

# Codman Shoulder Sociey Case Presentation

September 10, 2018

# AM 66 yo M (worker's compensation)

ID: 66 yo M who presented in 9/2016 as a referral for right shoulder pain and dysfunction

- Relevant history includes an open crush injury to the right chest wall with soft tissue loss after a MVC in the late 1990s. There was a questionable scapulothoracic dissociation at that time with an associated acromion, glenoid neck, and distal clavicle fracture.
- His clinical course at that time was complicated by an infection of the chest wall wound requiring upper rib(s) and pectoralis major resection. The glenoid neck and distal clavicle went on to malunion.
- Patient's subjective function returned to baseline per his report until a fall off of a roof in 2006. He sustained a 4-part proximal humerus fracture treated with ORIF humerus. His pain and function never improved after surgery and acutely worsened in the months prior to presentation.

PMHx: none other than above

PSHx: outlined above / Meds: none / SHx: former smoker

Sept 2016



Sept 2016





Sept 2016

3D reconstruction ordered but due to artifact did not process clearly

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## Interval History

- Lost to follow-up until 5/2018
- Complaint of ongoing pain and dysfunction

## Current physical examination

- Marked anterior chest wall deformity; absence of sternal head of the pec
- Profound dysfunction of his scapular stabilizers with no active serratus anterior firing
- Patient can fire upper and lower trapezius
- Even with scapular stabilization, he has very limited glenohumeral motion
  - Active FF 70 degrees, abduction 50 degrees, ER 30 degrees, IR to PSIS
  - Passive FF 100 degrees, abduction 100 degrees
- Fires deltoid and has intact sensation over the lateral shoulder

KH



May 2018

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