The glenohumeral joint is the most common major joint to dislocate, at a rate of 11.2 per 100,000 people per year\textsuperscript{1,2}, and greater than 90\% of traumatic shoulder dislocations are anterior. Biomechanical and clinical studies have shown that traumatic dislocation or subluxation of the shoulder leads to anteroinferior capsulolabral detachment from the glenoid - the Bankart lesion. The risk factors associated with failure (recurrent instability or functional deficits) following arthroscopic repair include; age, gender, presence of osseous Bankart and/or large Hill-Sachs lesions, competitive sports, collision or forced overhead sports, hypermobility, and number of instability episodes prior to surgery\textsuperscript{3-5}. Given this range of risk factors, there has previously been a shift towards more open stabilization procedures being performed in patients without significant bone lesions but who are otherwise regarded as being at high risk for failure of an arthroscopic approach to stabilization. However, while open stabilization clearly has a role to play in some cases (eg. presence of a significantly large osseous lesion, poor quality tissue, in the setting of revision surgery), further optimization of arthroscopic fixation techniques may allow for refinement of the indications for open vs. arthroscopic stabilization. Recent biomechanical analyses and advances in surgical management of these lesions have begun to shift the indications for the utilization of open vs. arthroscopic techniques when repairing these lesions.

The sections of the scientific exhibit will be as follows:

- **Section 1:** Physical examination and radiographic findings, classification, and risk factors for recurrent anterior shoulder instability in the first-time and recurrent dislocator.
- **Section 2:** Nonoperative management of anterior shoulder instability: indications and treatment protocol.
- **Section 3:** Open surgical management of anterior shoulder instability: indications and techniques.
- **Section 4:** Arthroscopic surgical management of anterior shoulder instability: indications and techniques.
- **Section 5:** Presentation of an evidence-based treatment algorithm for first-time and recurrent anterior glenohumeral dislocations.

A video demonstration will review and highlight dramatic physical exam findings and demonstrate a novel arthroscopic double row anterior stabilization and Bankart repair technique for the “High-Risk” Athlete. This exhibit will provide a systematic approach and an evidence-based algorithm to facilitate diagnosis, imaging, and treatment of anterior shoulder instability in first time and recurrent shoulder dislocators.

References: