

RESULTS AND RETURN TO SPORTS AFTER POSTERIOR CAPSULE RELEASE IN NON-STRETCH RESPONDERS IN THE OVERHEAD ATHLETE

Sanders K, Paletta G, Gross L: *Sanders K , †Paletta G, †Gross L *STAR Center Barnes Jewish West County Hospital, St. Louis, MO, USA † The Orthopedic Center of St. Louis, St. Louis, MO, USA

Background: GIRD (Glenohumeral Internal Rotation Deficit) has recently been identified as a potential cause of internal impingement in the overhead athlete. In the absence of significant structural pathology, often athletes can return to their respective sport with less pain through physical therapy intervention in the form of posterior capsule stretching, rotator cuff strengthening, and neuromuscular exercise for correct scapular movement. It has been suggested that those failing 3 months of conservative treatment for GIRD associated internal impingement may benefit from posterior capsule release.

Purpose: This study retrospectively reviewed the outcomes of 11 overhead athletes who underwent posterior capsule release for GIRD.

Methods: Medical charts were reviewed for concomitant pathologies, pre-operative and post-operative ROM (range of motion), and level of return to play following surgical intervention.

Results: Subjects consisted of male baseball players 16-28 years of age who failed non-operative care. 75% (6/8) returned back to their respective sport with an average of 10-15° increase in IR (internal rotation) measured in the 90/90 position at the 6 month post-op point in time. 100% (13/13) had RC strength measured at 5/5 by manual muscle testing. No subject had signs or symptoms of posterior instability.

Conclusions: These results indicate that in those not responding to conservative treatment or those who have significant structural pathology on MRI, posterior capsule release may provide a viable option for return to competitive play with minimal pain.