also decreased significantly as measured by the pain Visual Analogue Scale (VAS) (8.10 +/- 1.47 vs. 2.65 +/- 1.78, p < .0001). When compared to the instability cohort, microfracture patients had significantly worse postoperative ASES (89.03 +/- 14.28 vs 79.90 +/- 13.87, p = .001), SANE (91.23 +/- 14.20 vs 91.13 +/- 14.43, p = .0001), and VAS (1.55 +/- 1.92 vs 2.65 +/- 1.78, p = .003) scores, as well as decreased range of motion in forward flexion (155.48 +/- 10.3 vs 151.29 +/- 11.76, p = .039) and external rotation (65.17 +/- 0.64 vs 63.65 +/- 8.34, p = .010). Fewer patients in the microfracture cohort met the SCB, PASS, or MOI for the ASES (p = .0044, p = .0035, p < .0001), the PASS or MOI for the SANE (p < .0001 and p = .0001), or the PASS for the VAS (p = .0001). At latest follow-up, only 58% of microfracture patients had returned to active-duty military service compared to 93.78% of isolated instability patients (p < .0001). Conclusion Isolated glenoid osteochondral defects remain a challenging pathology to treat. Combined microfracture and arthroscopic labral repair produced modest, albeit statistically significant, improvement in patient-reported outcome measures and may be a reasonable treatment option for patients with chondral lesions who are not candidates for arthroplasty. However, only 58% of patients were able to maintain active-duty military service at midterm follow-up compared to 93.78% of patients who underwent labral repair without concomitant microfracture.

Category: Shoulder - Instability

Anterior Glenoid Rim Fracture: Complication After Arthroscopic Bankart Repair In Young Athletes

Abstract ID# 22979

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Summary:
Fractures through anchors in athletes is a rare complication of an arthroscopic Bankart repair, and could be associated with the use of bioabsorbable anchors. Identifying this rare complication is of utmost importance for a proper treatment allowing young patients to return to sport without any limitation.

Data:
Introduction: Knotted and knotless suture anchors are used in arthroscopic Bankart repair providing stability for athletes. Anterior glenoid rim fracture has been described as a complication after initial surgical treatment in recurrent anterior instability. Objective: To evaluate the incidence of anterior glenoid rim fracture of the glenoid through anchors and return to sport after revision surgery. Materials and Methods: 979 surgeries were performed for shoulder instability in a period of 14 years (2006-2020), within which 379 were reported us isolated anterior shoulder instability and were repair by arthroscopic technique. In our series the incidence of anterior glenoid rim fracture through anchors was 2% (8/379 patients) and all of them were after a major trauma. The age recorded at the time of the initial surgery was 20 years (range, 17-24) and the mean delay between arthroscopic Bankart repair and recurrence was 30 ± 29 months (range, 9-91). Age at recurrence was 23 ± 3 years (range, 18-26). Six patients were initially operated on with bioabsorbable anchors and 2 patients with titanium anchors. The average follow-up was 58 ± 30 (range, 13 – 104) Results: Five patients underwent revision surgery with Bankart Bridge repair technique associated with remplissage, while on three occasions Latarjet surgery associated with remplissage was the choice of revision surgery. The mean age at the time of revision surgery was 24 ± 5 years (range, 18 – 35). One patient sustained an axillary neuropaxia after Latarjet revision surgery. All the patients returned to their sports activity at a similar level prior to the injury. Conclusion: Fracture through anchors in athletes is a rare complication of an arthroscopic Bankart repair, and could be associated with the use of bioabsorbable anchors. Identifying this rare complication is of utmost importance for a proper treatment allowing young patients to return to sport without any limitation. Type of Study: Retrospective. Level of evidence: IV. Key words: Anterior shoulder instability; arthroscopic Bankart repair; Anterior glenoid rim fracture; Fracture through anchors.

Category: Shoulder - Instability

Evaluation of Kinesiophobia in Patients Treated with Arthroscopic Bankart Repair for Recurrent Anterior Glenohumeral Instability

Abstract ID# 23440

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Summary:
Kinesiophobia (fear of movement) is a major limiting factor in the return to pre-injury sport level after arthroscopic Bankart Repair. The study aims to gain insights into how kinesiophobia affects shoulder pain and function after surgery.

Data:
Background Kinesiophobia (fear of movement) is a major limiting factor in the return to pre-injury sport level after surgery of anterior gleno-humeral instability. The study aims to analyze the prevalence of kinesiophobia in patients with anterior glenohumeral instability treated with Bankart procedure and the correlation between the kinesiophobia and some outcome predictors of the pathology and sociodemographic features. Methods A retrospective study was conducted. Patients who underwent arthroscopic bankart repair starting from December 2018 in our institution, with a minimum of 6 months after the surgery, were included. A preoperative computed tomography (CT) scan was performed in all patients. Exclusion criteria were: glenoid bone deficit > 20% of the area of the inferior part of glenoid, bipolar bone defects with ‘off-track’ pattern, combined treatment with rotator cuff tears, and/or previous surgery. Primary outcome was the Tampa Scale of Kinesiophobia (TSK-13). Secondary outcomes were: the Western Ontario Shoulder Instability Index (WOSI), the Depression Anxiety Stress Scale 21 (DASS-21), the Tegner Activity Scale and the H-G Ratio. Univariate and Multivariate analysis was performed to determine which predictors were independently associated with the kinesiophobia. Significance was set at <.05. Results The study included 132 patients: 109 males and 23 females. Mean age (± SD) of patients was 19 ± 8 years. The mean follow-up was 84 months. The mean pre-operative shoulder dislocation was 15. 117(89%) patients were performing sport. 19 patients (14.4%) experience a recurrence of dislocation after surgery. The analysis showed a significant correlation between kinesiophobia and the number of pre-operative shoulder dislocation and both with recurrence of post-operative shoulder dislocation. All the score (ASES, WOSI, Tegner, DASS-21) in the post-operative setting showed a significant correlation with Kinesiophobia. Conclusion Kinesiophobia after arthroscopic Bankart repair is independently associated with number of pre-operative shoulder dislocation, recurrence of post-operative shoulder dislocation and score for subjective evaluation at follow-up.

Category: Shoulder - Instability

Long-Term Outcomes Following Arthroscopic Labral Reconstruction with a Modified Inferior Capsular Shift for Anterior Shoulder Instability

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Summary:
Arthroscopic labral reconstruction with a modified inferior capsular shift for anterior shoulder dislocation at average 13-year follow-up yields a low failure rate, no evidence of glenohumeral joint narrowing, and a high rate of return to sports without risk or increased recurrence.

Data:
Background: Treatment for the dislocated shoulder is fraught with controversy across the globe. Recurrence rates of anterior shoulder instability are highest in young, high risk athletes. The purpose of this study was to evaluate patient activity level and function following arthroscopic labral reconstruction with a modified inferior capsular shift by a single surgeon at a mean 13-year follow-up comparing patients greater than 25 years of age to patients less than 25 years old. Methods: Between 1999 and 2010, 56 patients with a documented anterior dislocation underwent an arthroscopic labral reconstruction with a modified inferior capsular shift and met the inclusion criteria. The technique utilized included a minimum of 3 anterior suture anchors placed below the equator along with sutures placed to perform a glenoid-based inferior capsular shift with or without a rotator interval closure.

Category: Shoulder - Instability