POSTERIORLY DISPLACED MIDBODY SCAPULAR FRACTURE IN A FOOTBALL PLAYER

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**Background:** The objective of this case study is to provide information on a scapular fracture; a traumatic injury unique to the athletic setting. The athlete is a seventeen-year-old white male football player at the wide receiver position. His previous medical history consists of a partial labral tear of the left shoulder and an ipsilateral scapular contusion earlier in the season. No other medical history was relevant to his injury. The scapular fracture occurred during a Friday night game when the athlete was tackled between two opposing players and forced to the ground. Upon initial evaluation, the player presented with a significant amount of edema surrounding the left posterior shoulder and reduced range of motion; his abduction and flexion were less than 15 degrees. No gross deformity or ecchymosis was evident. The athlete stated that the pain "felt different" when compared to his previous labral tear. Palpation was restricted due to the athlete's tenderness. Further evaluation was performed the Monday after the incident. With minimal reduction in edema and pain, the athlete was referred to a physician for evaluation and diagnostic imaging. Radiographs and computerized tomography scans revealed that the injury was a minimally displaced fracture to the body of his left scapula. **Differential Diagnosis:** The injury was initially suspected to be a labral tear; the patient had sustained a partial labral tear to the ipsilateral shoulder prior to injury. Other possible injuries included a humeral head subluxation, rotator cuff strain or tear, and a scapular contusion. **Treatment:** No surgical intervention was indicated. Surgery is not usually required or recommended for fractures of the scapular body unless it is exceptionally displaced. Through conservative treatment, such as cryotherapy and immobilization, the patient was cleared for return to play by the physician after meeting the required criteria of normal range of motion, strength, and function. Range of motion and strength were predominantly recovered through a rehabilitation program created by the Athletic Trainer. **Uniqueness:** Scapular fractures are unique to traumatic experiences, such as motor vehicle accidents, due to the high impact mechanism. Accordingly, they only account for less than 1% of all fractures. **Conclusion:** Scapular fractures in the athletic setting are extremely rare due to the high impact mechanism of injury. Additional literature needs to be established to create a reliable method for diagnosis in the athletic training setting. **Relevant Evidence:** Evidence has found that computerized tomography scans are the gold standard for scapular fracture diagnosis. Additionally, 90% of scapular fractures are mildly displaced or not at all, and are therefore treated conservatively. As a result, these injuries have received insignificant consideration; limited research on this subject is available. Traumatic surrounding injuries requiring attention often causes a suspension in the diagnosis of scapular fractures. **Word Count:** 450