



What's New in Shoulder and Upper limb

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University of Adelaide- intern 1990 bst 91-93

Edinburgh/ Newcastle –Orthopaedic Registrar 1994

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Senior Registrar Year 1999 QEH

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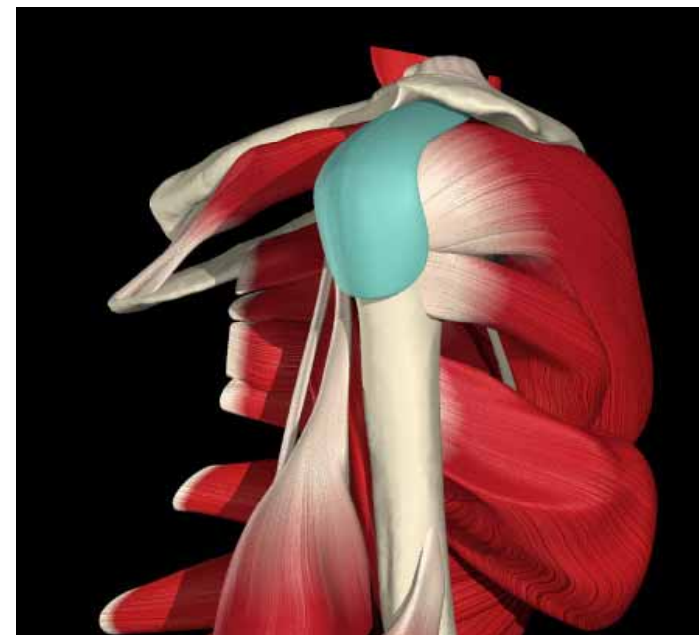
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Rotator Cuff Spectrum

- Bursitis
- Tendinopathy
 - Cuff
 - Biceps
- Tear
- Arthropathy



Cause: -

- Factors
 - 1) Abnormality in Acromion
 - Developmental
 - Type III acromion (Bigliani)
 - 2) Primary degeneration of Rotator Cuff
- Note there is a familial incidence
- Relation to smoking
- Relation to Age and issue of asymptomatic (coping)



Assessment: -

History: -

- Age
- Site of pain
- Occurrence
- Past history (same shoulder or other)

Examination: -

- Tenderness
- Range of motion
- Arc of motion
- Crepitus
- Specific tests

Investigations: -

- X-rays (Ap and lateral scapular)
- Exclude oa (see state of ac joint and G-H subluxation)
- Ultrasound- confirm impingement
- MRI- more accurate for above and cuff tear
- Injection as diagnostic

Treatment

- Rest, NSAID's
- Physiotherapy- always
- Steroid Injections- try at least 1
- Surgical decompression
- Arthroscopic has replaced open as surgical Tx of choice

Cuff tear does not mean surgery
but

If no better, failure of conservative
management doe not mean nothing!!

Algorithm: -

Impingement

- 2- 3 injections+ physio
- after 3-6 months- surgery

Cuff Tear

- Rarely acute (MRI- oedema vs atrophy)
- Nearly always 1 injection and physio
- If improving and > 60 yo reinject
- If no response and fit- Surgery

Remember

Retear rate upto 1/3 (although still better)

Issue of open vs Arthroscopic







Arthroscopic rotator cuff repair



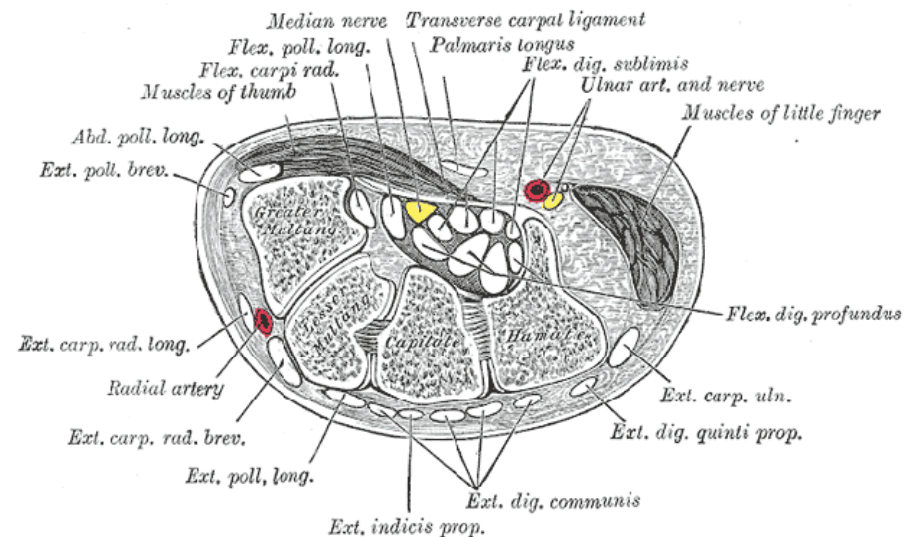


Common Hand and Elbow conditions

- Neurological
 - Carpal Tunnel
 - Cubital tunnel
- Degenerative
 - CMC arthritis
 - Ganglions
 - Trigger Fingers
- Inflammatory
 - DeQuervain's tenosynovitis
- Dupuytren's Contracture
- Scaphoid Fracture

Carpal Tunnel Syndrome

- Common condition
- Not all case of neurology due to trapped median n.
 - Neck
 - Diabetes
 - Vibration neurology
- Arthroscopic vs Open
open under local



Cubital Tunnel

- Longer left- worse result
- Size of incision
- Transposition or not
 - subcutaneous, submuscular



CMC Osteoarthritis

- Very common
- Degenerative (female > male)
- Grind test +ve

- Tx
 - Splint/ physiotherapy
 - Steroid Injection
 - Trapezelectomy +/- suspensoplasty vs fusion
 - K wire and plaster 4-6 weeks



Ganglions

- Surprisingly annoying to patient
- ? Degenerative or developmental
 - Remember steroid injection (& aspiration)
 - Surgery often under local useful
not 100% successful



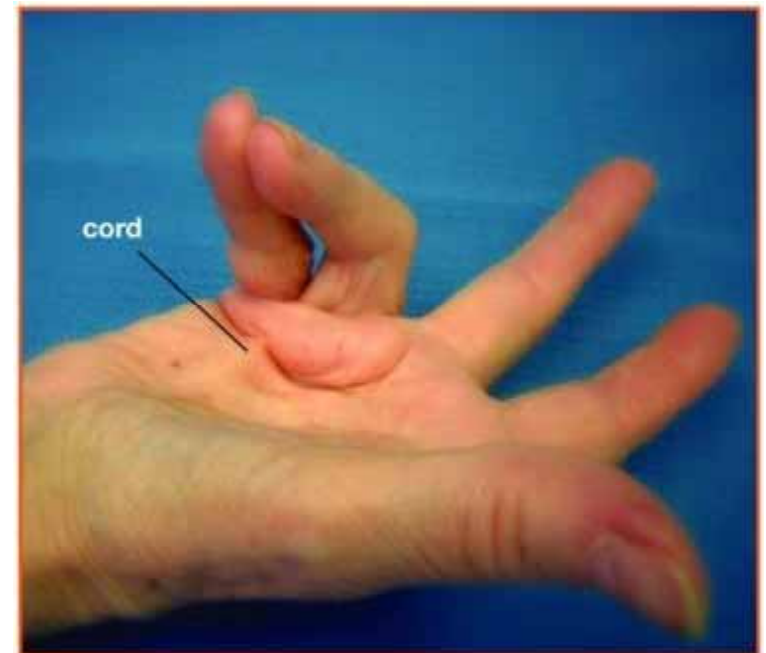
Dequervain's Tenosynovitis

- 1st Extensor Compartment
- Finkelstein's test
- Physio
- Brace
- Inject
- Release



Dupuytren's Contracture

- Huge numbers in Scotland
- Nordic Genes (Vikings)
- Requires committed patient, for splinting, physiotherapy and wound care
- High risk of recurrence
- But results very good from surgery
 - Risks
 - Nerve damage
 - Infection



Scaphoid Fractures

Acute: -
percutaneous screw

Chronic: -
Vascularised Graft



If not sure
Just like
“who wants to be a millionaire”

Phone a friend

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Gavin Nimon- GP advice line