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SHOULDER INJURY IN A FEMALE SOCCER GOALIE

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HISTORY: 18-year-old female soccer goalkeeper dove for a ball in warm-ups prior to first game of season. She reached out for a ball and fell on an outstretched arm, hitting the posterolateral region of her left shoulder to the ground. She felt her shoulder 'pop out of place'. Seen at the field by the athletic trainer. She identified the joint was in place. Placed in sling and referred to us. She noted an episode of subluxation occurred in the sling overnight. No previous shoulder injury or problems.

PHYSICAL EXAM: Examination on next day, her left arm was in a sling with significant mild diffuse swelling, and superficial bruising over the latissimus region. She had notable pain with all active shoulder movements. Actively, her abduction was limited to 90 degrees and external rotation was painful. There was tenderness to palpation over the glenohumeral joint and deltoid muscle. The clavicle was normal and there was no AC joint step-off or pain.

DIFFERENTIAL DIAGNOSIS:

- Rotator Cuff Contusion
- Greater tuberosity Compression fracture
- Anterior shoulder subluxation
- Humeral Neck Fracture
- Labral tear / dislocation
- Acromial Fracture
- Acromial Clavicular Sprain

TESTS & RESULTS: X-rays demonstrated no fractures and normal alignment of humerus within glenoid. An MRI without contrast demonstrated hemarthrosis, anterior labral tear with associated soft tissue Bankart lesion as well as a small Hill-Sachs deformity of the humeral head.

FINAL DIAGNOSIS: Traumatic anterior shoulder dislocation with self-reduction causing an anterior labrum tear with associated soft tissue Bankart lesion as well as a Hill-Sachs deformity of the humeral head.

TREATMENT: The initial treatment consisted of placing the affected shoulder and arm in a sling, ice, NSAIDs, and pendulum exercises. We had a discussion of risks vs. benefits with the family and student-athlete regarding rehab and non-operative care. The patient was referred to the team orthopedic surgeon. She underwent surgery with arthroscopic repair of the anterior labrum and inferior capsular plication. Post-surgical rehab was initiated.