

Est-ce que les stabilisations d'épaule stabilisent les épaules ?

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Background

Despite the fact that surgery is commonly used to treat glenohumeral instability, there is no evidence that such treatment effectively corrects glenohumeral translation. The purpose of this prospective clinical study was to analyze the effect of surgical stabilization on glenohumeral translation.

Methods

Glenohumeral translation was assessed in 11 patients preoperatively and one year postoperatively following surgical stabilization for anterior shoulder instability. Translation was measured using optical motion capture and computed tomography.

Results

Preoperatively, anterior translation of the affected shoulder was bigger in comparison to the normal contralateral side. Differences were significant for flexion and abduction movements ($P > 0.001$). Postoperatively, no patients demonstrated apprehension and all functional scores were improved. Despite absence of apprehension, postoperative anterior translation for the surgically stabilized shoulders was not significantly different from the preoperative values.

Conclusions

While surgical treatment for anterior instability limits the chance of dislocation, it does not seem to restore glenohumeral translation during functional range of motion. Such persistent microinstability may explain residual pain, apprehension, inability to return to activity and even emergence of dislocation arthropathy that is seen in some patients. Further research is necessary to better understand the causes, effects, and treatment of residual microinstability following surgical stabilization of the shoulder.