

Date (CSS Member)	Message	Attached Documents
10/24/18 (Dr. Jon Warner)	<p>Dear Members of the Codman Shoulder Society,</p> <p>Attached please find a case presentation of my patient. Any comments or advice on this case would be greatly appreciated. Thank you in advance for your help.</p> <p>Best Regards,</p> <p>JP Warner, MD</p>	Case Presentation PPT
10/24/18 (Dr. Bassem Elhassan)	<p>Dear JP</p> <p>Can you explain more what you meant by atrophy of periscapular muscles? Trapezius/Serratus normal or abnormal? Any dyskinesia? Positive scapula compression test? Also with positive apprehension does he have positive reduction test?</p> <p>If periscapular muscles exam is normal but the patient has only atrophy and he is apprehensive because it truly feels the shoulder my anteriorly dislocate then I may consider anterior latissimus transfer for stabilization. I favor this over trying to do anything with the implant.</p> <p>If Serratus/trapezius true abnormality then they should be addressed.</p> <p>Cheers B :)</p>	
10/27/18 (Dr. Jon Warner)	<p>Thanks Bassem. Periscapular muscles no issue. Only concern with what you offer is that I am not sure with all prior surgery if Lat Dorsi likely to be intact and robust. Also, do you think with reverse it is likely tendon can be advance sufficiently? Have you ever used this solution yourself in such a case?</p> <p>Best, JPW Thanks for your advice.</p>	
10/27/18 (Dr. Michael Freehill)	<p>Recap- Numerous surgeries, soft tissues extremely imbalanced, already has gone to reverse and a year later Achilles allograft reconstruction of anterior capsule.</p> <p>Is it naïve to think that lateralizing the glenosphere and possibly bringing more inferior could help with stability? Observation of the previous allograft reconstruction and where/why failed (was</p>	

	<p>stable with no pain for 2 years after that procedure) and possibly revise.</p> <p>Thank you for continuing to challenge and teach us.</p> <p>Mike</p>	
<p>10/27/18 (Dr. Jon Warner)</p>	<p>Michael: Here's the rub! The BF glenosphere is impossible to remove as I've tried many times and recently reviewed with rep. So glenoid side solution is NOT an option</p> <p>JPW</p>	
<p>10/27/18 (Dr. Matthew Dubiel)</p>	<p>In my experience with Dr. Sperling during fellowship, we had a few cases of well positioned reverse arthroplasty implants and continued instability. The patients had failed thicker poly's and were felt to have attenuated/dysfunctional deltoid. We explanted the shoulder and left antibiotic spacer in order to create scar/less compliant soft tissue envelope. We replanted reverse without instability (during my time with him).</p> <p>Thanks.</p> <p>I tried to send this to the email list but was denied for "too many recipients."</p>	