



What's New & Often Missed Shoulder & Elbow

Lennard Funk

PhysioFirst Meeting

► Bolton Arena – 23 June 2009



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for more online information

Shoulder Instability

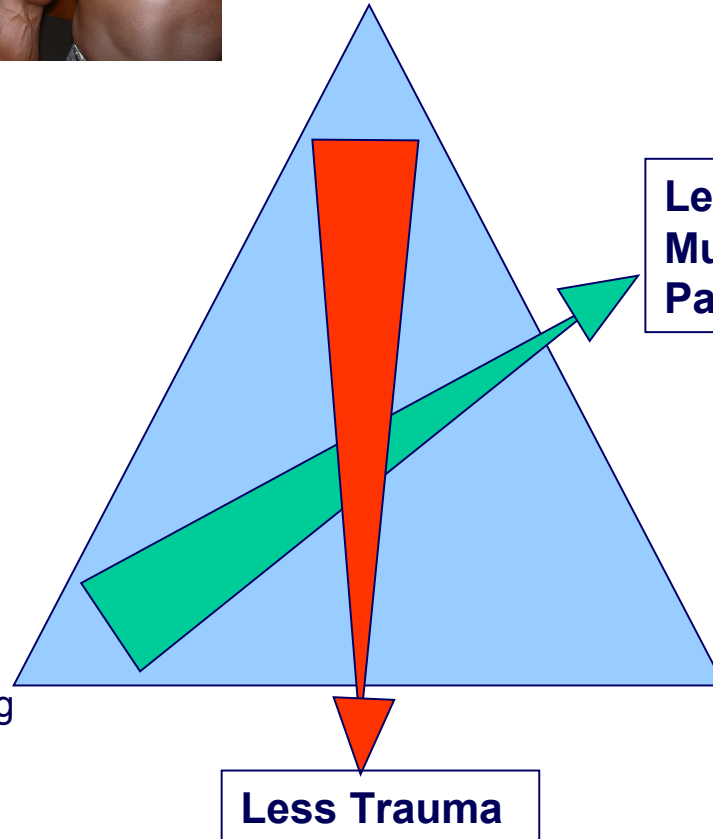


Stanmore Classification (Bayley Triangle)

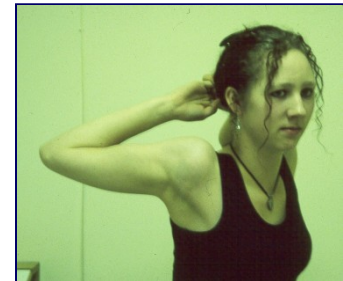
Lewis, Kitamura & Bayley
Current Orthopaedics. 18:97-108. 2004



Polar Type I
Traumatic
Structural



**Less
Muscle
Patterning**



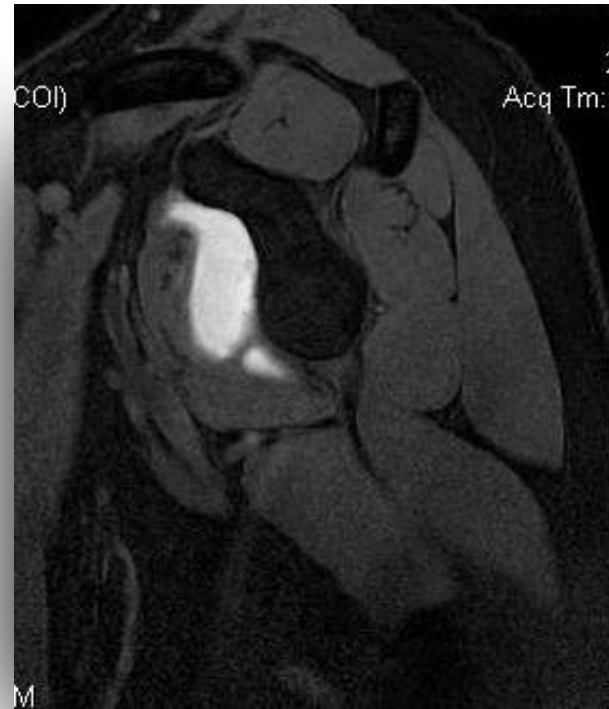
Polar Type II
Atraumatic
Structural



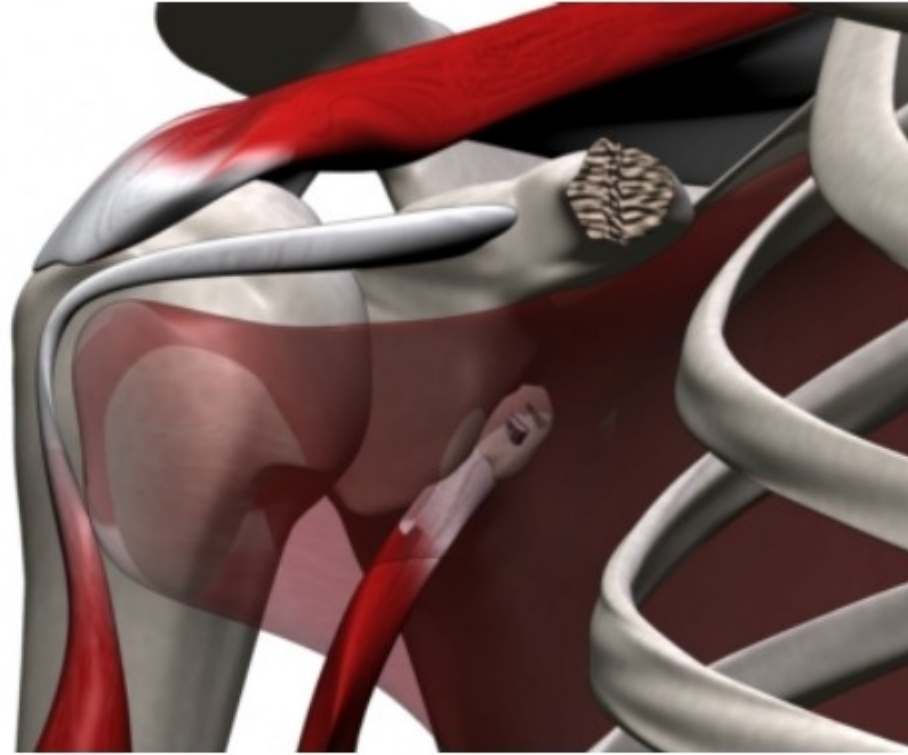
Polar Type III
Muscle Patterning
Non-Structural

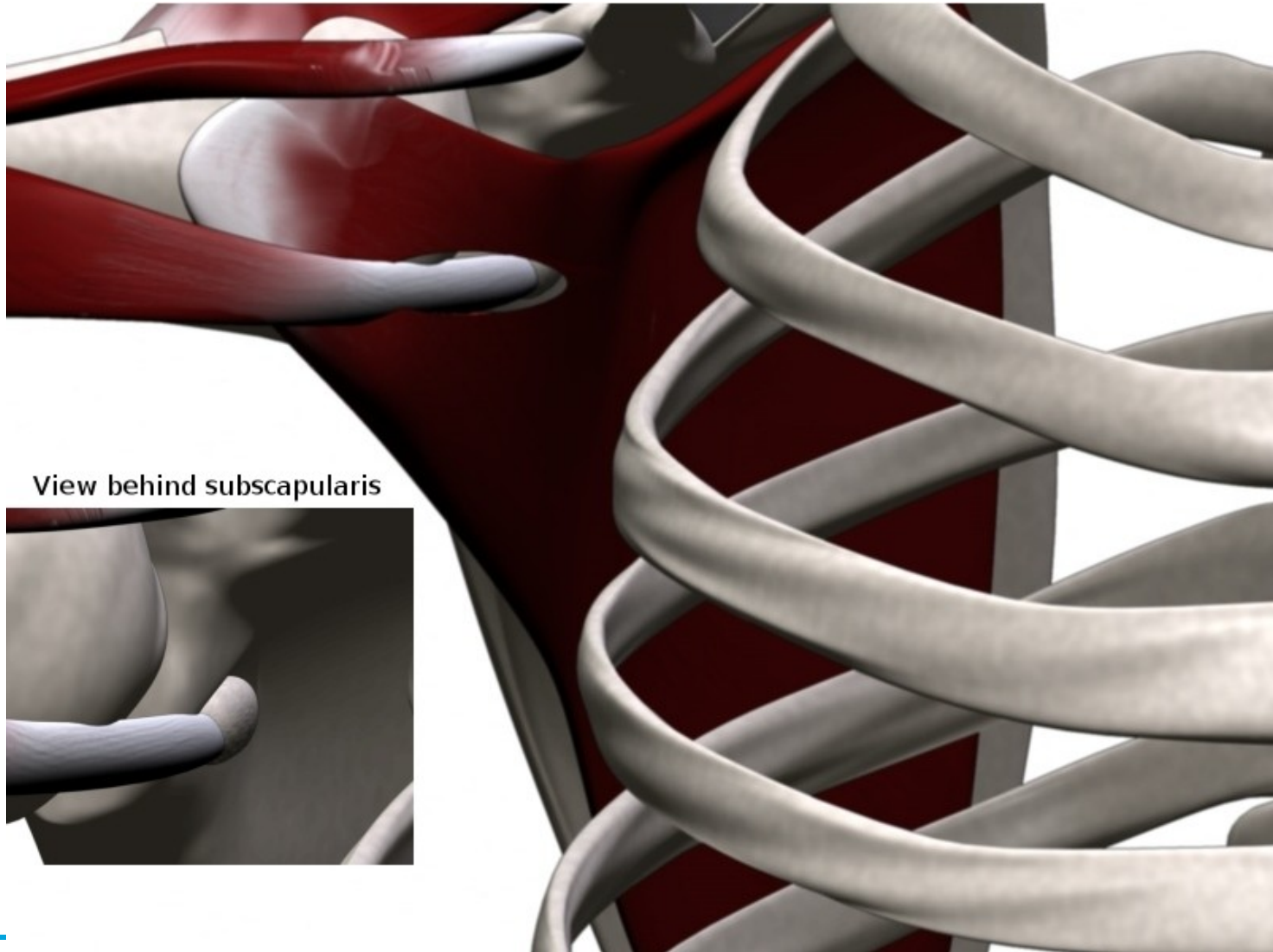
Glenoid Deficiency

Inverted pear



Glenoid Deficiency – Modified Latarjet

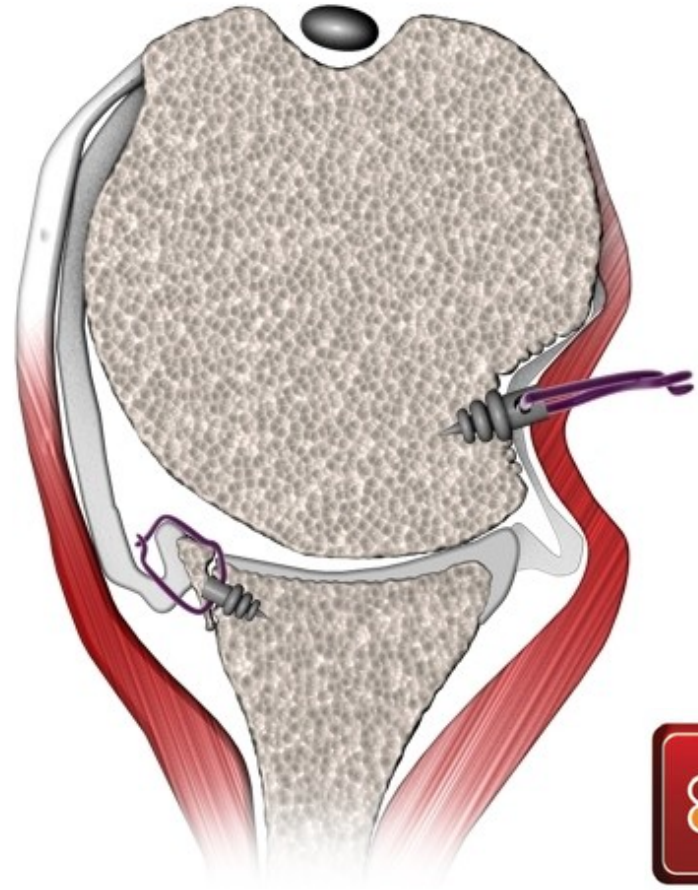
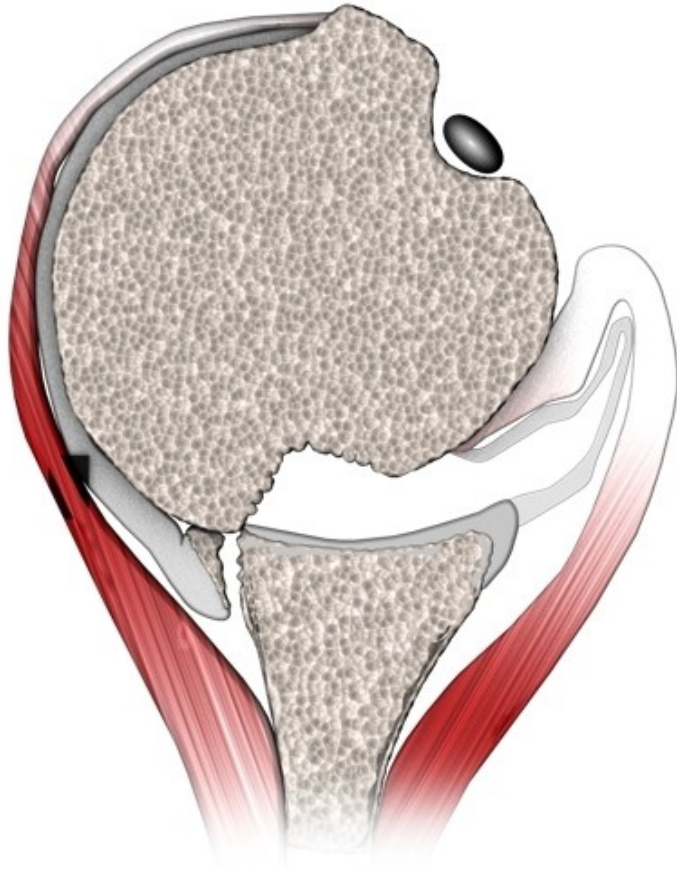


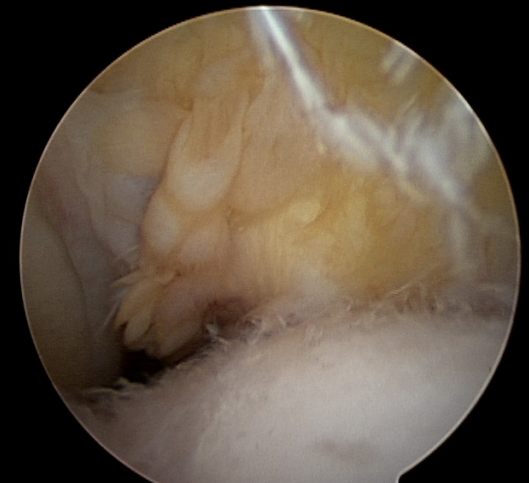
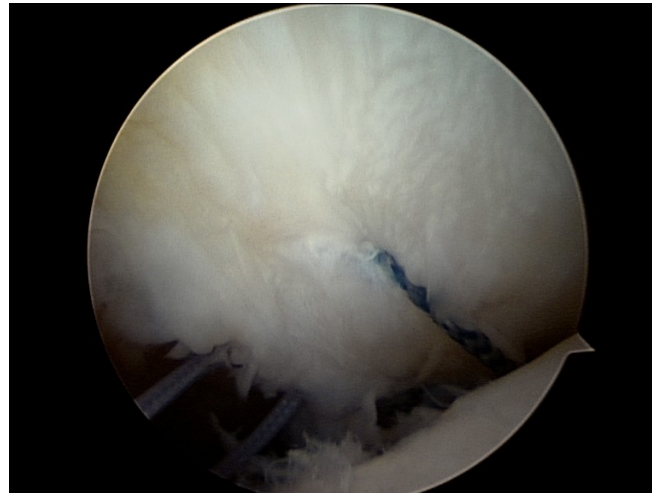
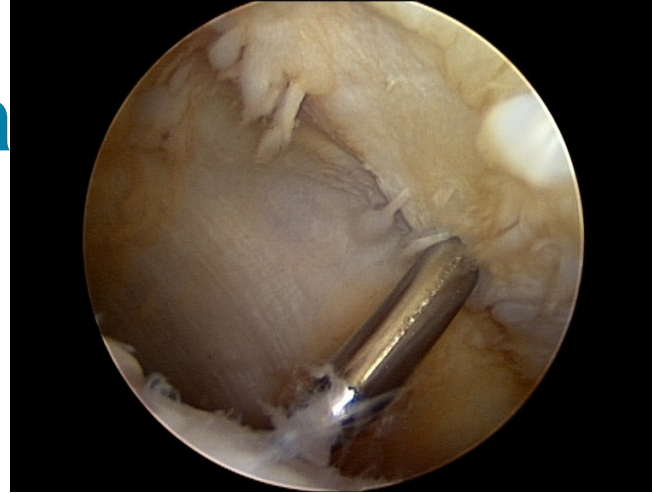
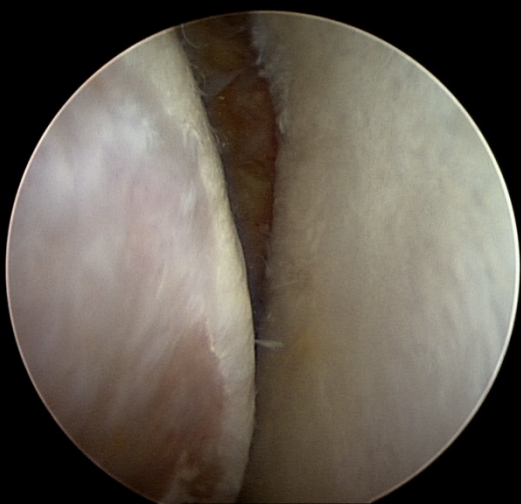


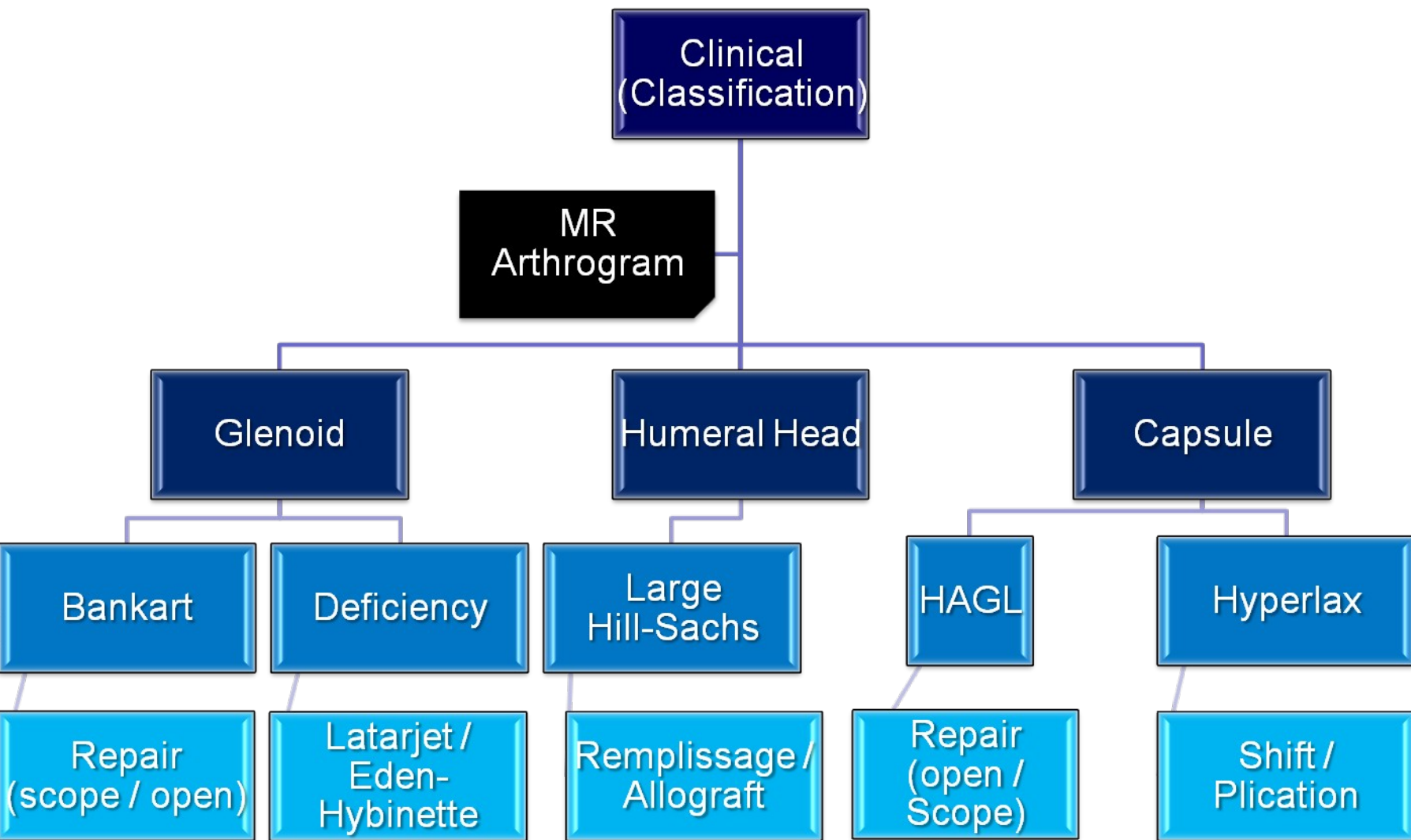
View behind subscapularis



Large Hill-Sachs - Remplissage







Platelet Rich Plasma



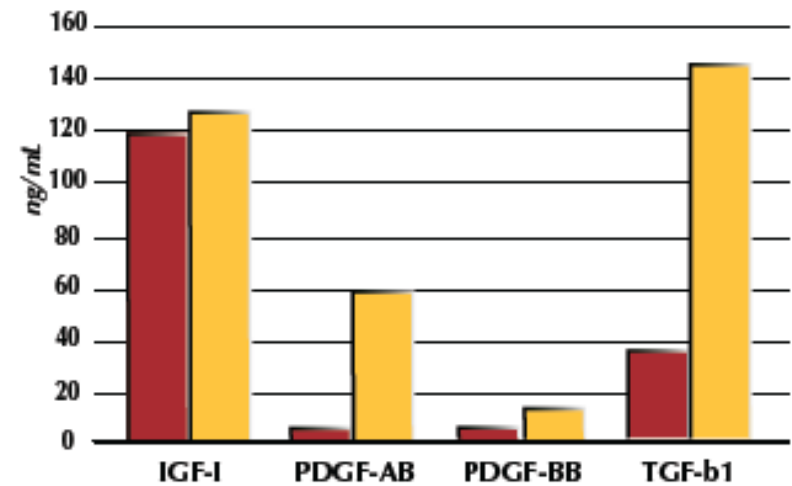
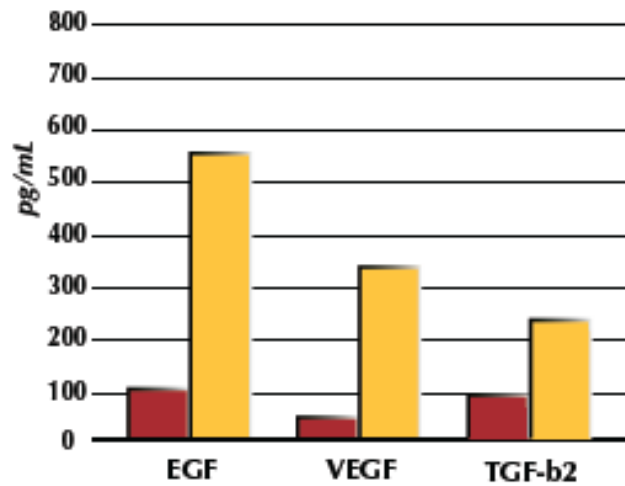
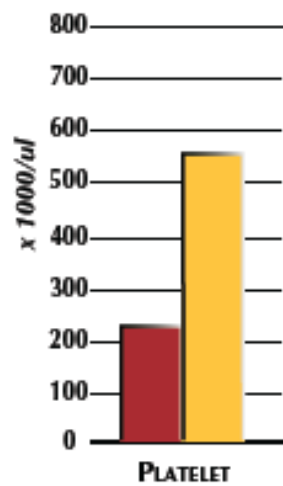
Tendon Healing Problems

- Tendinopathies
 - Tennis / Golfers Elbow
 - Supraspinatus
 - Biceps (proximal & distal)
- Tendon Tears
 - Rotator Cuff
 - Biceps
 - Pec Major

PRP

- ▶ Platelets:
 - ▶ Growth Factors
 - ▶ Accelerates Healing
 - ▶ Improved quality of tissue
- ▶ WBCs:
 - ▶ Immune control
 - ▶ Less Pain

ACP Whole Blood





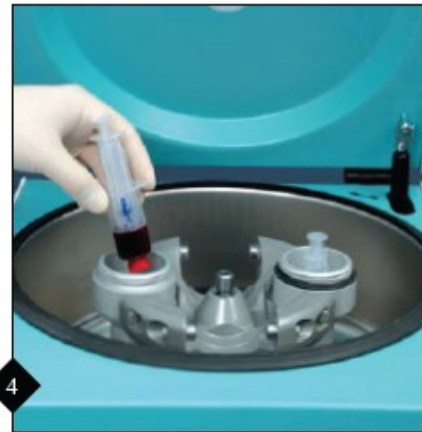
1 Prior to withdrawing ACD-A, prime the outer and inner syringes by pulling each plunger completely back and forward before starting the process. Withdraw approximately 1 mL ACD-A into the syringe. *Note: If ACP is going to be used within thirty minutes of blood withdrawal, the use of ACD-A is not required.*



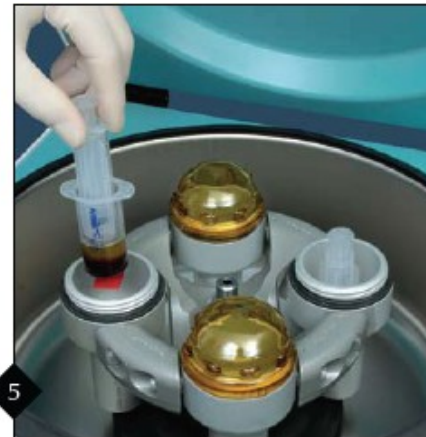
2 Withdraw approximately 10 cc of venous blood and seal the syringe with the red cap. An 18 - 20 gauge butterfly is recommended to draw the blood.



3 Gently rotate the syringe in order to mix the blood and the ACD-A.



4 Place the syringe into one bucket and an appropriate Counterbalance in the opposite bucket.



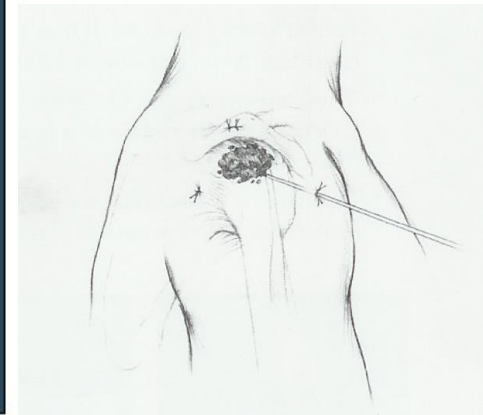
5 Run the centrifuge at 1500 rpm for 5 minutes. Remove the syringe, taking care to keep it in an upright position to avoid mixing the plasma and red blood cells.



6 In order to transfer 3 - 5 mL of supernatant (ACP) from the larger outer syringe into the small inner syringe, slowly push down on the outer syringe, while slowly pulling up the plunger of the small inner syringe.

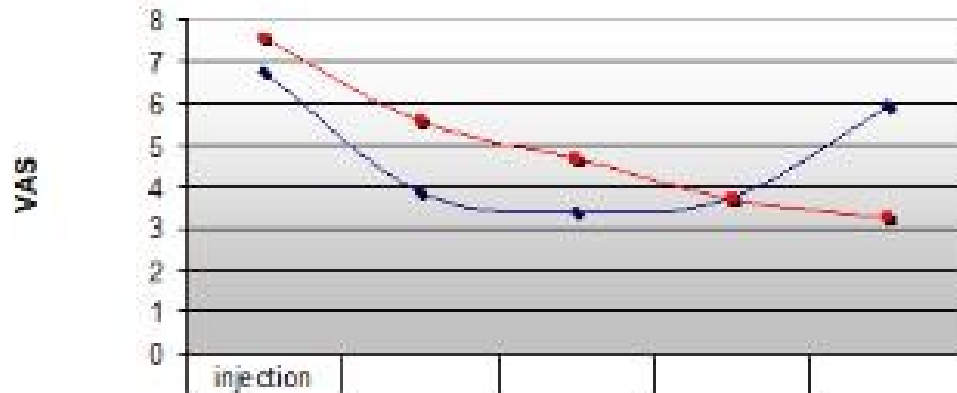


7 Unscrew the small inner syringe and place a needle on to it. The ACP is ready for use at the point of care. The ACP can also be transferred into a sterile basin on the sterile field and then transferred into a 5 mL syringe for use. The ACP should be used within four hours after the blood

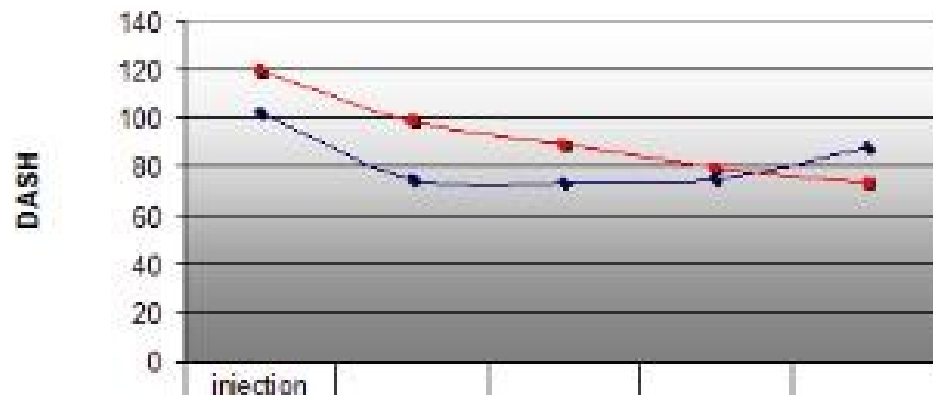


Tennis Elbow

CST - PRP



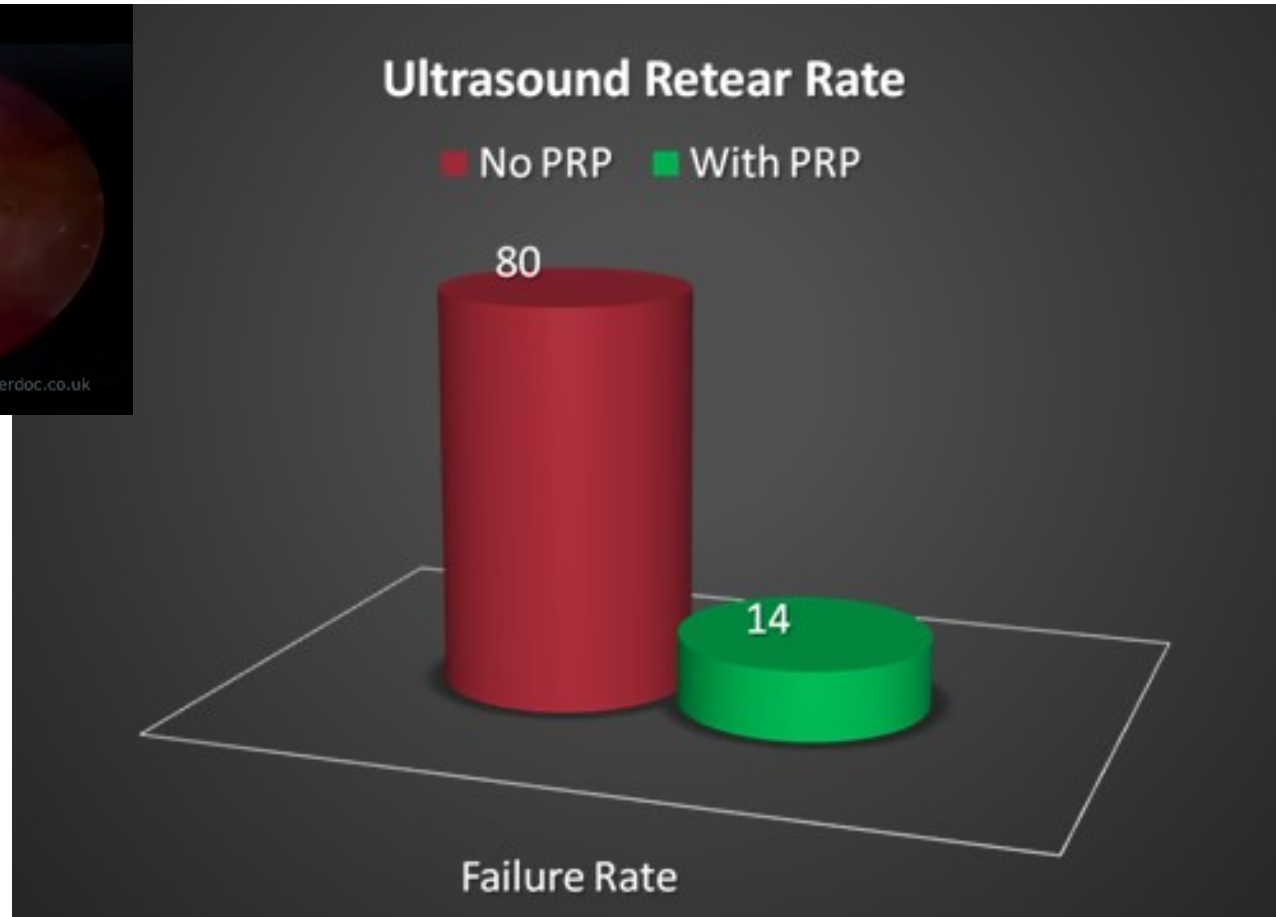
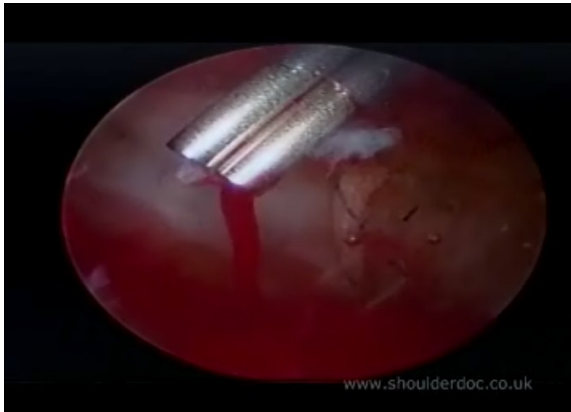
- 75% Improvement
- Long action



- Mishra, 2007
- Gosens, 2009

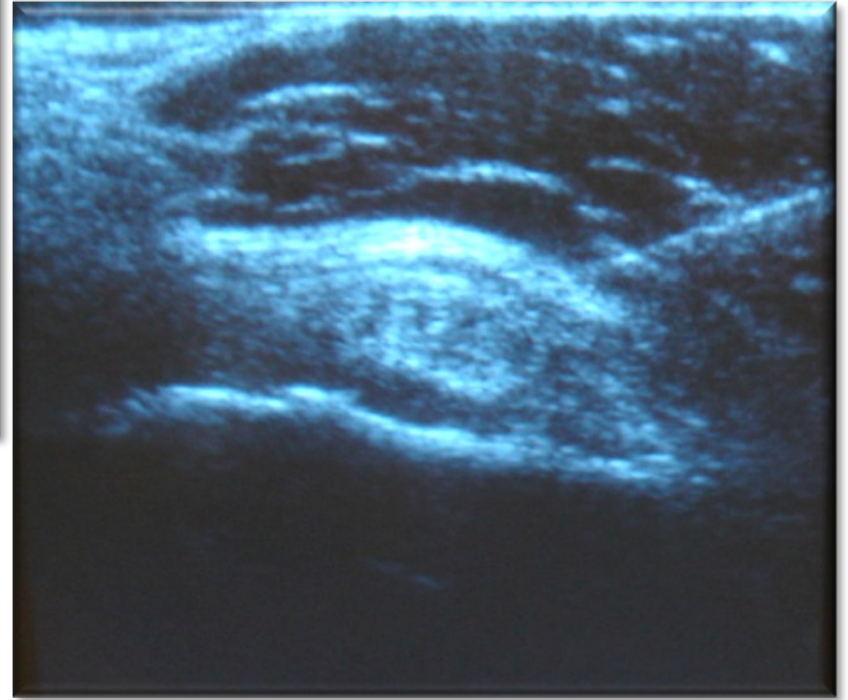


Rotator Cuff Repair



Funk & Fourie, 2009

Supraspinatus Tendinopathy



Posterior Capsular Tightness

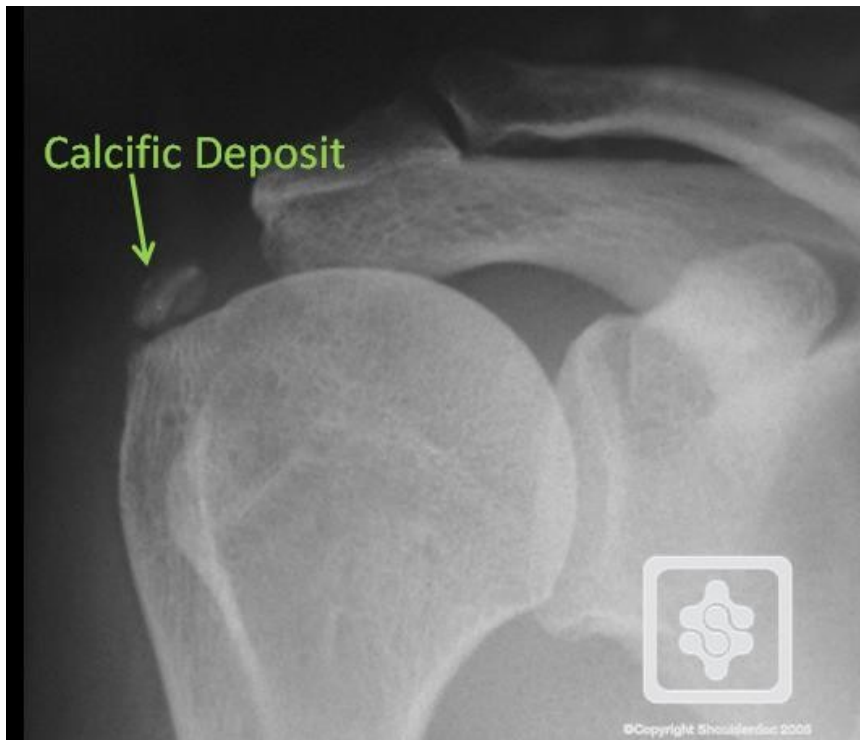
Barbotage



Hydrodilataction



Calcific Deposit



Barbotage



Arthrographic Hydrodilatation



Shoulder & Knee Lab

- ▤ Sessions can be booked by [contacting us here](#) or ringing +44 (0)161 2270027.
- ▤ Numbers are strictly limited to **six people per session**.
- ▤ All sessions are **supervised** by Linda Hallam (Assistant Surgical Practitioner), John Barber (Simulations Manager) and/or Lennard Funk (Surgeon).
- ▤ A **training book** is provided and **certificates**, as required.

