Codman Case Presentation

1-23-17

Displaced acromial fracture after reverse

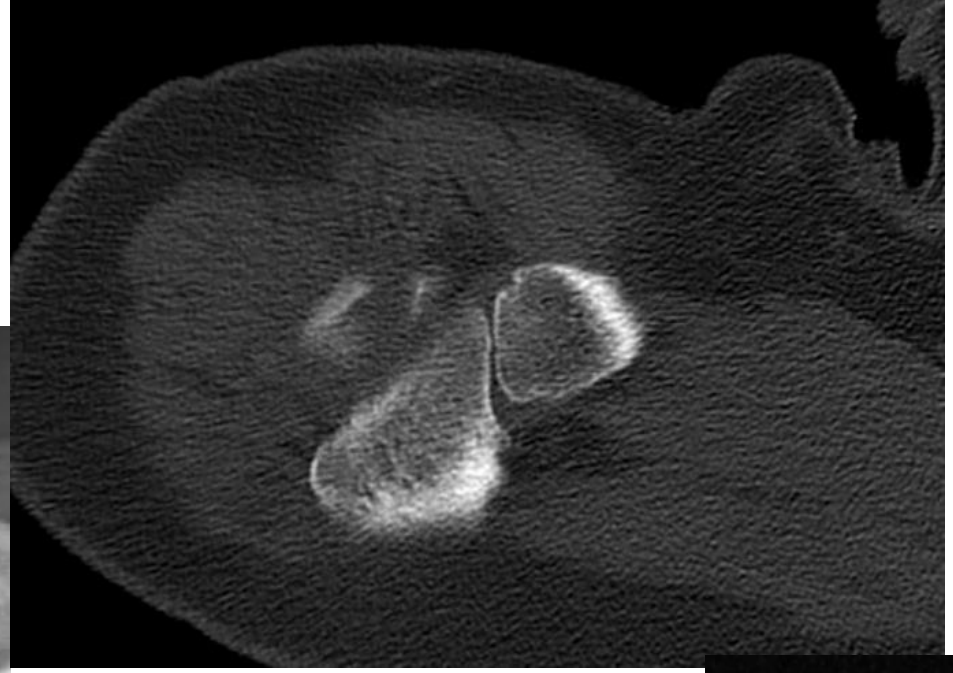
- 69 y.o. M with multi-year history of right shoulder pain who treated with multiple steroid injections over many years. Fell in May, 2016 and had increased pain with less motion. Injections gave limited relief and therapy did not help. Birth palsy in contralateral shoulder with little motion.
  - PMH: Hypertension and irregular heartbeat
  - SH: Denies tobacco, alcohol, or drug use. Retired from Kennecott Copper Mine.

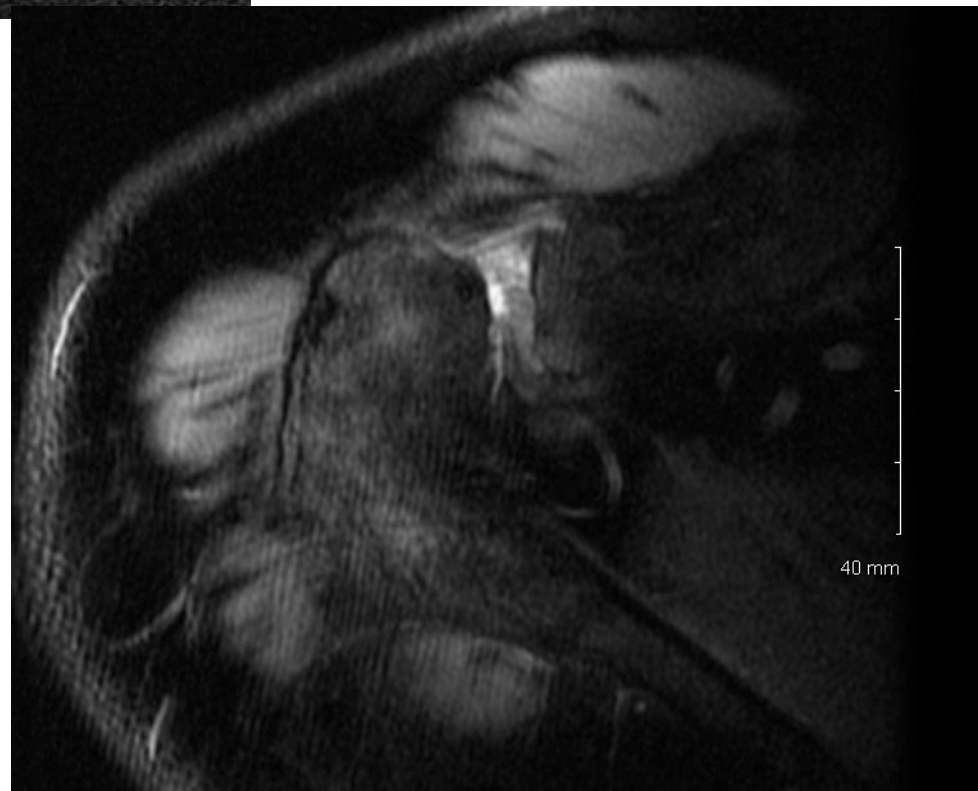
Pre-op exam

- FE – 145, L-90
- ER – 10, L-0
- IR – L2, L-buttock
- Negative belly press
- 3/5 strength to FE, 4/5 to ER

Pre-op Images







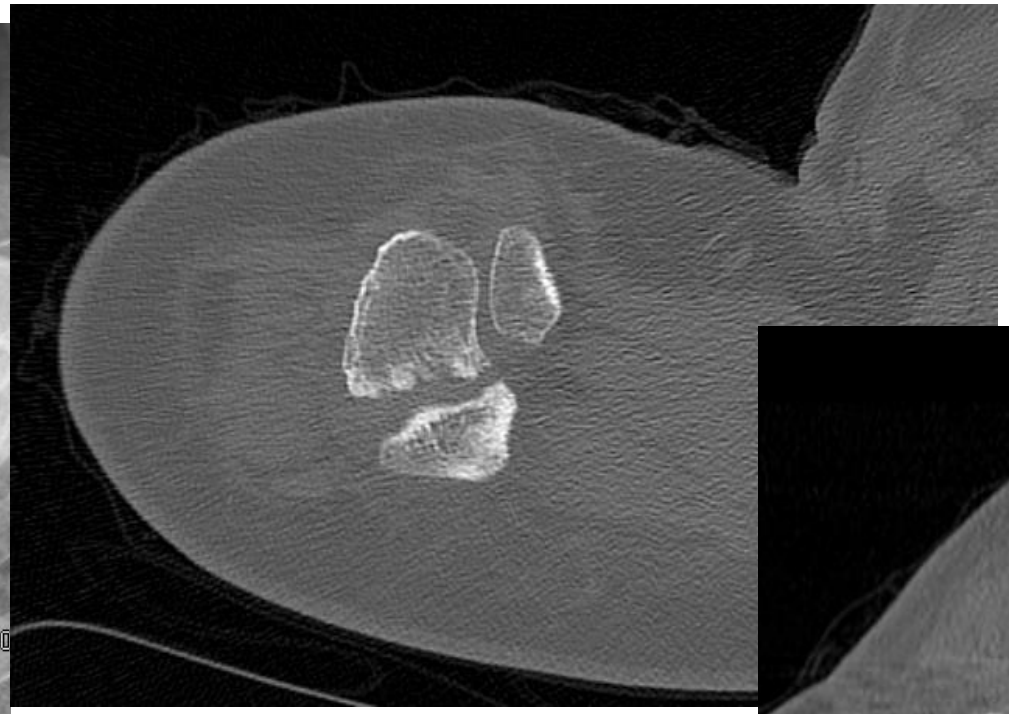
Post-op

- Doing great with at 6 weeks with 0/10 pain, 145 degrees of FE and 50 degrees of ER

- One week after 6 week appointment started getting pain in his shoulder and then 10 days later he reached across his body to put his seatbelt on and felt a painful pop and inability to move his arm

Images after pop







What to do next?

- Immobilize for six weeks in abduction brace with or without bone stimulator
- ORIF
  - Two cannulated screws with 18 G wire
  - Two cannulated screws with #5 Fiberwire
  - Two cannulated screws with either of the above plus an Accumed acromial plate
  - +/- bone graft (iliac crest??)
  - If ORIF chosen
    - What position and incision?
    - What post-op plan?