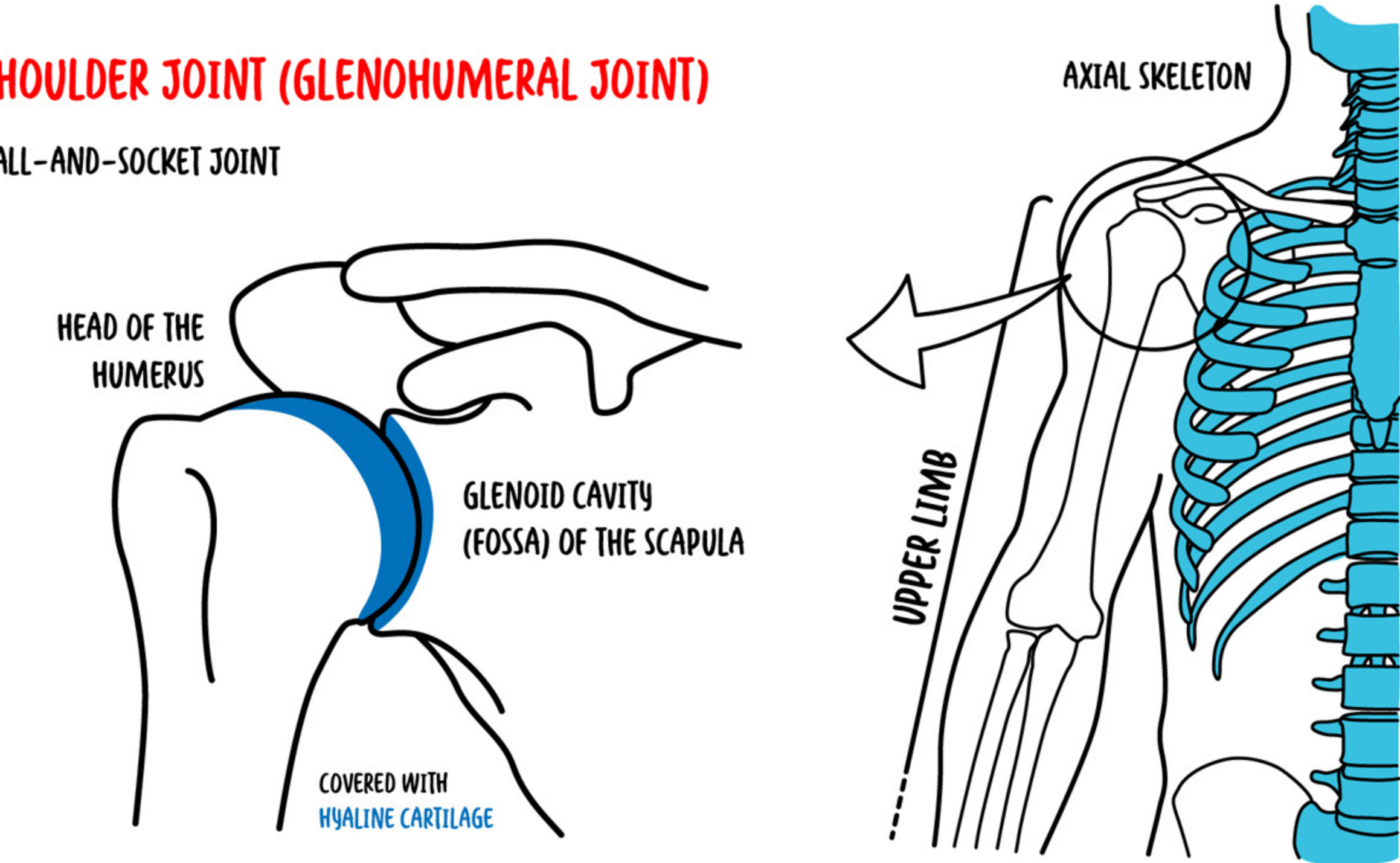
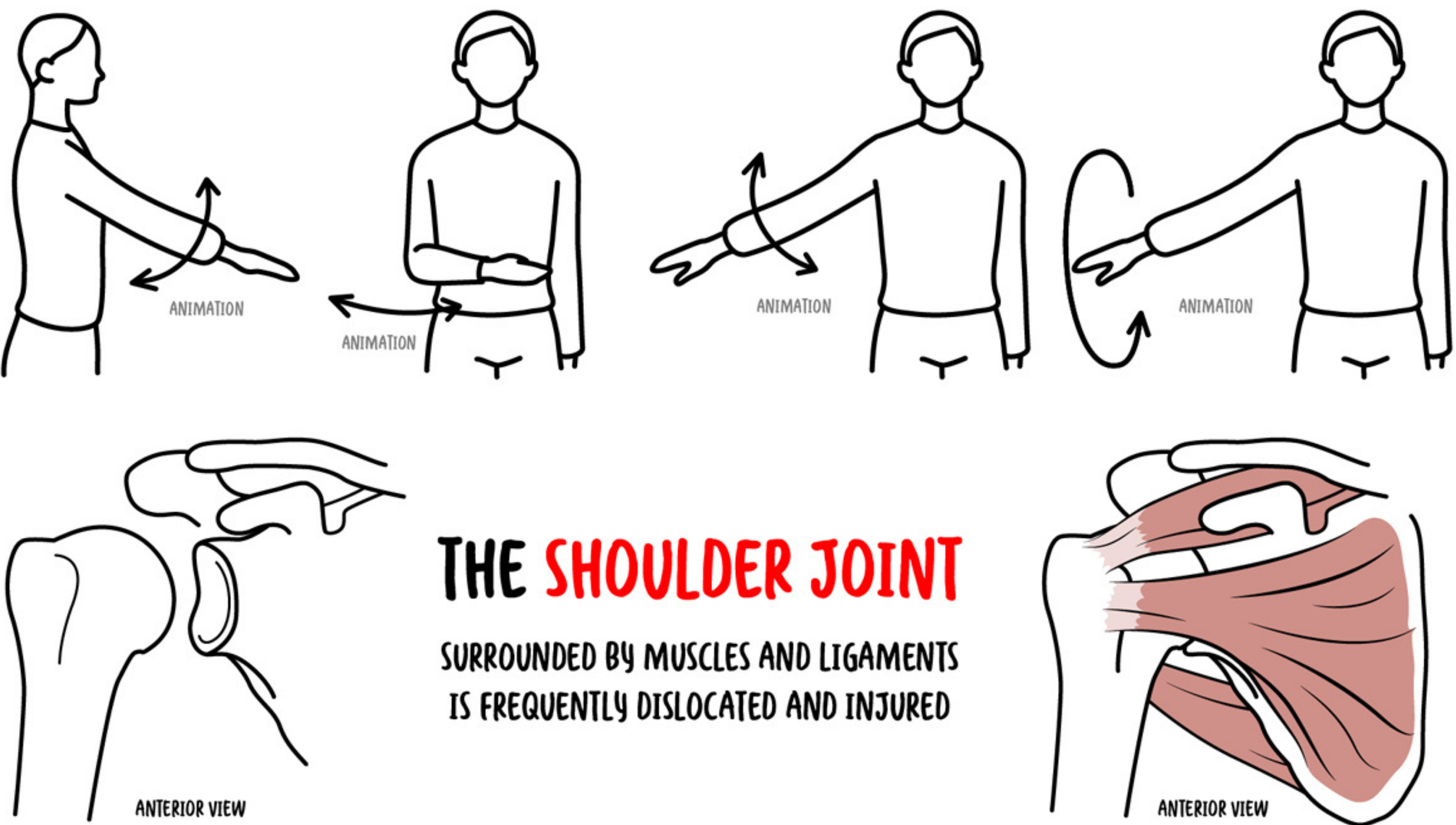
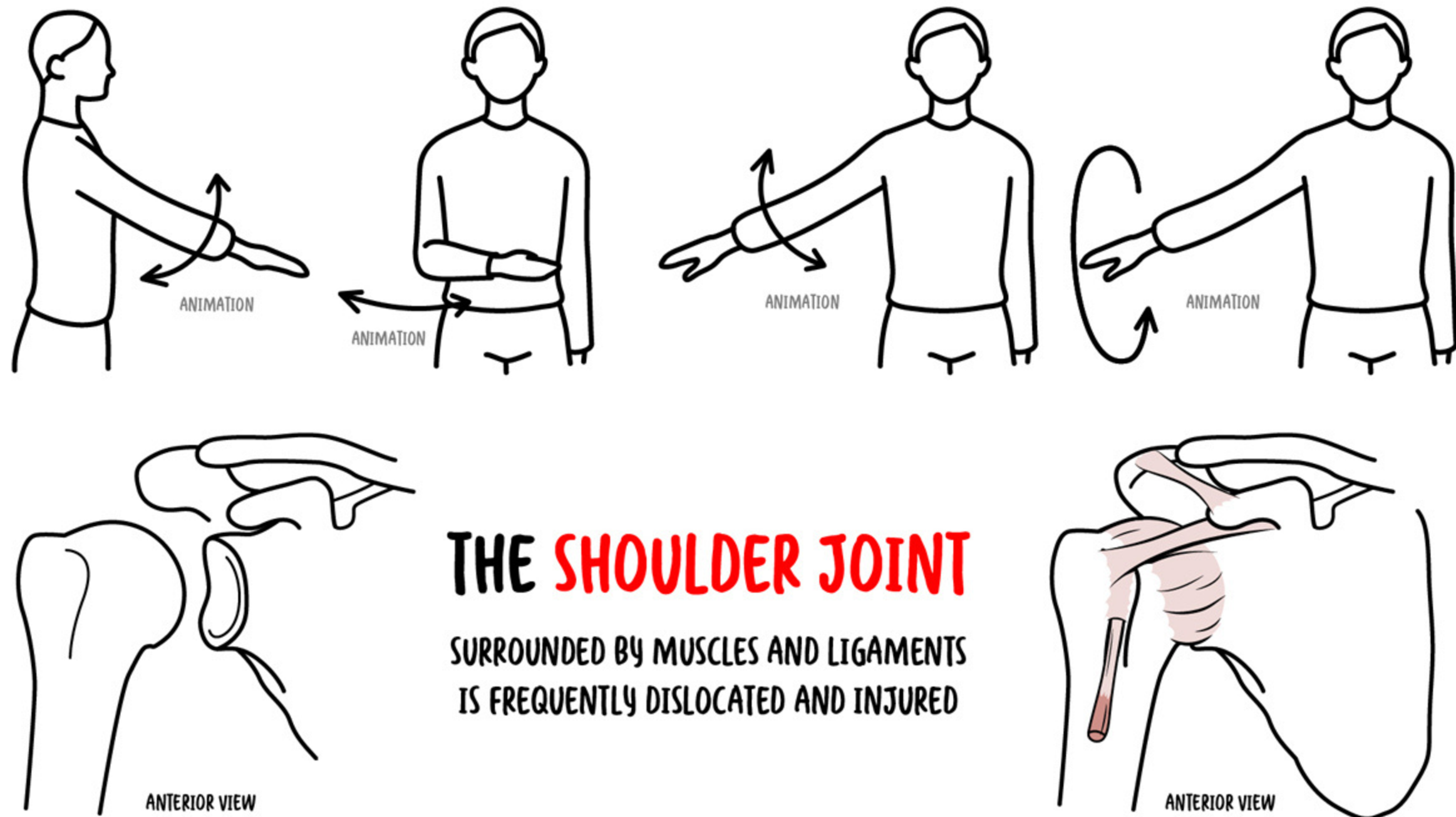
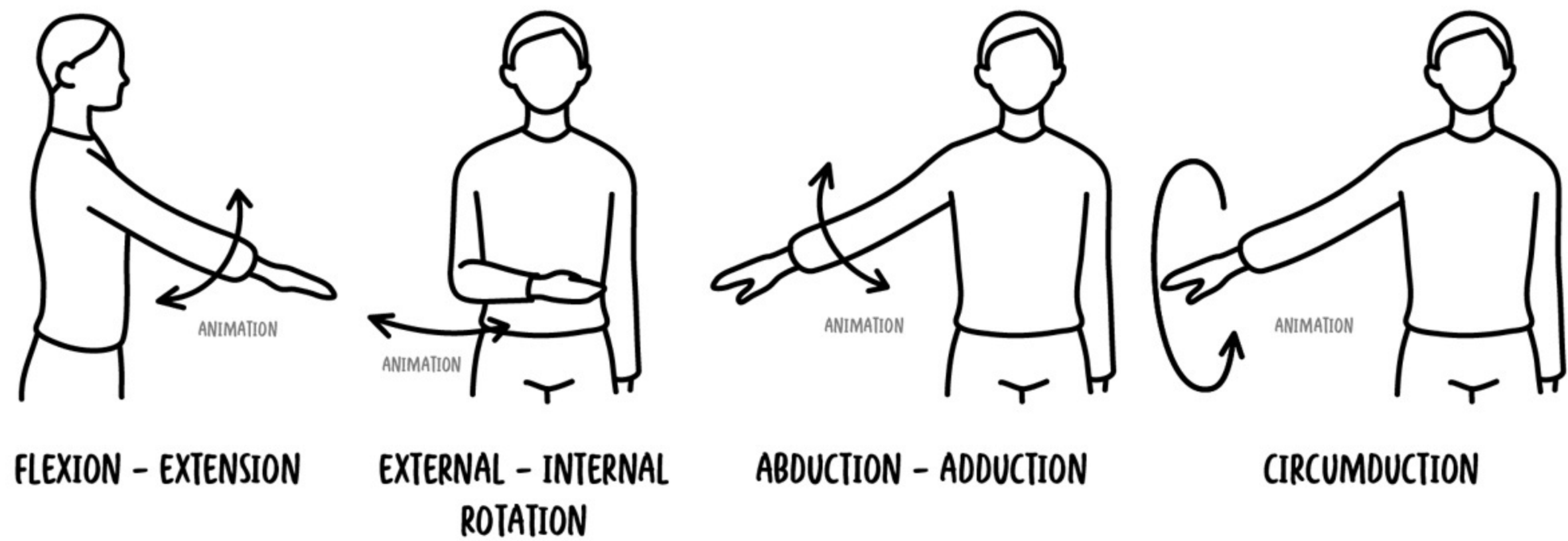


SHOULDER JOINT (GLENOHUMERAL JOINT)

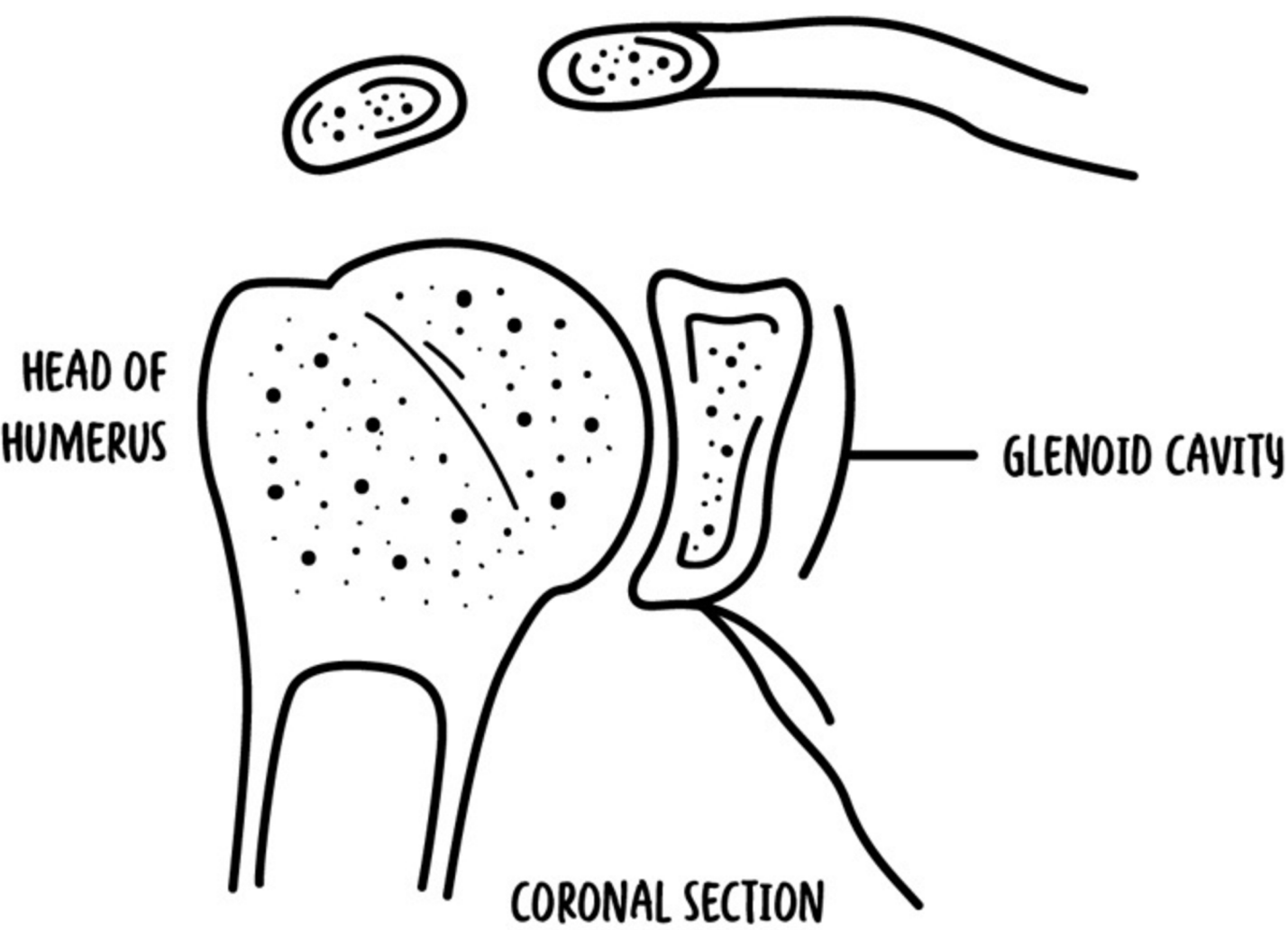
BALL-AND-SOCKET JOINT



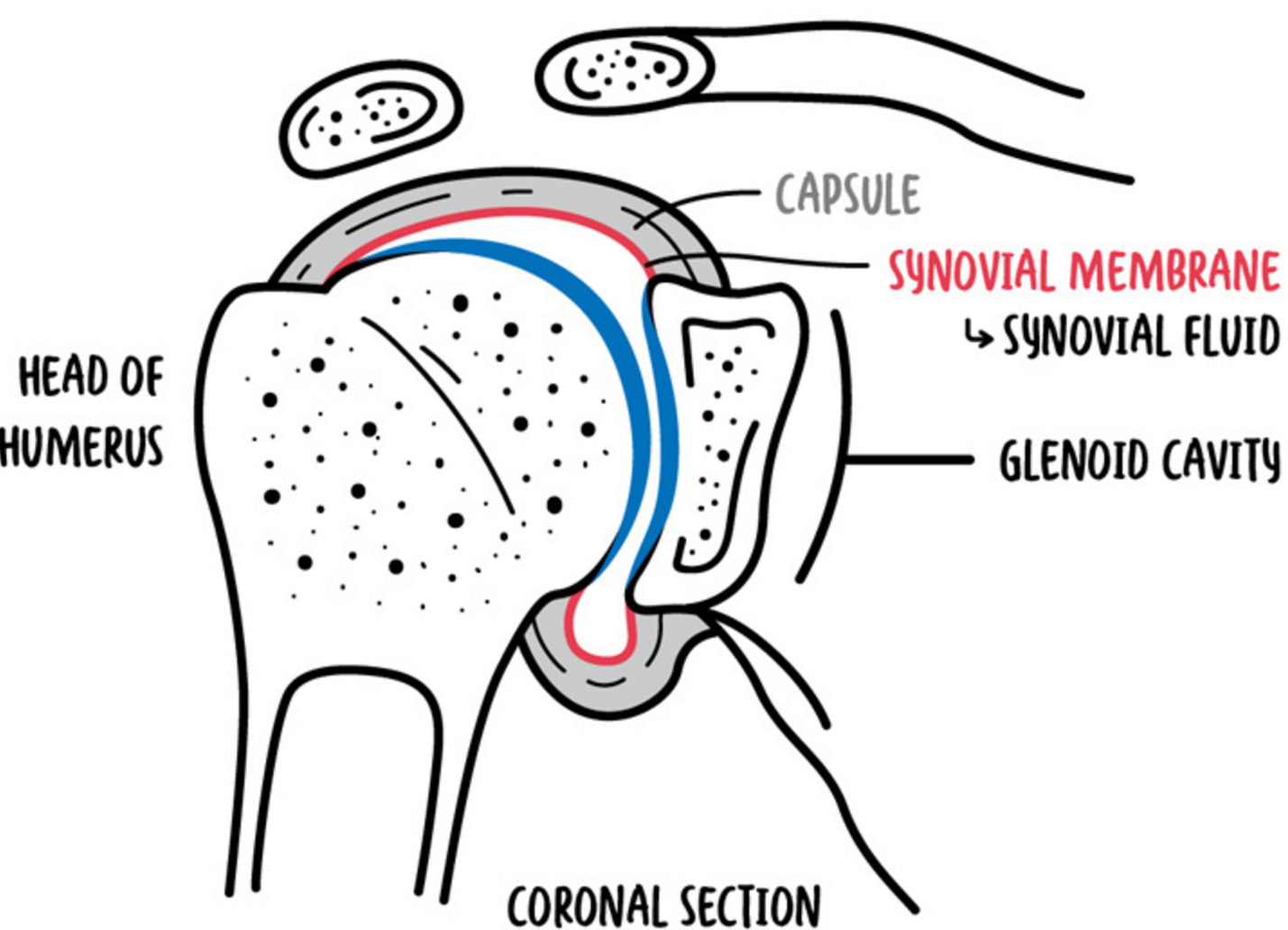
WIDE RANGE OF MOVEMENT



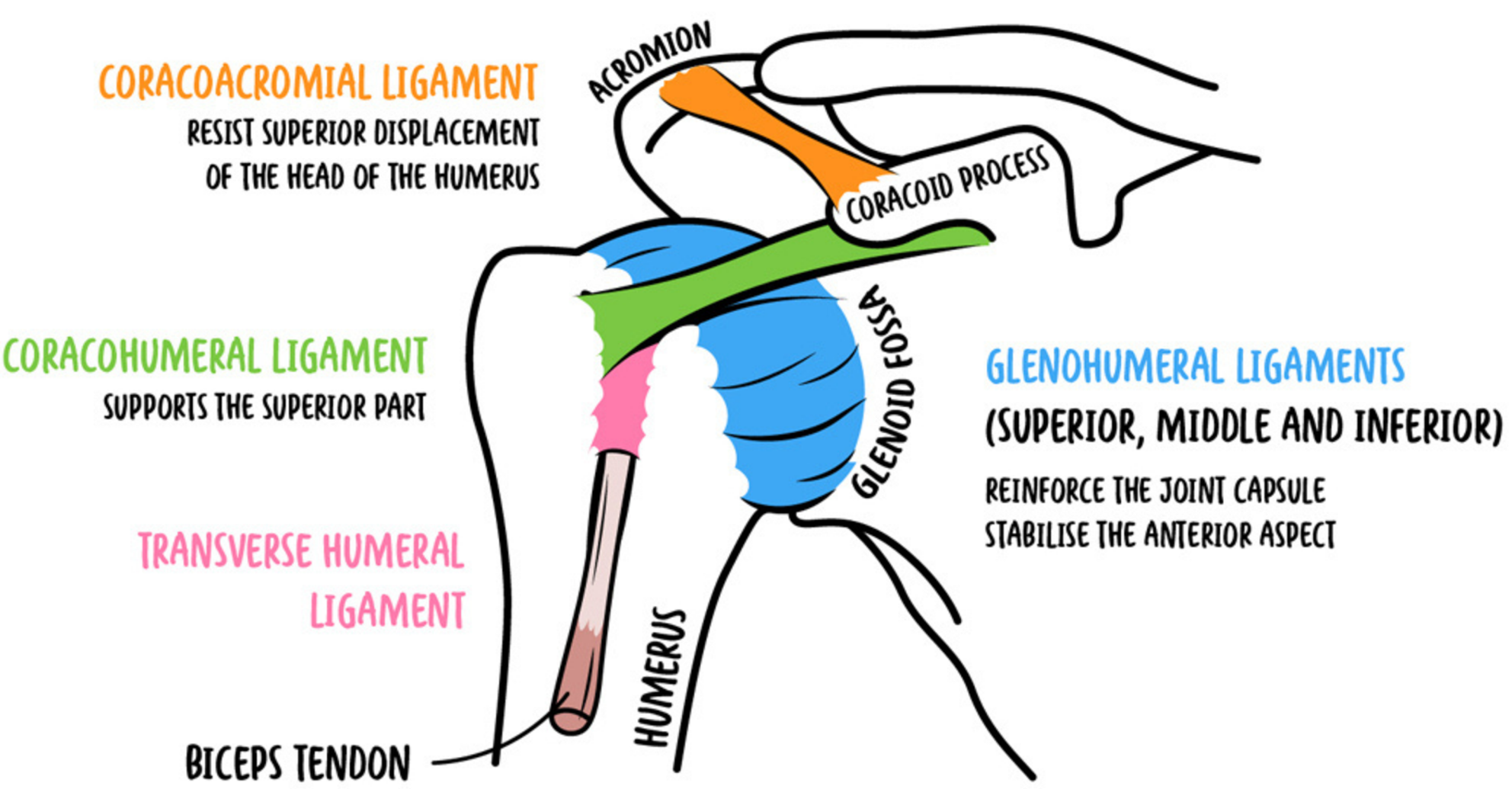
JOINT CAPSULE



JOINT CAPSULE

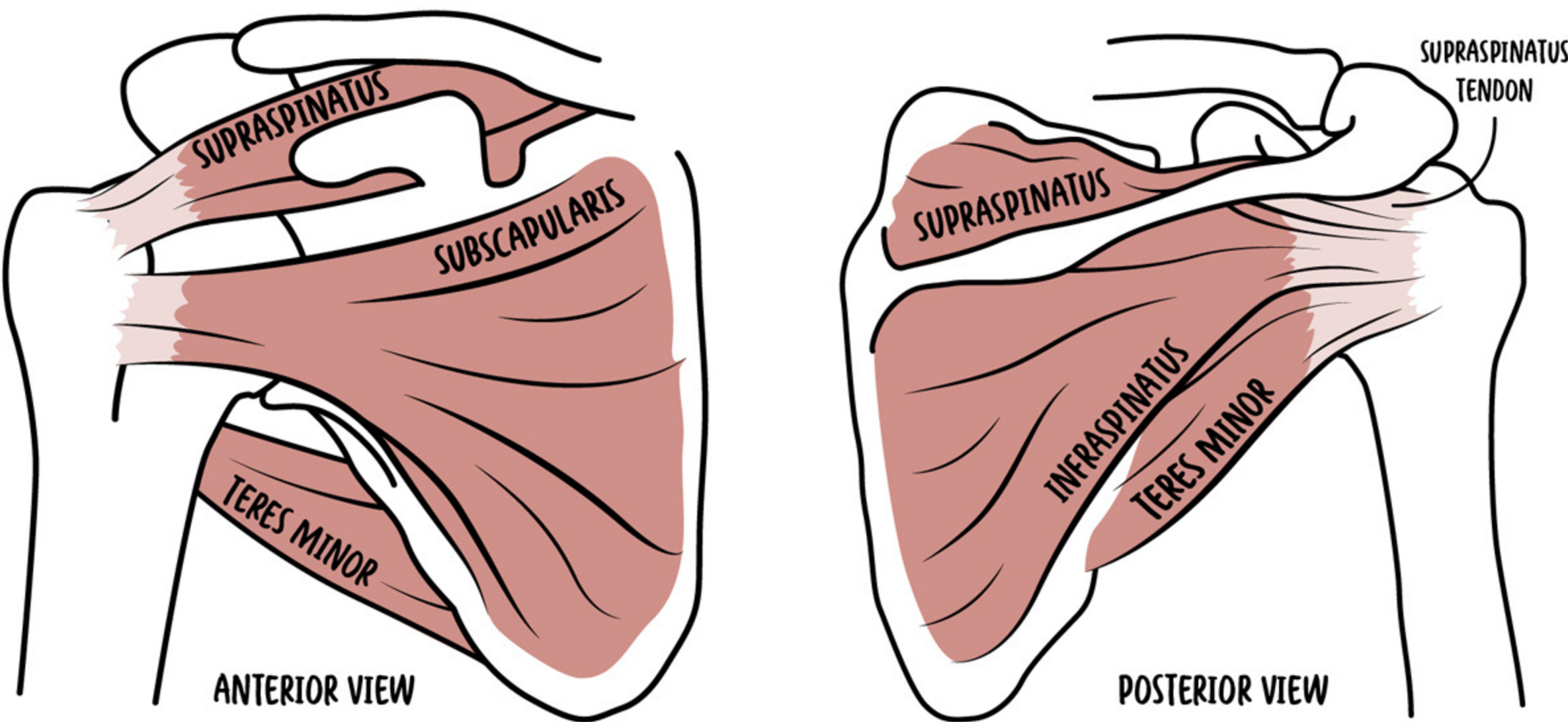


LIGAMENTS



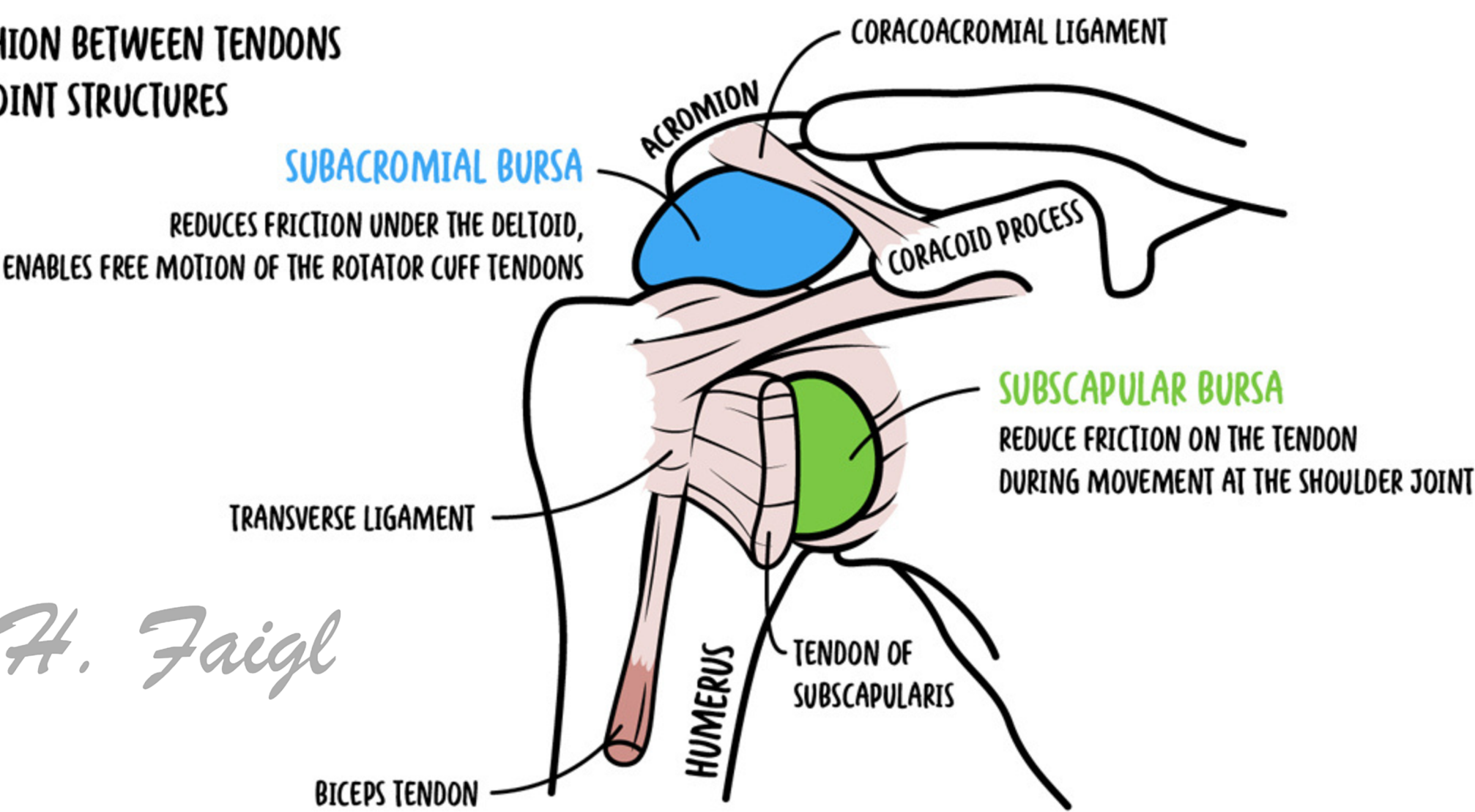
ROTATOR CUFF

POSITION THE HUMERAL HEAD IN THE GLENOID, ALLOWING LARGER MUSCLES TO PROVIDE NECESSARY POWER



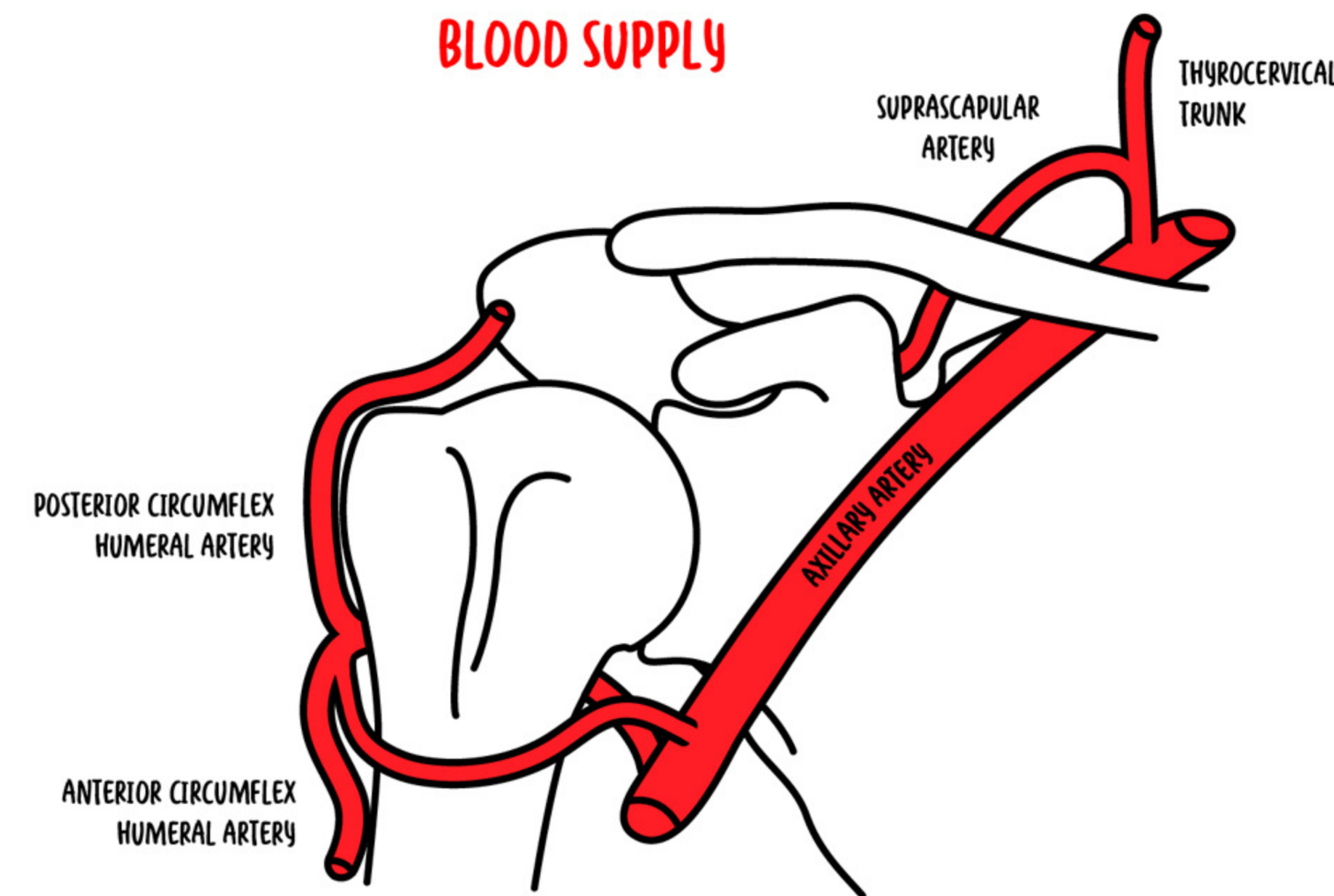
BURSAE

ACT AS A CUSHION BETWEEN TENDONS AND OTHER JOINT STRUCTURES

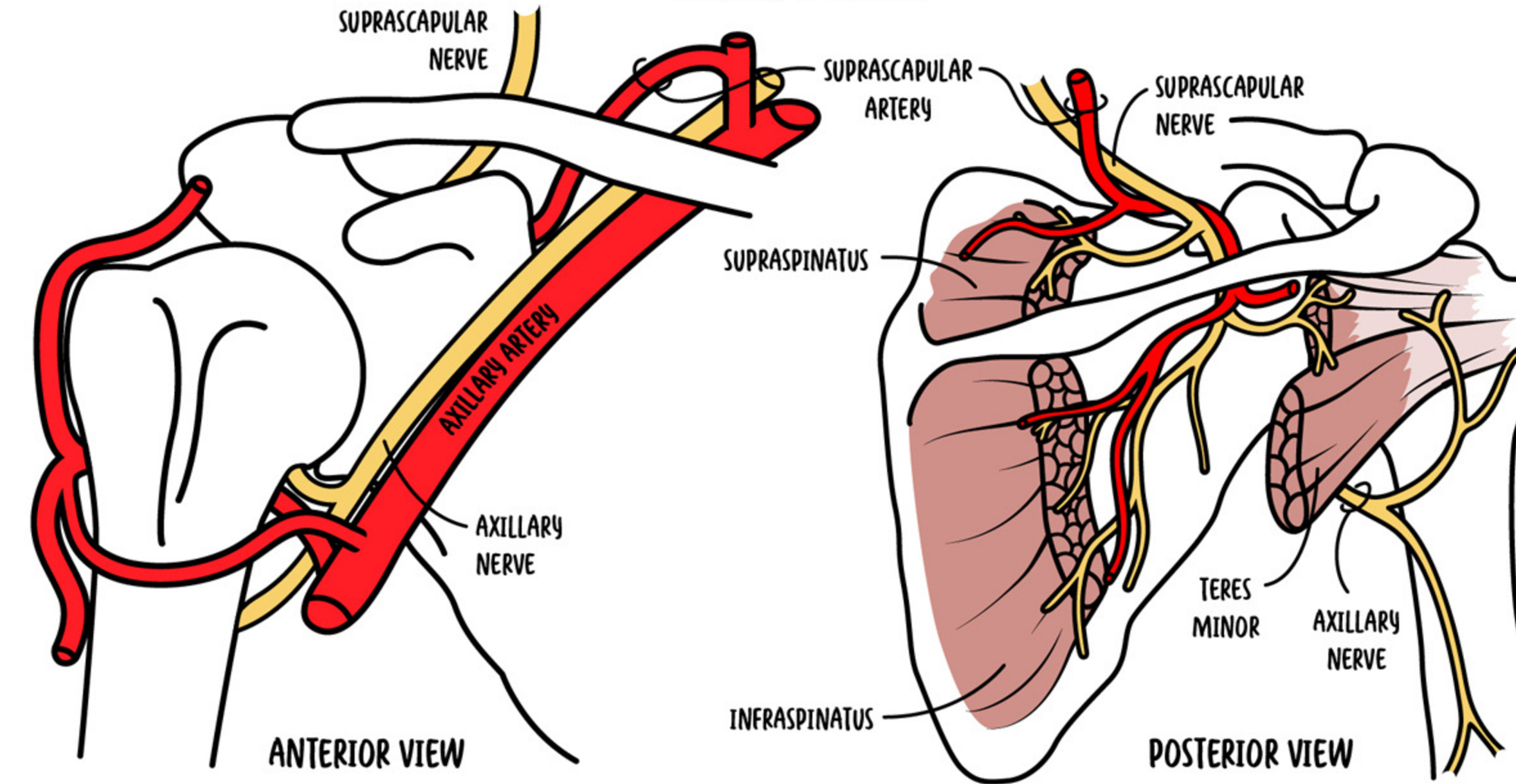


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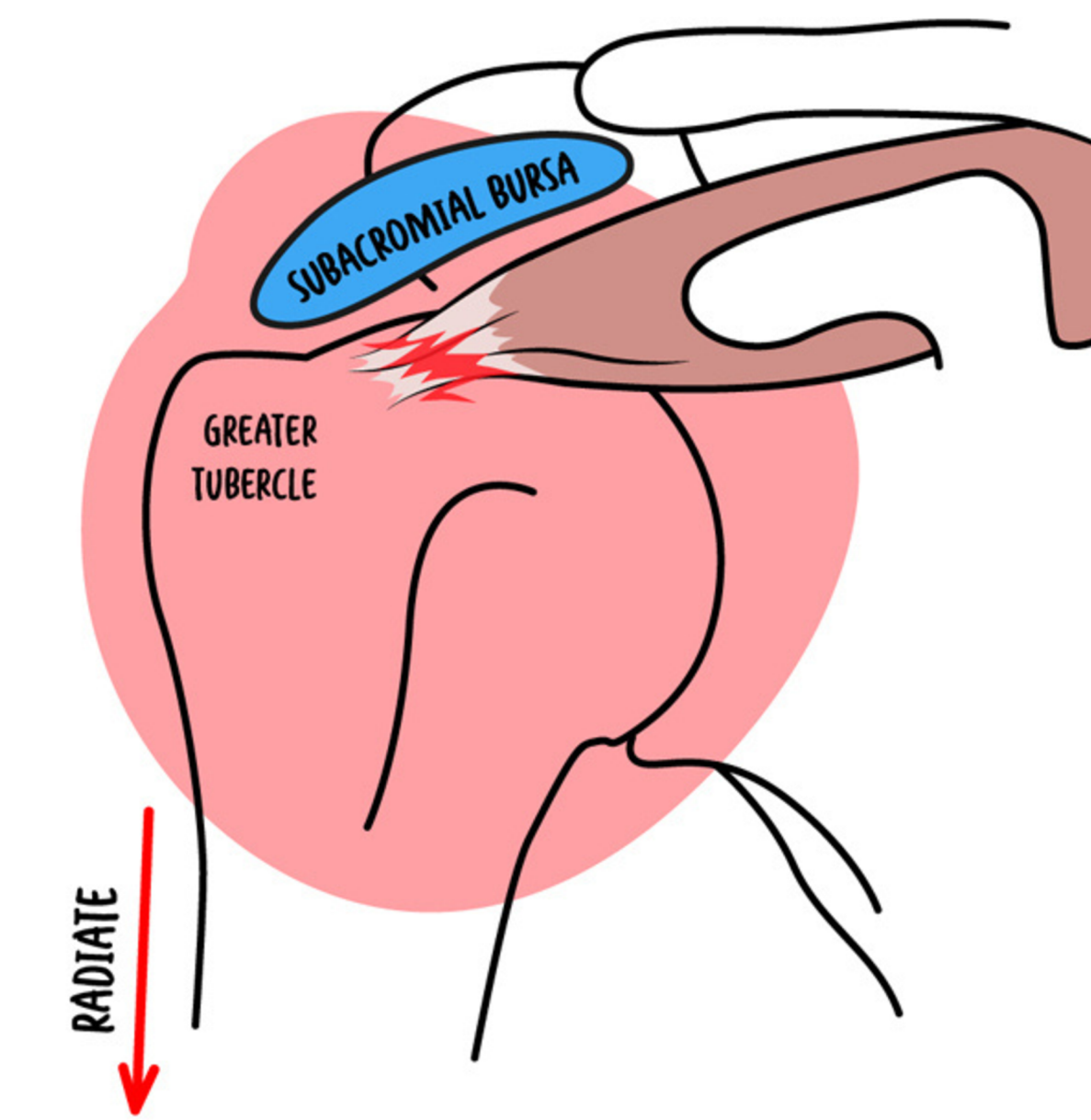
BLOOD SUPPLY



INNERVATION



ROTATOR CUFF TEARS

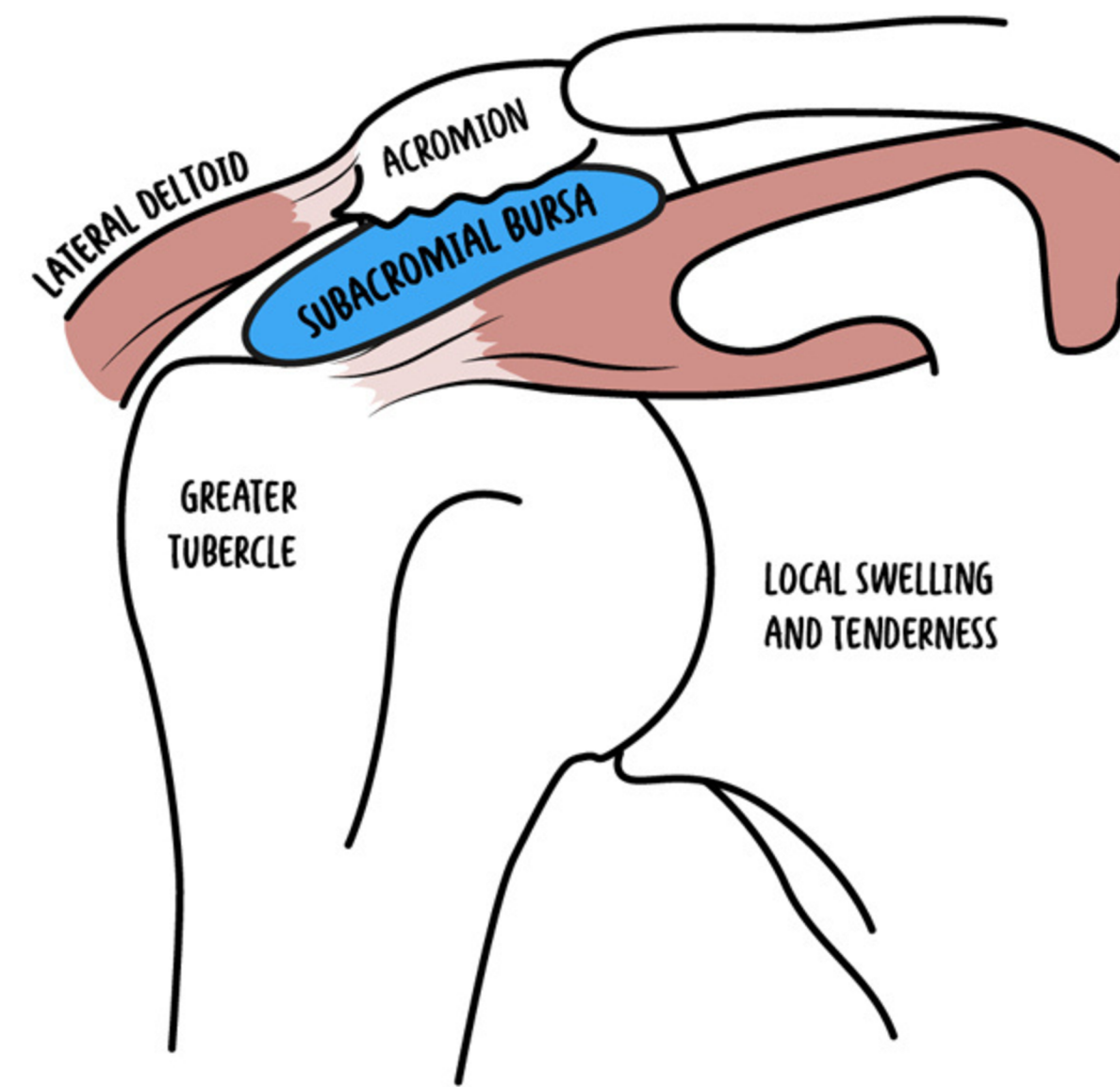


CAUSE

COMPLETE SEPARATION OF THE TENDINOUS FIBERS FROM THEIR INSERTION ONTO THE GREATER TUBEROSITY

CLINICAL FEATURES

- PAIN
- WORSE WITH OVERHEAD ACTIVITIES

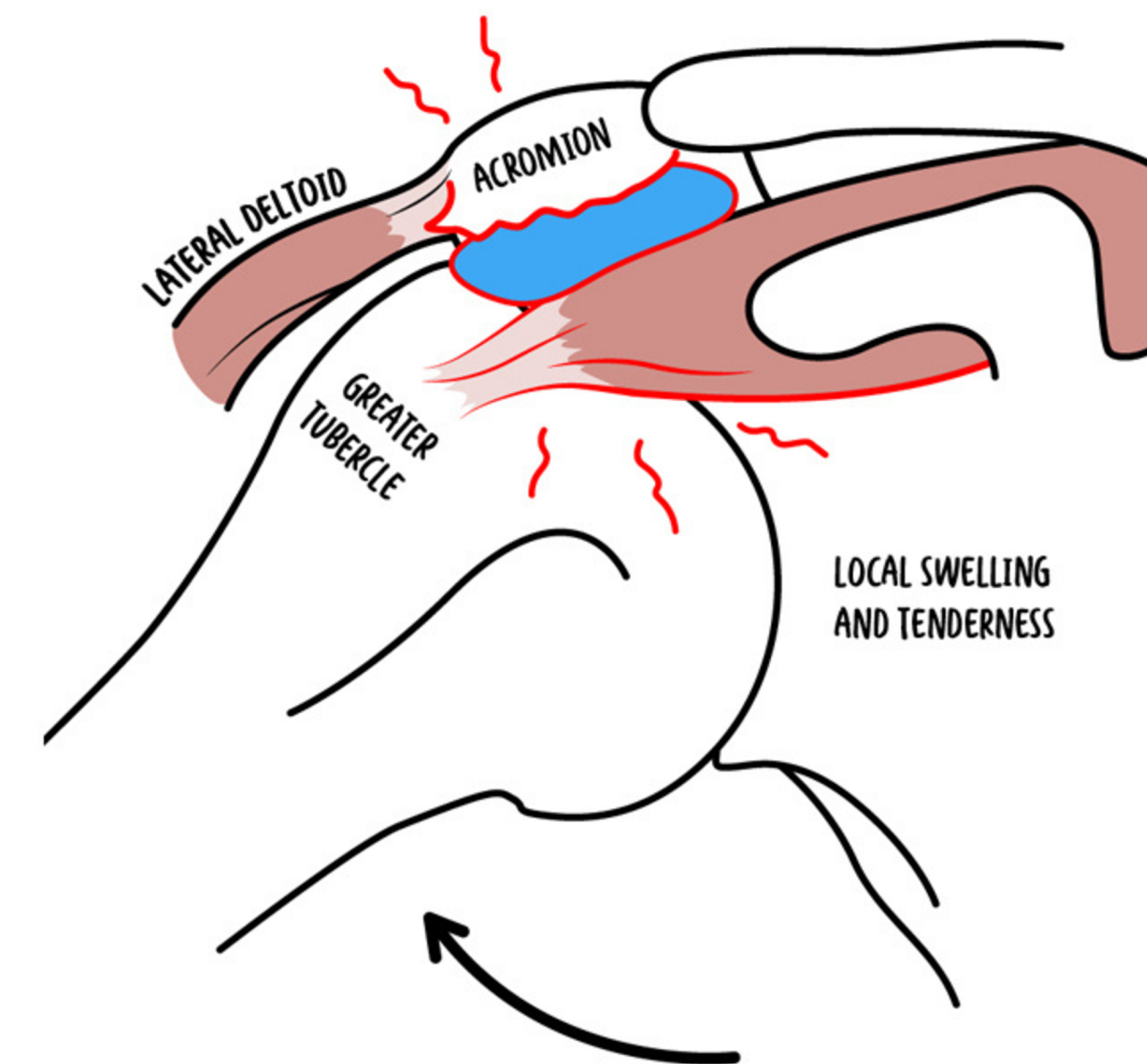
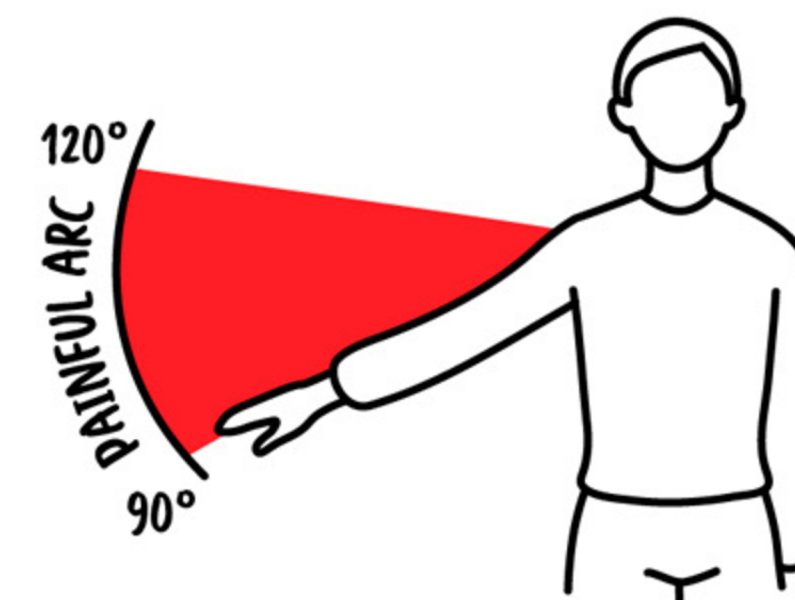


SHOULDER IMPINGEMENT

ENTRAPMENT OF MUSCULOSKELETAL SOFT TISSUE ->

PAIN

GRADUAL AND MAY BE PRESENT FOR WEEKS OR MONTHS
WORSE WITH OVERHEAD ACTIVITY

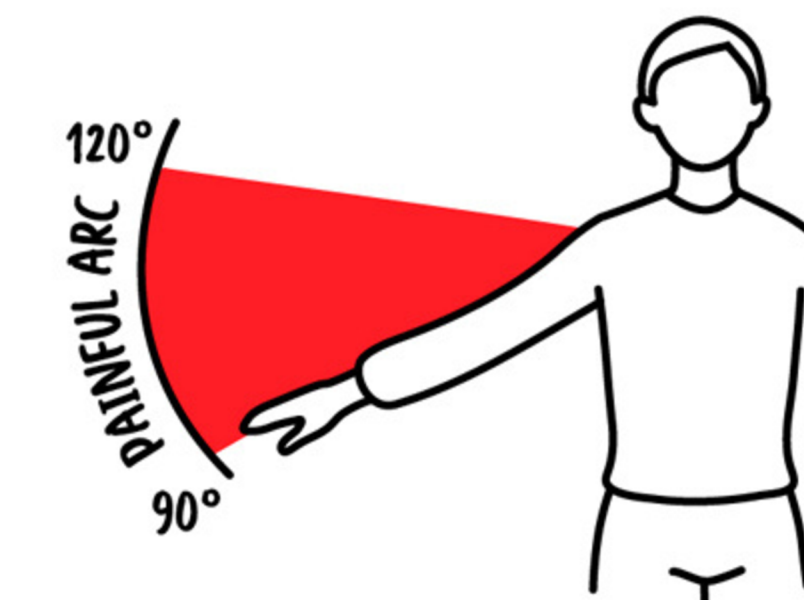


SHOULDER IMPINGEMENT

ENTRAPMENT OF MUSCULOSKELETAL SOFT TISSUE ->

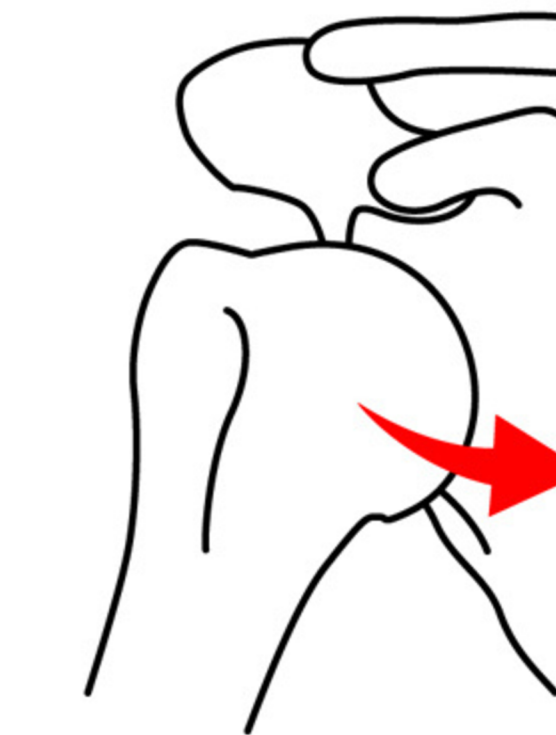
PAIN

GRADUAL AND MAY BE PRESENT FOR WEEKS OR MONTHS
WORSE WITH OVERHEAD ACTIVITY

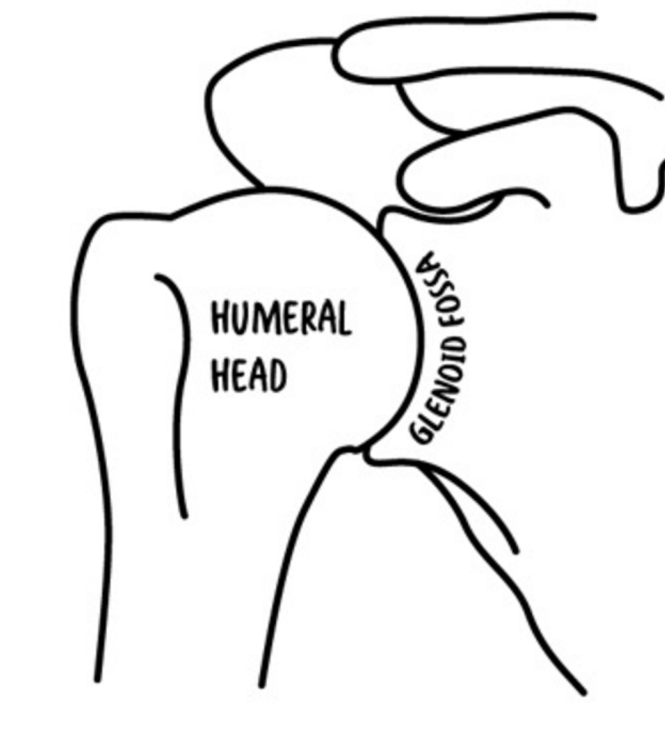


SHOULDER DISLOCATION AND INSTABILITY

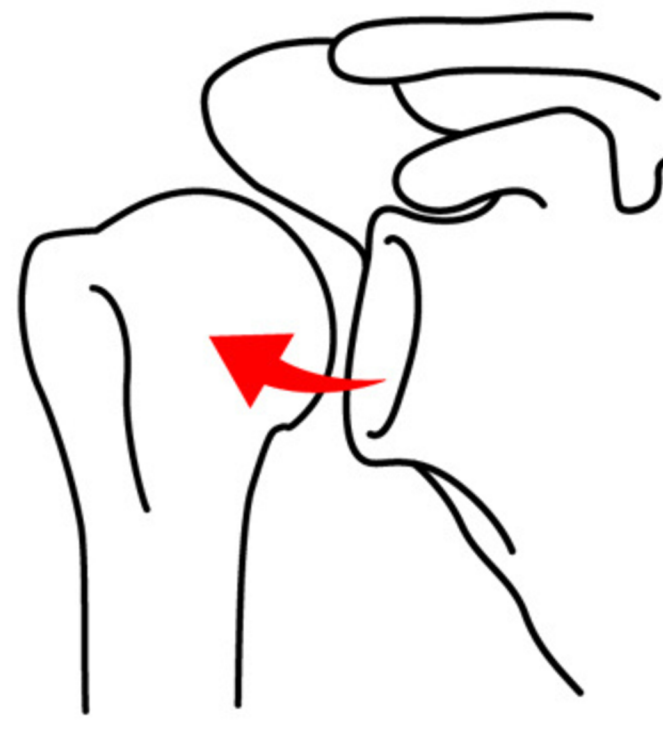
DESCRIBED BY WHERE THE HUMERAL HEAD LIES IN RELATION TO THE GLENOID FOSSA



ANTERIOR DISLOCATION (95%)

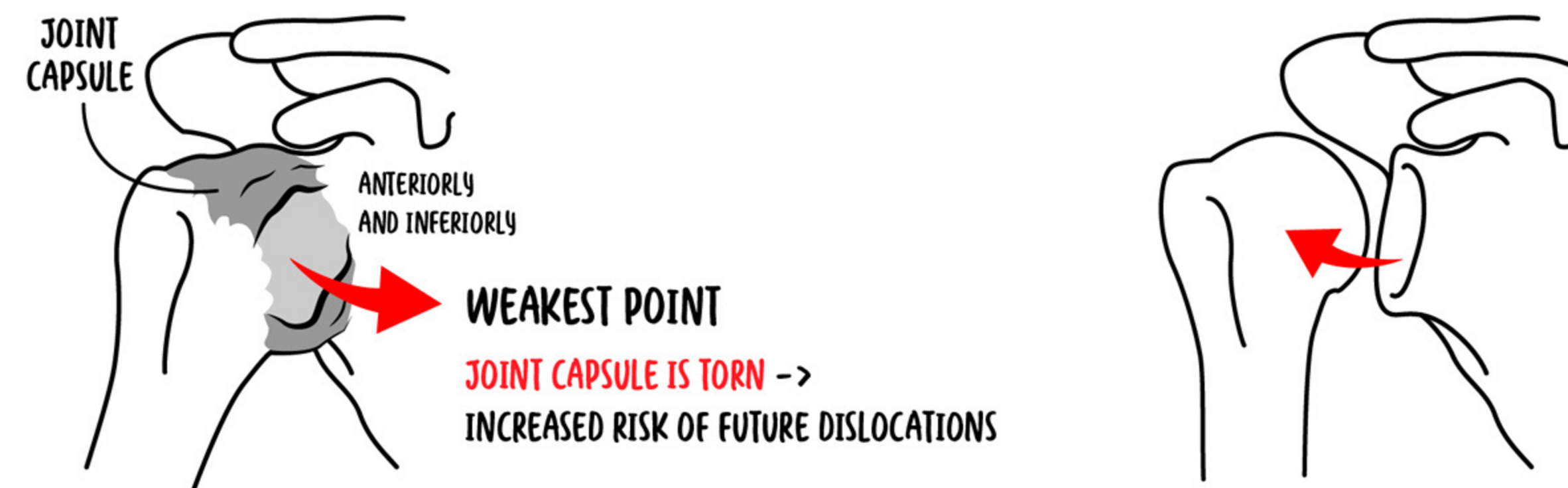


NORMAL ANATOMY



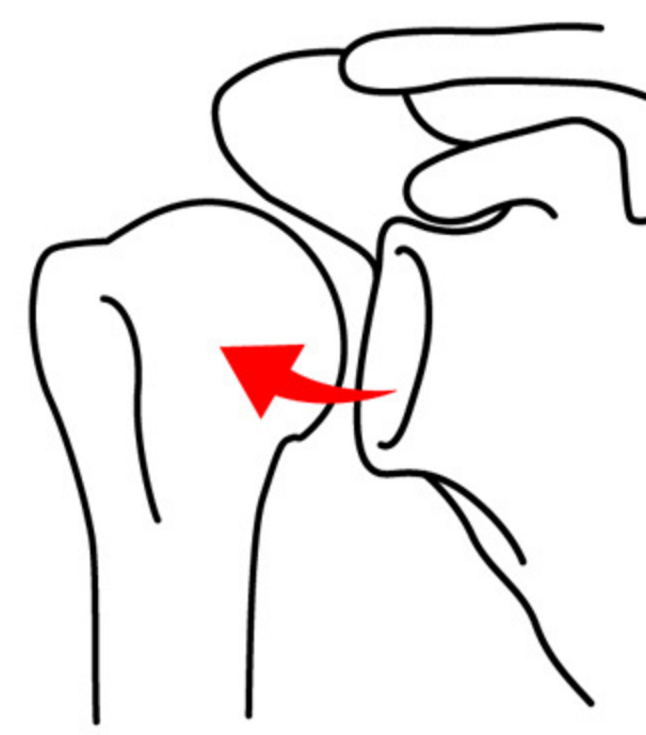
POSTERIOR DISLOCATION

SHOULDER DISLOCATION AND INSTABILITY



ANTERIOR DISLOCATION (95%)

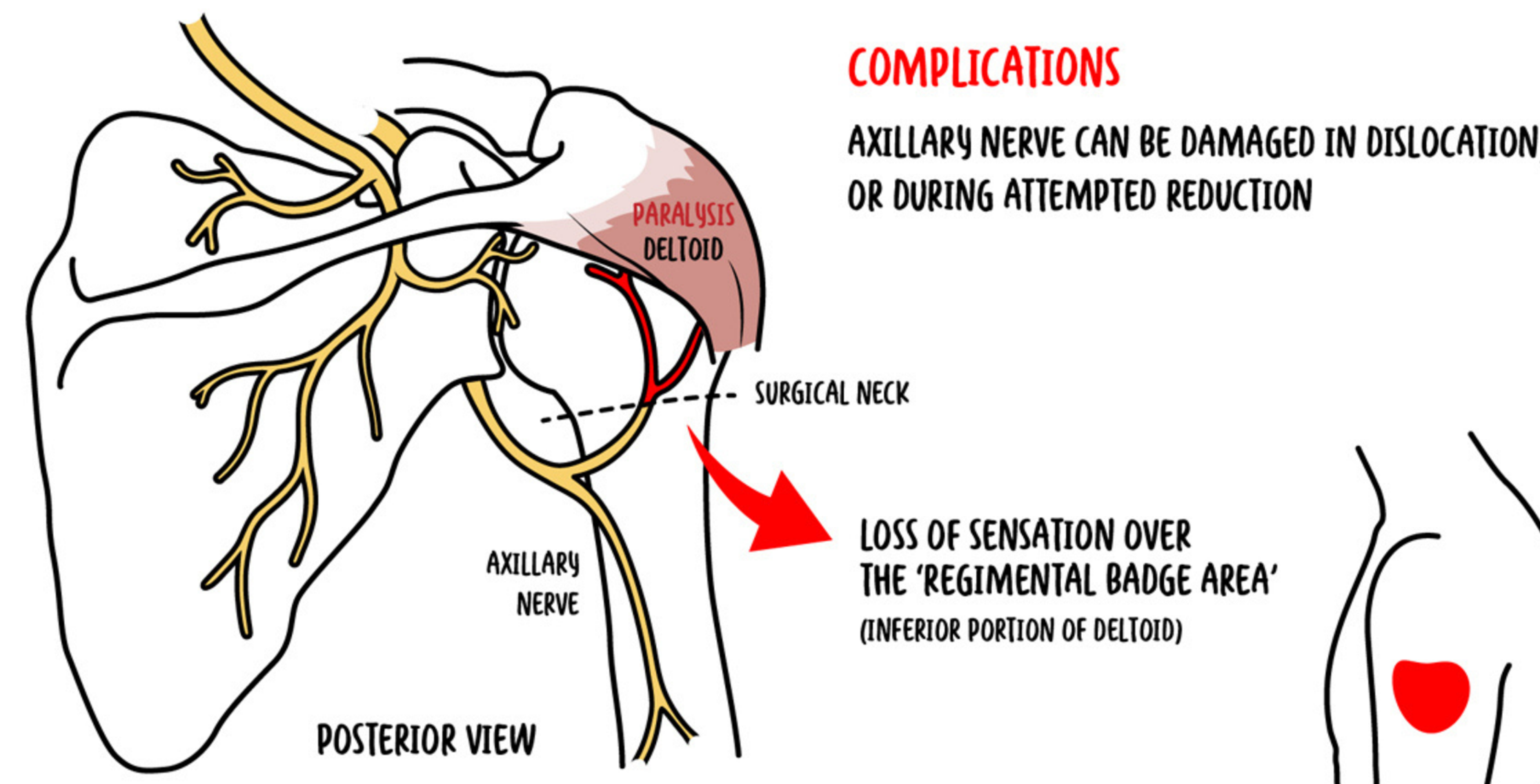
RESULT OF EXCESSIVE EXTENSION AND EXTERNAL ROTATION



POSTERIOR DISLOCATION

SEIZURES AND ELECTROCUTION INJURY

SHOULDER DISLOCATION AND INSTABILITY



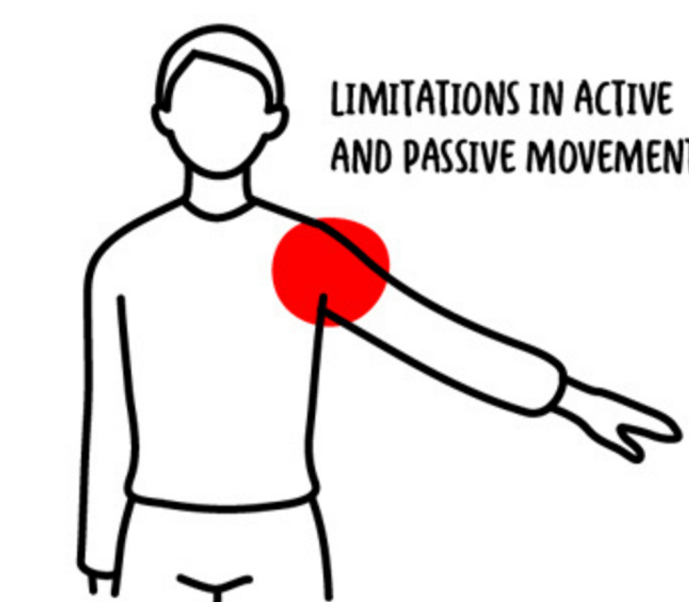
COMPLICATIONS

AXILLARY NERVE CAN BE DAMAGED IN DISLOCATION, OR DURING ATTEMPTED REDUCTION

FROZEN SHOULDER (ADHESIVE CAPSULITIS)

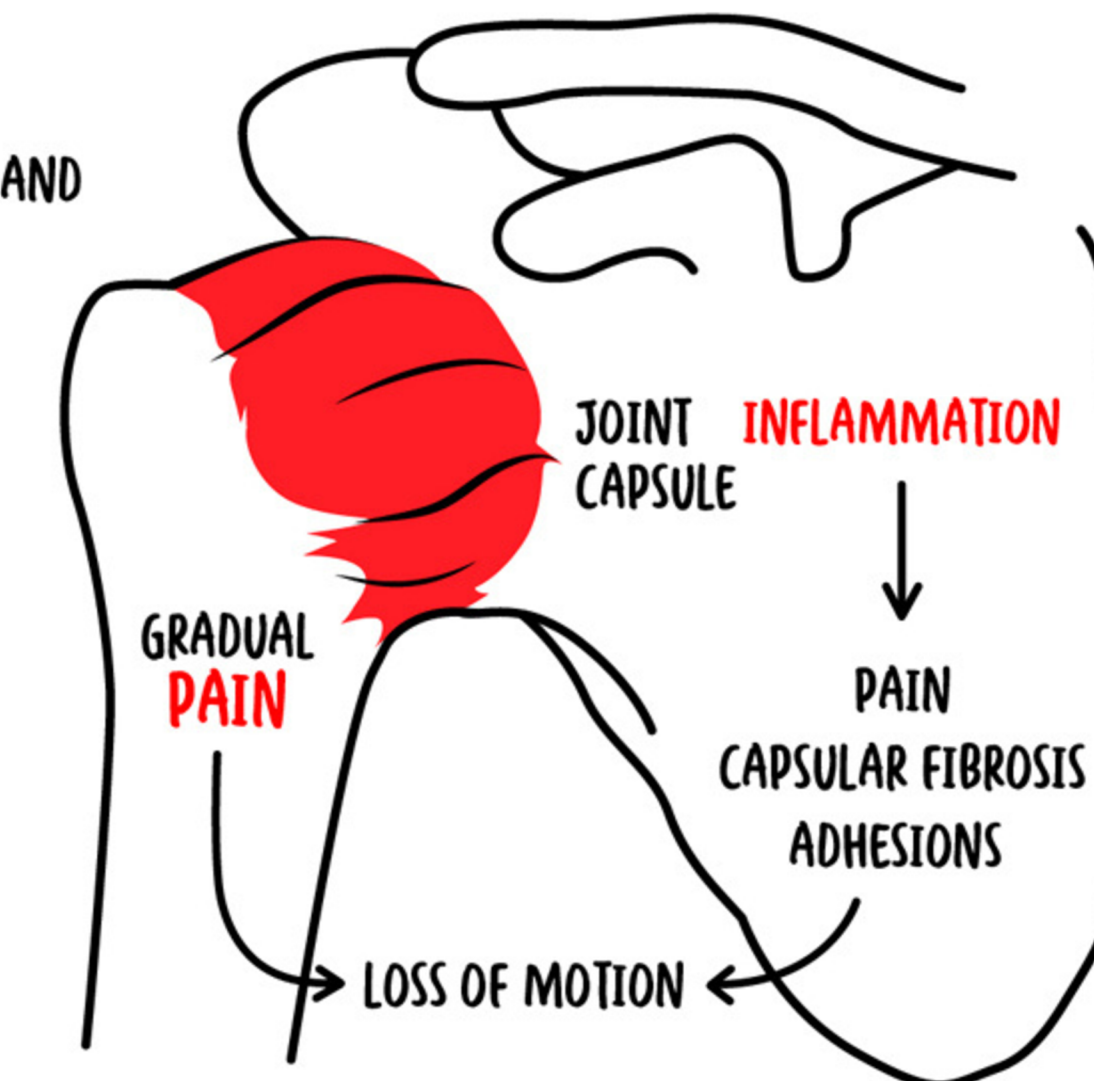
2-5% OF THE POPULATION

INITIALLY PAINFUL AND LATER PROGRESSIVELY RESTRICTED ACTIVE AND PASSIVE GLENOHUMERAL JOINT RANGE OF MOTION



RISK FACTORS

FEMALE
INCREASING AGE
DIABETES



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