In Consideration of the Shoulder

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In the July issue of *The American Journal of Orthopedics*, 5 articles focus on the management of shoulder pathology, ranging from a historical perspective on brachial plexus injury to techniques in shoulder arthroplasty.

"These are useful clinical recommendations to optimize outcome"

Unlike the treatment of traumatic shoulder instability, for which treatment recommendations are becoming increasingly uniform, the management of more complex forms of instability remains less certain. Dodds and Medvecky present a case of bilateral shoulder fracture-dislocations, and Reddix and Hamilton, a case of concurrent luxatio erecta and anterior dislocation. Although bilateral shoulder dislocations are exceedingly rare, both sets of authors do an excellent job of addressing the spectrum of associated injuries. Neurovascular compromise and capsulolabral or rotator cuff injury must be considered even with successful closed reduction. In addition, Dodds and Medvecky describe fixation of the greater tuberosity fracture through the rotator interval, providing the necessary access and preserving the anterior humeral circumflex artery. These are useful clinical recommendations to optimize the outcome of this difficult clinical subgroup.

The treatment of acromioclavicular separations remains controversial, with the preponderance of surgeons recommending nonoperative treatment of a type III variant. Wilckens and colleagues provide a substantive review of surgical treatment options for type III acromioclavicular separations. Their comparison of 5 classes of procedures is thought-provoking in terms of individual complications, difficulty of the procedure, and repair strength. The authors create a compelling case for anatomic reconstruction of the coracoclavicular ligaments in order to re-establish biomechanical stability and to decrease the risk of complications from nonbiological implants. That being said, clinical follow-up is still required to truly support anatomic reconstruction over more traditional acromioclavicular reconstructive options.

Reverse total shoulder arthroplasty is considered technically more difficult to perform than traditional total shoulder replacement. Thus, useful pearls and pitfalls are always appreciated, especially when they address very basic, yet challenging aspects of the operation. Prudhomme and Budoff provide a timely technical description on reducing and dislocating reverse total shoulder components during trial fitting. These simple methods allow manipulation of the components with minimal torque, increasing safety for both patient and staff. I, for one, am thankful that I now have a useful technique to assist in trial reduction of this challenging procedure.

"Hyphenated History: Erb-Duchenne Brachial Plexus Palsy" by Mehlman and colleagues provides an interesting look at the fathers of neurology and electrotherapy in the context of upper limb paralysis. As Duchenne defined the extent of neuromuscular impairment, Erb localized the lesion via careful anatomic examination, and together they provided a better understanding of brachial plexus injury. We are reminded that a multidimensional approach to clinical problem solving is as important today as it was a century past for Erb and Duchenne. I enjoyed reading this historical perspective, as we rarely have the time or the material to completely fill in the gaps in our education.

It is with great respect that we present this spectrum of articles on the evaluation and treatment of shoulder pathology. The variety of topics presented here provide useful information for the reader, and time will be well spent in their review. ■

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