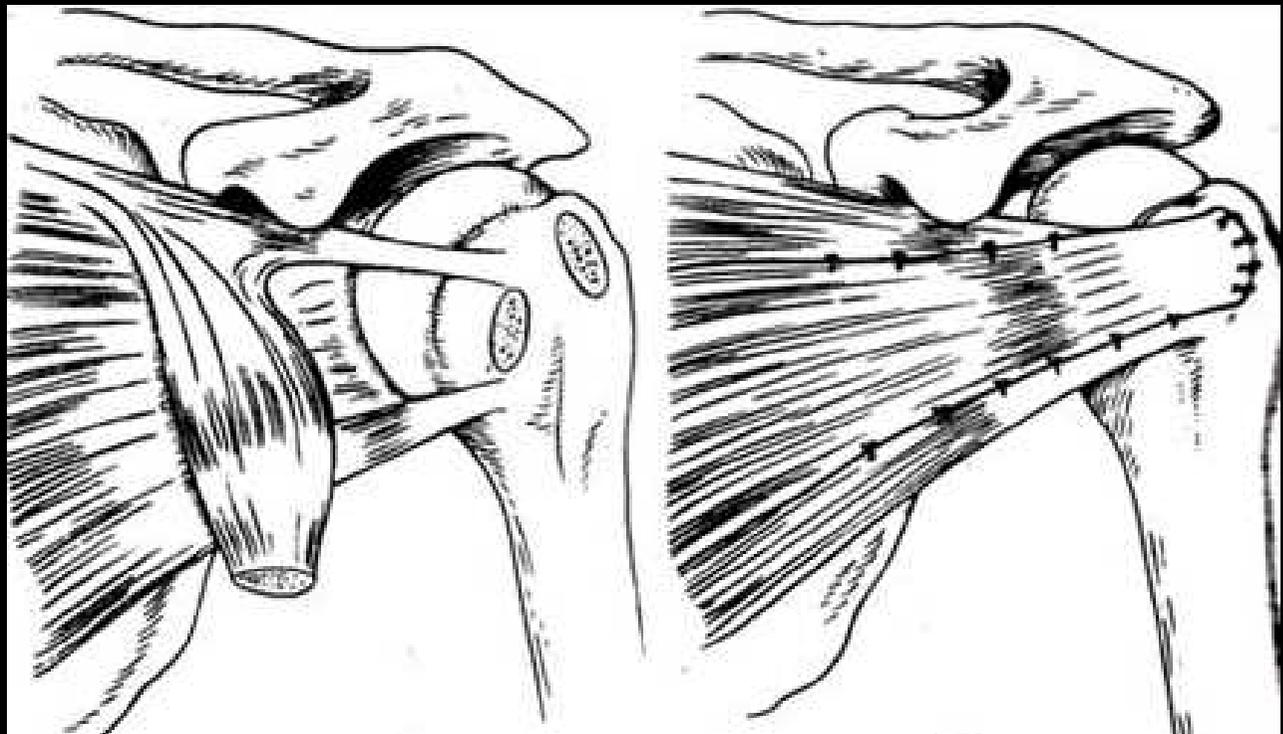
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Magnuson-Stack 1943



Paul Budd MAGNUSON

1884–1968



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1948



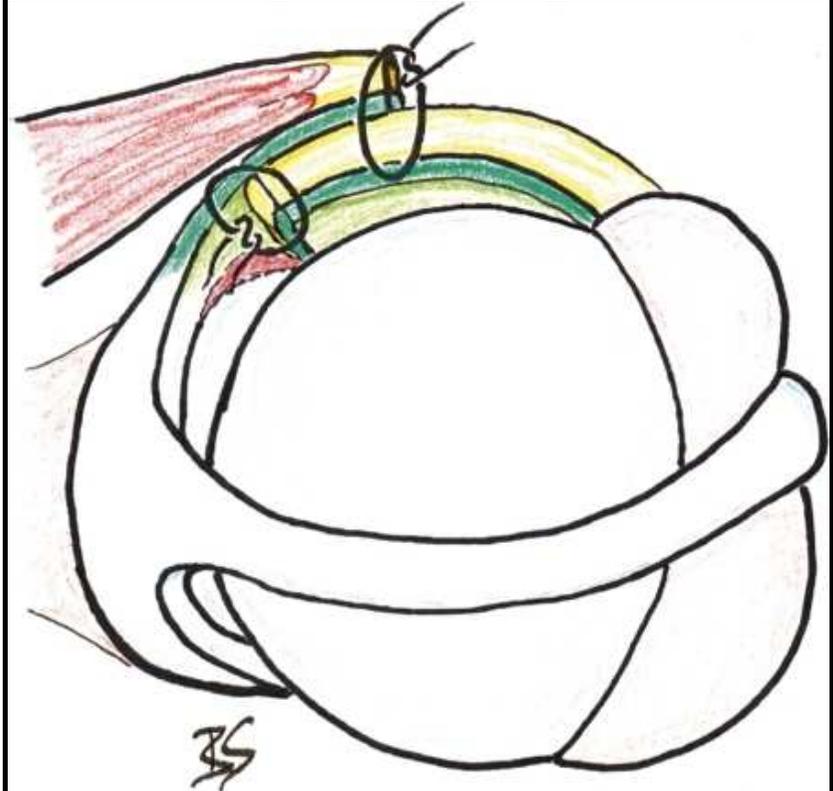
Vittorio PUTTI

1880–1940



Sir Harry PLATT

1886–1986



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Michel Latarjet (1913-1999)

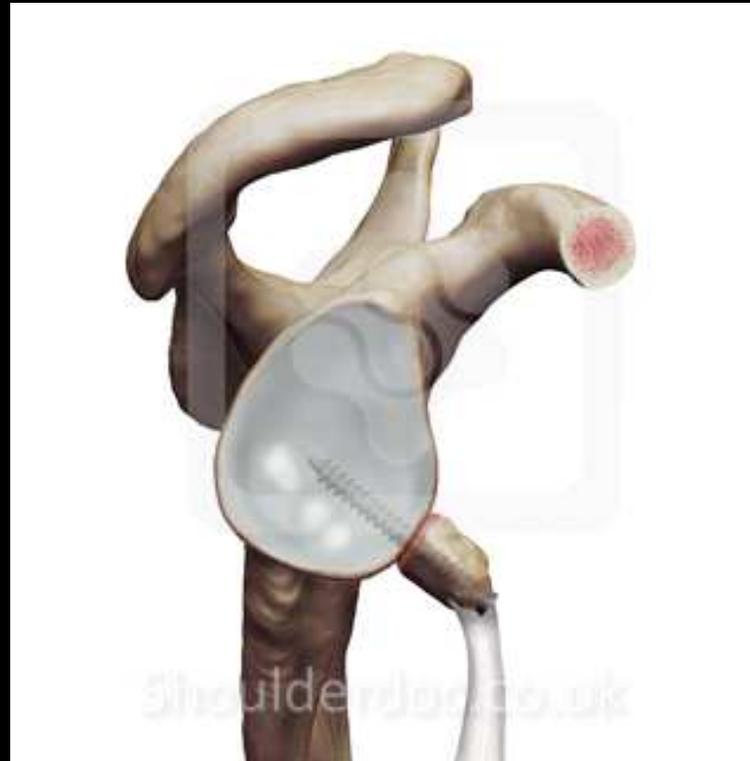


Latarjet, M (1954). "A propos du traitement des luxations récidivante de l'épaule". *Lyon Chir* 49

1958 (Helfet)



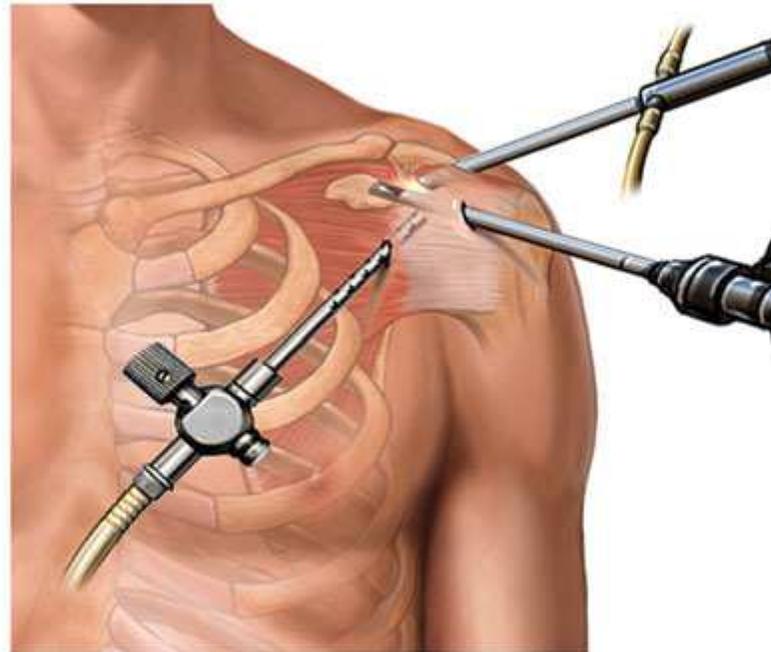
Walter Rowley BRISTOW
1882–1947



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ARTHROSCOPY



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Orthop Clin North Am. 1993 Jan;24(1)
**Arthroscopic shoulder
capsulorrhaphy using
metal staples.**

Detrisac DA, Johnson LL.

Lanny L. Johnson





Arthroscopic **transglenoid** suture
capsulorrhaphy for anterior shoulder
instability

Richard Caspari °2000

ARTHROSCOPIC TRANSGLENOID SUTURE OF BANKART LESIONS

K. DE MULDER¹, H. MARYNISSEN¹, C. VAN LAERE¹, K. LAGAE¹, G. DECLERCQ¹

Acta Orthopædica Belgica, Vol. 64 - 2 - 1998

Due to the high failure rate, we do not recommend arthroscopic transglenoid suture of Bankart lesions in patients with recurrent traumatic anterior dislocations.

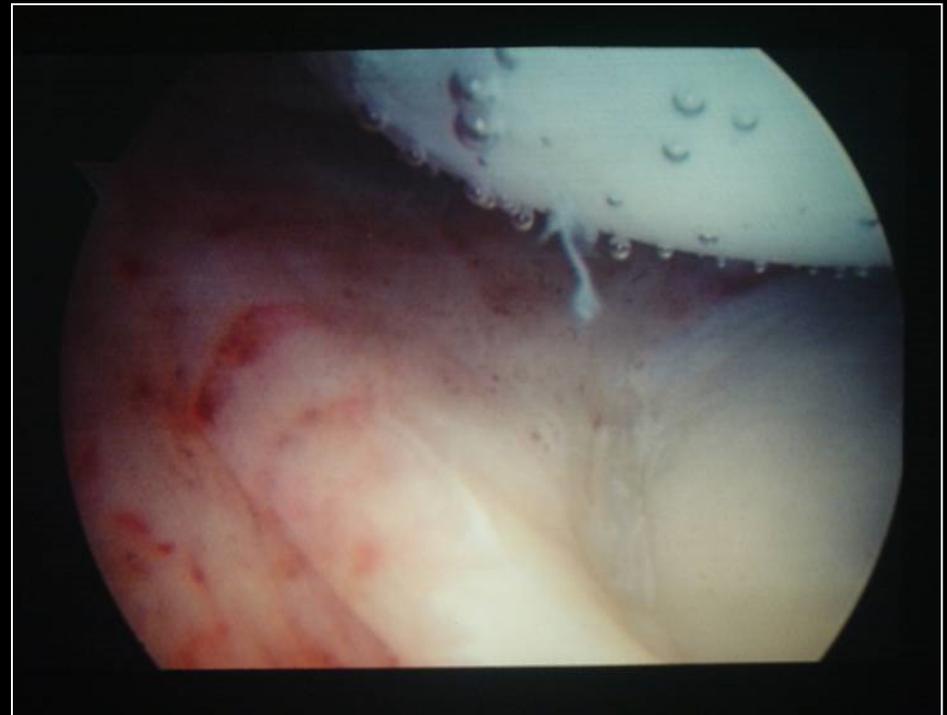
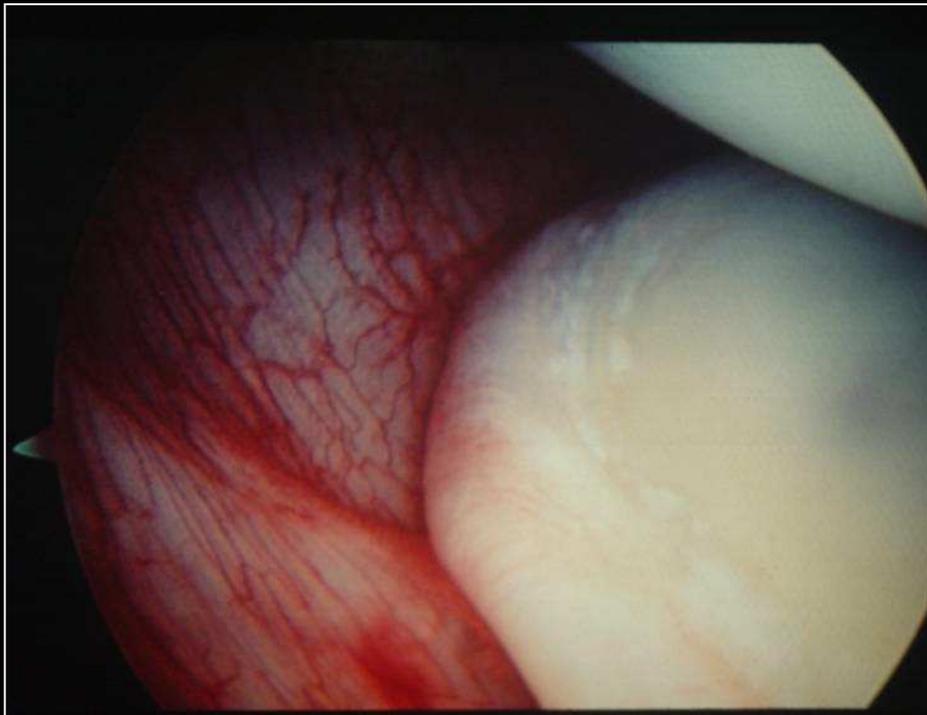


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Capsular shrinkage

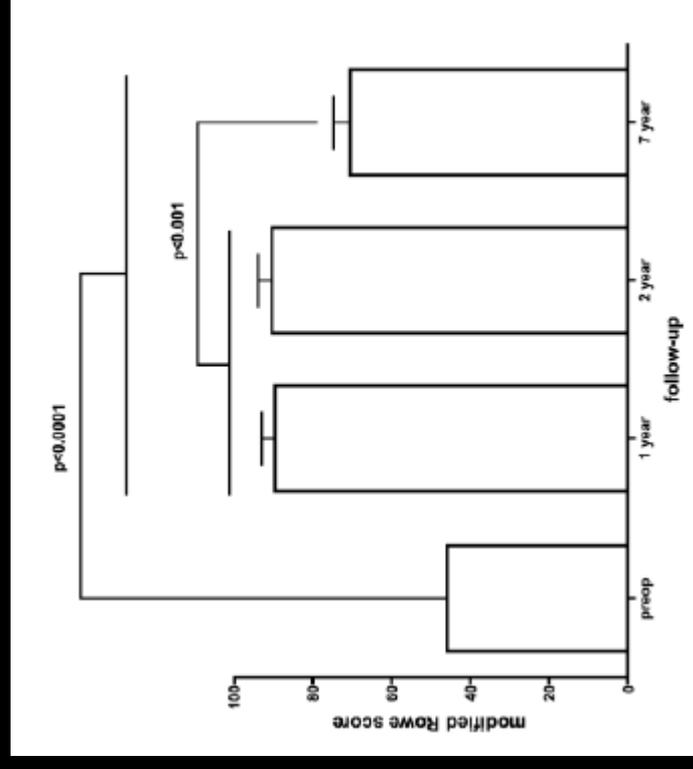


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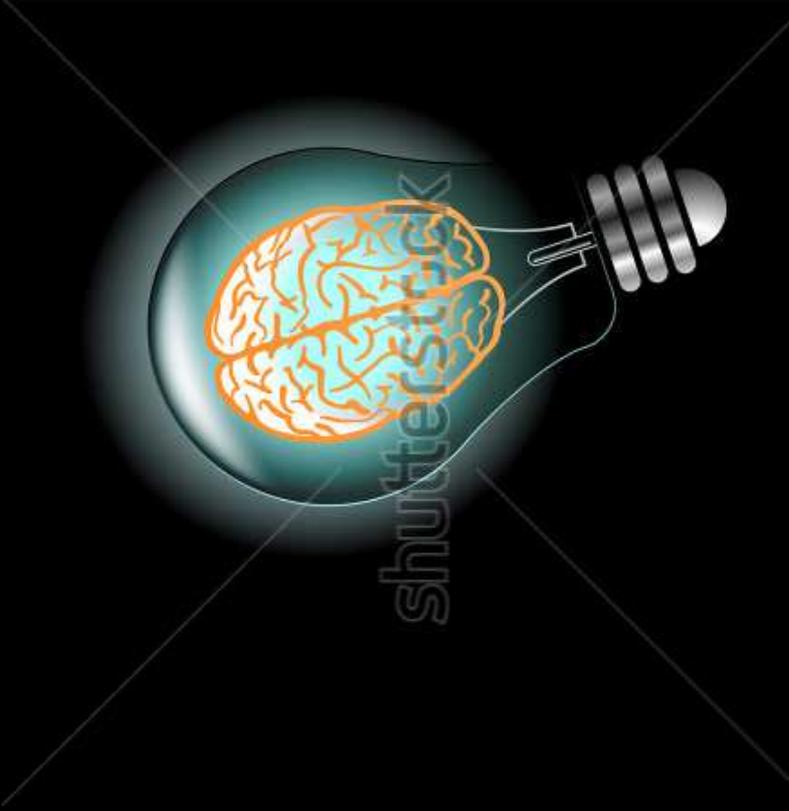
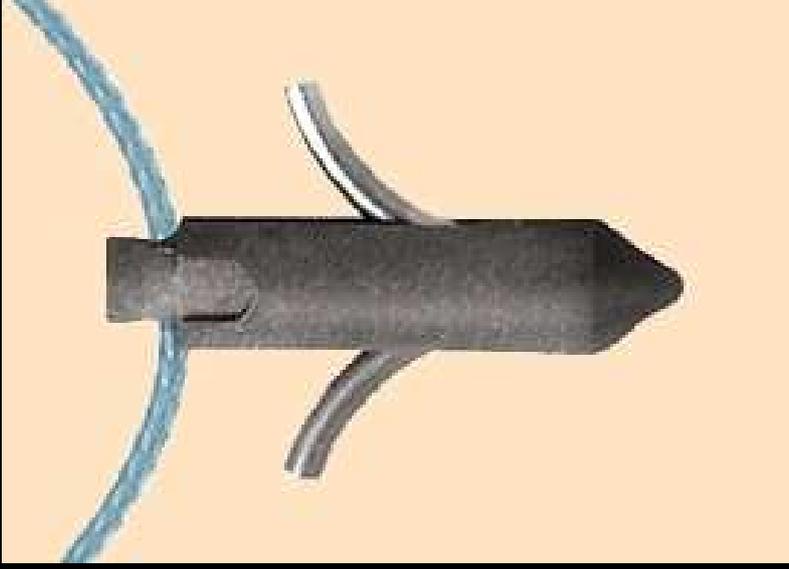
Thermal capsulorrhaphy in internal shoulder impingement : A 7-year follow-up study

Nick JANSEN, Roger P. VAN RIET, Geert MEERMANS, Olivier VERBORGT, Geert DECLERCQ



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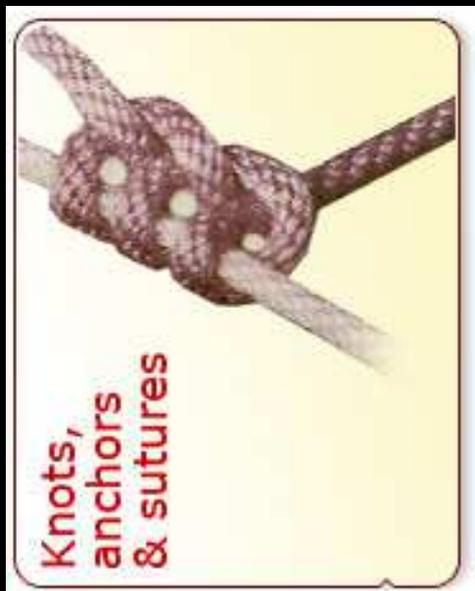
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FIXATE ON A SOLUTION

SCREW-IN 		
DEPLOYABLE 		
BIO-ABSORBABLE 		

CONVERTE SYSTEMS



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What do we do now ?

- History
- Clinical examination
- X-ray
- A-CT
- A-MRI

ISIS Scoring

Age at Surgery *

- <20 (2 points) >20 (0 points)

Degree of Sport Participation Before Surgery *

- Competitive (2 points)
 Recreational or None (0 points)

Type of Sport (before surgery) *

- Contact or overhead sport (1 point)
 Other (0 points)

Shoulder Hyperlaxity *

- Hyperlax (1 point)
 Normal (0 points)

Hill-Sachs on AP XRay *

- Visible on ER (2 points)
 Not visible on ER (0 points)

Glenoid loss of contour on AP *

- Loss of Contour (2 points)
 No lesion (0 points)





endo



exo



ISIS Scoring

Age at Surgery *

<20 (2 points) >20 (0 points)

Degree of Sport Participation Before Surgery *

Competitive (2 points)

Recreational or None (0 points)

Type of Sport (before surgery) *

Contact or overhead sport (1 point)

Other (0 points)

Shoulder Hyperlaxity *

Hyperlax (1 point)

Normal (0 points)

Hill-Sachs on AP XRay *

Visible on ER (2 points) ←

Not visible on ER (0 points)

Glenoid loss of contour on AP *

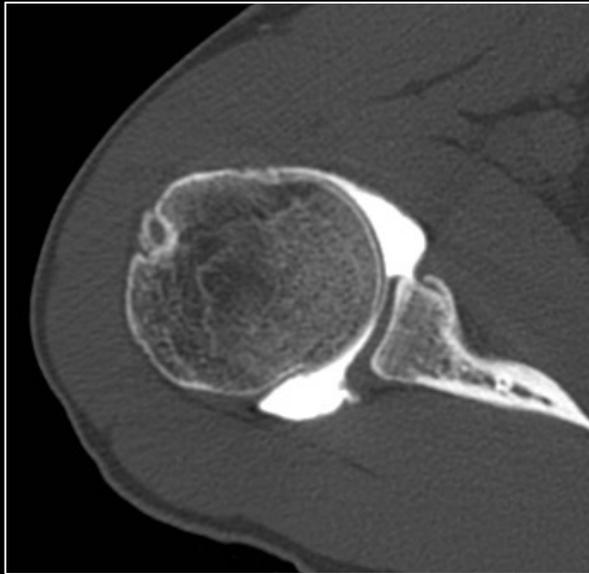
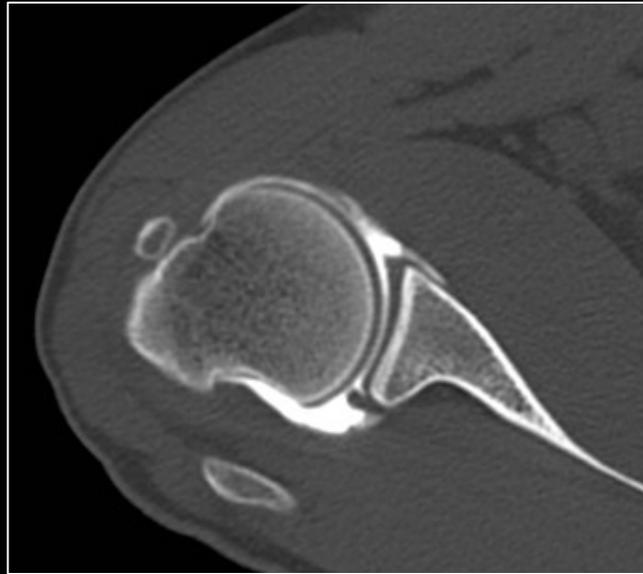
Loss of Contour (2 points) ←

No lesion (0 points)

Sizing the glenoid defect



Sagittal plane through the articular surface

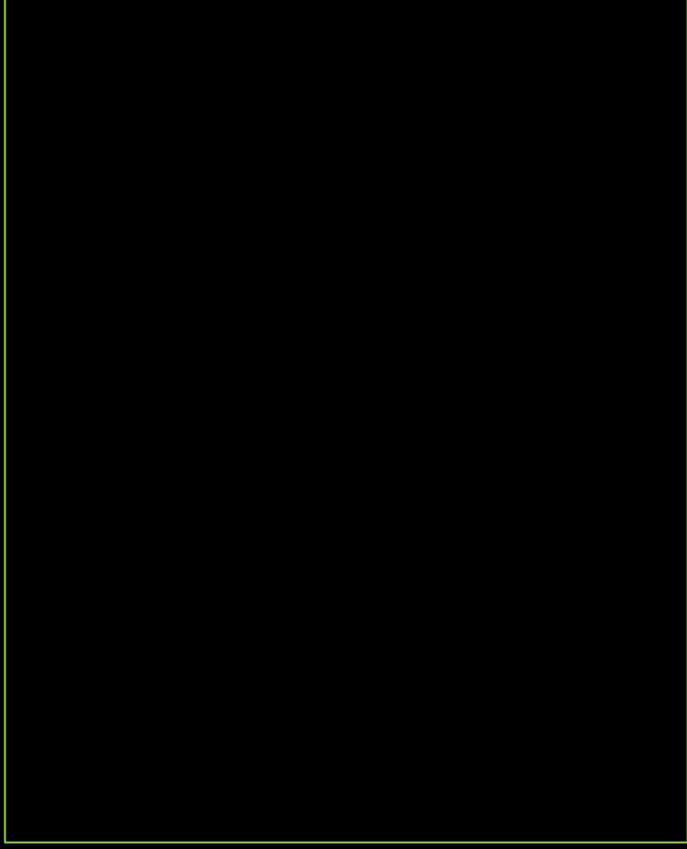


a-CT : Bankart & Hill-Sachs lesion



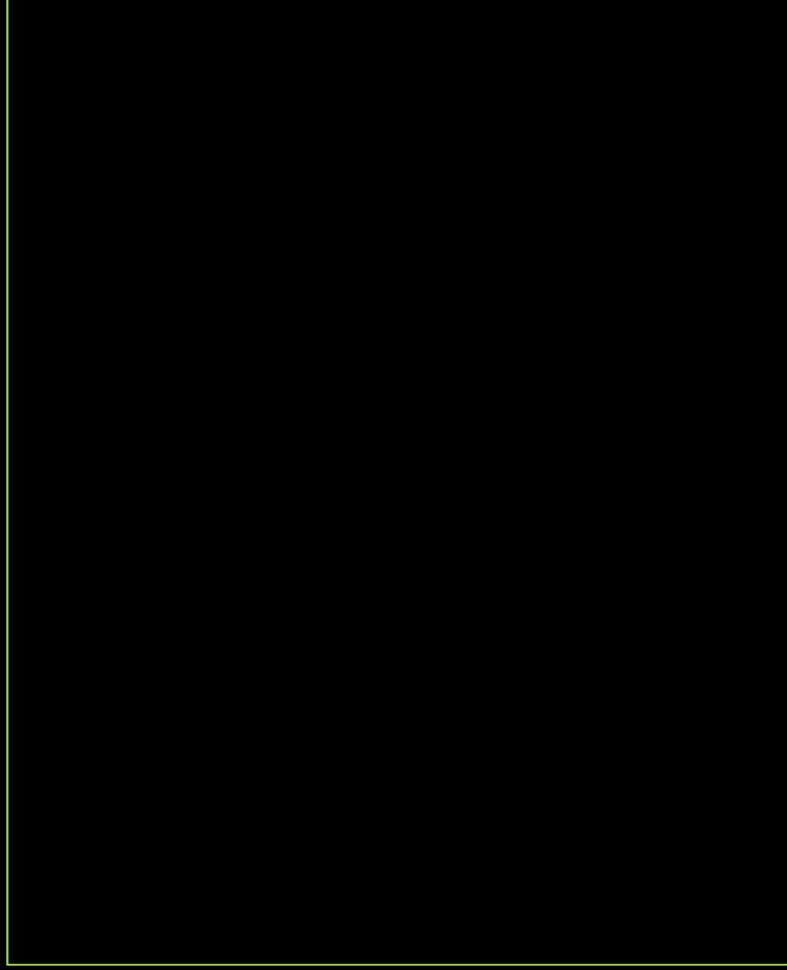
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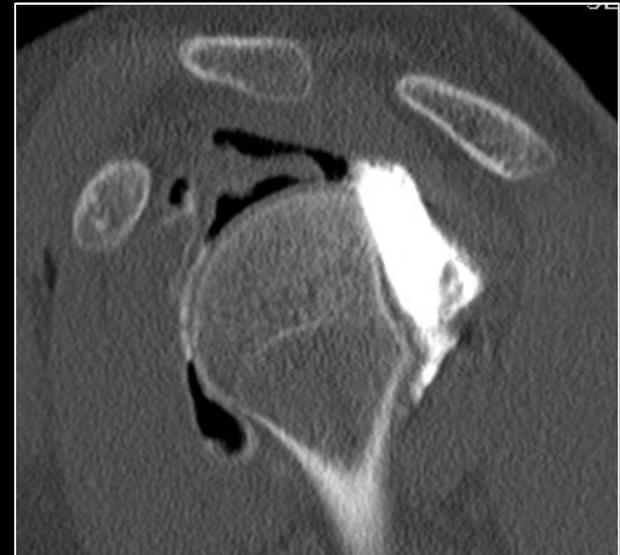
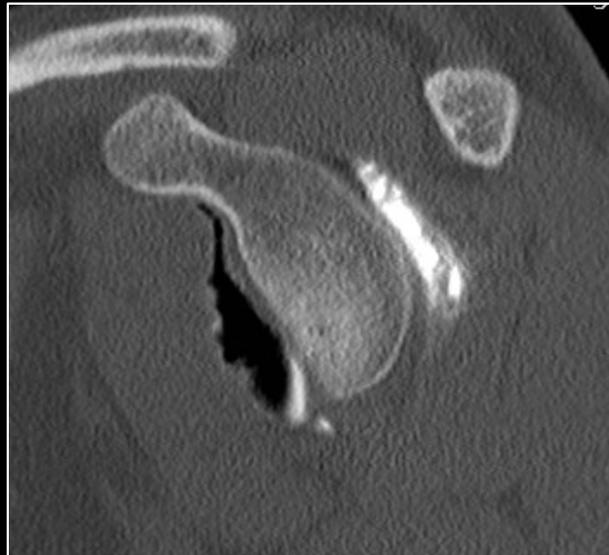
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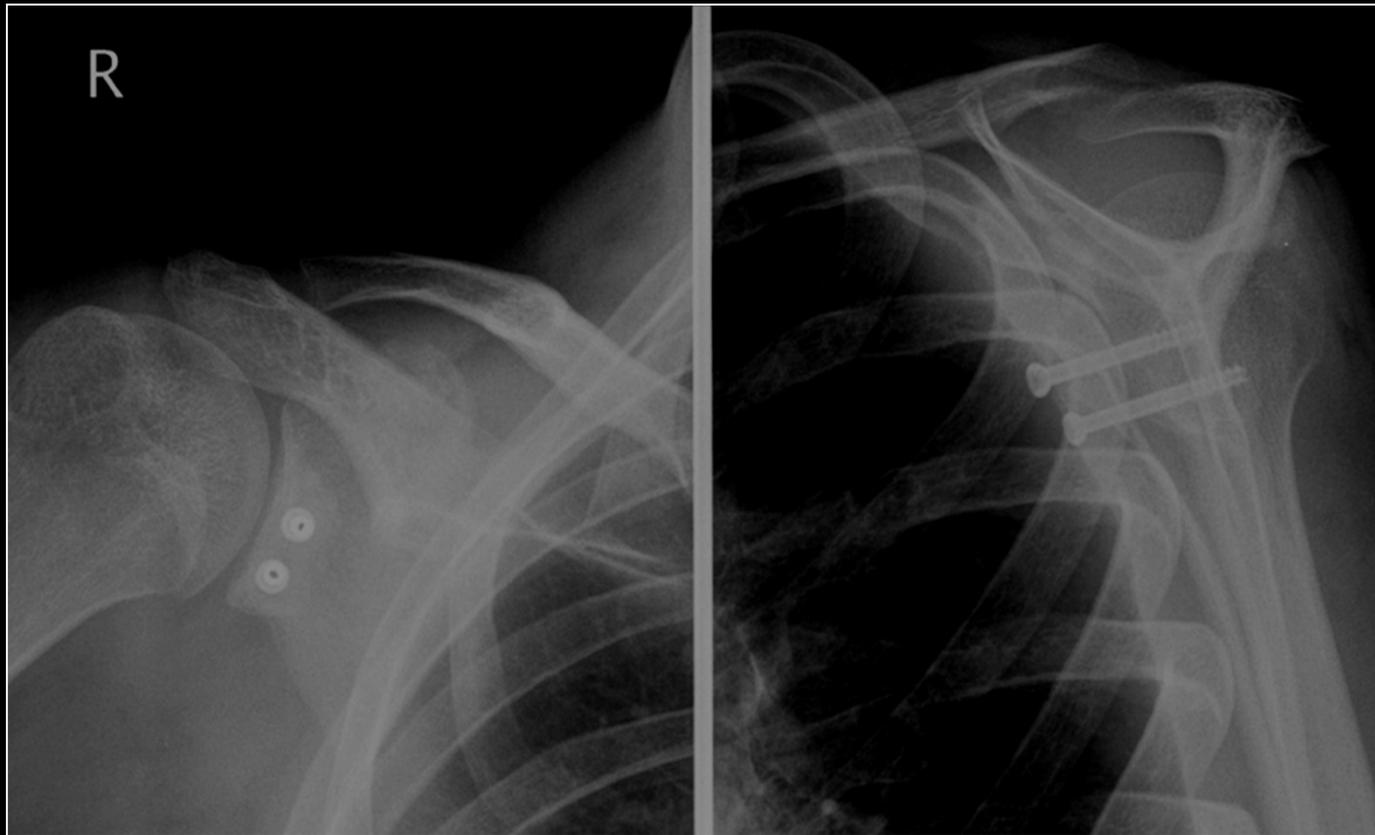
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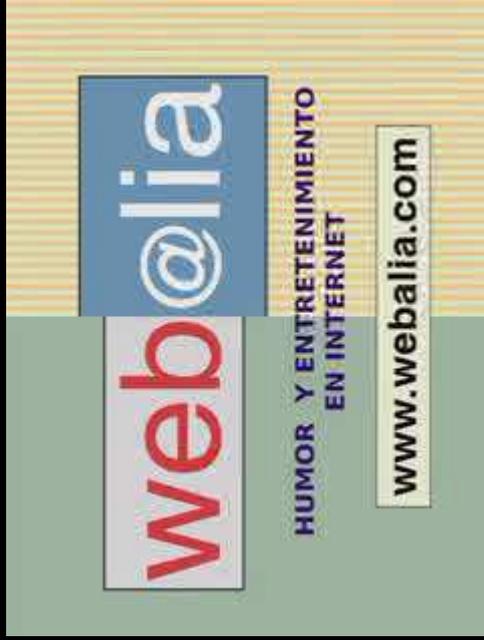
A-CT : Hill –Sachs & glenoid bone defect

Latarjet



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