Background: An 18-year-old female freshman Division I lacrosse player endures chronic bilateral posterior shoulder pain. The athlete is 5’3” tall and weighs 132 lbs. After an off-season practice the athlete reported to the athletic training room with obvious deformity of the left shoulder. The athlete had been trying to take her shirt off after practice and her shoulder “popped out.” The athlete stated that she had a previous history of glenohumeral subluxation and that today during practice her shoulder subluxed repeatedly while both catching and throwing the ball. The initial mechanism of injury was shoulder abduction, external rotation, and elbow flexion while pulling in the upward direction. Upon the athlete’s arrival to the athletic training room, an ATC reduced the shoulder and placed a sling, shoulder spica, and ice over the injured site. The athlete was brought to the team physician and during this time period the athlete continued to sublux both anteriorly and posteriorly involuntarily fifteen times. The shoulder was reduced repeatedly and held stable. The physician determined that X-ray images were warranted. The X-rays were negative, however the images revealed a decreased joint space with a very tiny labrum. The athlete was instructed to stay in the sling and begin muscular firing patterns. At a follow up five days later, the athlete was instructed not to return to play until full strength returned and subluxations ceased. Differential Diagnosis: Multidirectional Instability, Rotator Cuff Pathology, Superior Labrum Anteroposterior Lesion, Labral Tear, Chronic Posterior Subluxation with Acute Posterior Shoulder Dislocation.

Treatment: During her Pre-Participation Physical it was noted that the athlete had a previous history of chronic bilateral posterior shoulder subluxation and that rehabilitation exercises in an attempt to strengthen the surrounding musculature were to begin immediately. The athlete began a rehabilitation program which included strengthening of the rotator cuff musculature as well as the pectoral, deltoid and trapezium. During rehabilitation, it was noted that the athlete subluxed frequently on her left side while attempting various exercises. The rehabilitation exercise plan was modified and no overhead strengthening was to be done until the athlete was free of subluxation from 0 to 90 degrees. The athlete’s out-of-season conditioning and weight lifting began two days following her first rehabilitation. The athlete was instructed to refrain from overhead exercises. After two weight room sessions, the athlete complained of minor scapular tightness and increased “popping out” episodes during exercise. The following day the athlete experienced dislocation. At the present time this athlete is not participating in activity and is undergoing deltoid muscle re-education via Russian electrical stimulation for 15 minutes per day including a specific strengthening protocol. Uniqueness: Prior to the injury the athlete subluxed once a week until the day of the injury when she subluxed a confirmed fifty times during practice with no pain and 15 more times involuntarily in route to the physician. Not only is this patient a chronic subluxor in both the anterior and posterior directions but the size of the athlete’s labrum is unique and is likely the predisposing factor that led to her dislocation. The mechanism of injury, abduction and external rotation, is usually found with anterior dislocation, however, in this case the athlete dislocated posteriorly. Conclusions: An injury of this degree and frequency is rare in collegiate athletics. Chronic subluxation at this magnitude with no pain is very uncommon and needs to be dealt with conservatively. Key Words: Glenohumeral, Subluxation, Shoulder Spica, Superior Labrum Anteroposterior Lesion.