The SIRSI Score Predicts Psychological Readiness to Return to Sports After Surgical Stabilization of Glenohumeral Instability

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Summary:
The SIRSI score is a useful tool for predicting if patients are psychologically ready to return to sport after glenohumeral stabilization surgery. Data: Background: Literature is scarce regarding the influence of psychological readiness in returning to sports after shoulder instability surgery. Purpose: To evaluate the predictive ability of the SIRSI scale in measuring the effect of psychological readiness on return to sports and to compare it between athletes who returned to sports with athletes who did not return to sports. Study Design: Prospective Cohort Study. Level of Evidence: II Methods: A prospective analysis was performed of patients who underwent an arthroscopic Bankart repair or a Latarjet procedure between January 2019 and September 2020. Psychological readiness to return to play was evaluated using the SIRSI score. Preoperative and postoperative functional outcomes were measured by the Rowe, ASOSS, and WOSI scores. The predictive validity of the SIRSI scale was assessed by the use of receiver operating characteristic (ROC) curve statistics. The Youden index was calculated and used to determine a SIRSI scale cut-off point that best discriminate psychological readiness to return to sports. A logistic regression analysis was performed to evaluate the effect of psychological readiness on return to sports and return to pre-injury sports level. Results: A total of 104 patients were included in this study. Overall, 79% returned to sports. The SIRSI scale had excellent predictive ability for return-to-sport outcomes (return to sports: area under ROC curve, 0.87 [95% CI, 0.80-0.93] return to pre-injury sports level: area under ROC curve, 0.96; [95% CI, 0.8-0.9]). A cut-off level of = 55 was used to determine if an athlete was psychologically ready to return to sports and to return to pre-injury sports level (Youden index: 0.7 and 0.9, respectively). Of those who returned to sports, 99% were psychologically ready to return to play with a SIRSI median of 65 (IQR 35-41). In comparison, in the group that did not return to sports only 1% achieved psychological readiness with a SIRSI median of 38.5 (IQR 35-41) (p <0.001). Regression analysis for the SIRSI scale effect on return to sports was performed. For every 10-point increase in the SIRSI scale, the odds to return to sports is increased by 2.9 times. Moreover, those who did not achieve their pre-injury sports level have shown poorer psychological readiness to return to play and SIRSI score results. Conclusion: The SIRSI score is a useful tool for predicting if patients are psychologically ready to return to sport after glenohumeral stabilization surgery. Patients who returned to sports and those who returned to their pre-injury sports level were significantly more psychologically ready than those who did not return. Therefore, we believe that the SIRSI Score should be considered along with other criteria that are evaluated to decide if the patient is ready to return to sports.

Arthroscopic Bankart Repair For Recurrent Anterior Shoulder Instability: Outcomes with Minimum 10-Year Follow-Up

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Summary:
Despite arthroscopic Bankart repair being the technique of choice for recurrent anterior shoulder instability, our minimum 10-year follow-up results on 150 patients suggest higher than optimal recurrence and revision rates, especially in patients younger than 23 years old. Data:
INTRODUCTION Arthroscopic Bankart repair has become the technique of choice for recurrent anterior shoulder instability. Despite enthusiasm for this method of stabilization, there is a paucity of long-term follow-up studies. Some longer-term follow-up studies have suggested higher recurrence rates than initially reported. The purpose of this study is to describe baseline characteristics of patients with recurrent instability and determine long-term clinical outcomes associated with arthroscopic Bankart repair. METHODS Records from a single surgeon were reviewed from 2001-2011 (minimum 10-year follow-up) for arthroscopic Bankart repair to treat recurrent anterior shoulder instability. No patient with glenoid bone loss greater than 20% was included. Detailed chart review was performed for 150 patients using inpatient records, outpatient records, operative reports, and surgeon’s personal operative records in order to obtain demographic data, determine operative technique, and calculate recurrence and revision rates. Patient-reported outcome measures (PROMs) were obtained prospectively, including OSS, WOSI, and SANE scores. Surgical technique included lateral decubitus, minimum 3 anchors, double-loaded high strength suture, posteroinferior plication, and often interval closure. Recurrence was defined as any dislocation or subluxation event that necessitated clinical evaluation. RESULTS 150 patients were included in our cohort. Average follow-up was 15.1 years, range 10.1-20.7. Average age was 24.0, range 13.5-58.0. Recurrent instability occurred in 35/150 (23.3%). Revision surgery performed in 21/150 (14.0%). Thirty out of 35 (85.7%) recurrences and 19 out of 21 (90.5%) revisions occurred in patients who were under 23 years old at time of index surgery. Average time to recurrence was 44.7 months. Seventeen of the 35 recurrences occurred beyond the 24-month follow-up mark. Fifty-six (37%) patients completed prospective PROMs. Average SANE score 86.8, range 25-100. Average WOSI 378.5, range 0-1700. Average OSS 41.6, range 13-48. DISCUSSION AND CONCLUSION Despite enthusiasm for arthroscopic Bankart repair, our long-term results, especially in patients younger than 23 years old, suggest higher than optimal recurrence and revision rates despite using modern day suture anchor and capsular tightening techniques.