

Several authors have recognized the presence of anterior glenoid rim deficiencies in shoulder instability, as well as their role in producing failures of shoulder stabilization procedures. Although less attention has been focused on the significance of the Hill-Sachs lesion, its role in producing recurrent dislocations has been recognized since the article by Broca and Hartman in 1894. Recurrent dislocators with the combination of glenoid loss and Hill-Sachs lesion (engaging Hill-Sachs lesion) have been a difficult group to treat and have proved to be recalcitrant to most open and the best of arthroscopic surgical approaches. This has been the subject of recent publications, the conclusion of which was that in the presence of the combination of a glenoid defect and Hill-Sachs lesion, the Latarjet procedure is recommended. Our arthroscopic technique, Arthroscopic Hill-Sachs Remplissage (Fr.: to fill in, or to fill up), shows promise as the first arthroscopic technique to attempt to specifically address the engaging Hill-Sachs lesion. This arthroscopic transfer of the posterior capsule and infraspinatus tendon into the Hill-Sachs lesion effectively converts the lesion into an extra-articular one and prevents engagement of the lesion on the glenoid rim. It is analogous to an arthroscopic repair of a partial-thickness rotator cuff repair. Over a one-year period, fourteen of forty-two patients with recurrent shoulder instability were felt to have the combination of these lesions and underwent this procedure. Thus far, all fourteen patients treated in this manner have maintained stable shoulders without any unusual loss of motion in any plane. A second look arthroscopy in one patient eight months post op, showed the tenodesed tissue intact. The offending fixation device was removed. It is no longer being used and had been replaced with a suture anchor technique. We believe it is an anatomic, lesion specific and minimally invasive approach to a significant subset of recurrent dislocators who would otherwise have to undergo a more invasive open procedure. Although initially successful, further studies are necessary to refine our indications and address the efficacy of this arthroscopic approach.

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#### **Arthroscopic Treatment of Posterior Shoulder Instability: Results in 35 Patients (SS-33)**

**Objectives:** Posterior shoulder instability is a diagnostic challenge and a poorly understood clinical problem. Due to the complexity and relative infrequency of diagnosis, several surgical techniques have been described to treat this disorder. The purposes of this study are to retrospectively evaluate arthroscopic posterior shoulder stabilization using a suture-anchor fixation technique, and to

evaluate multiple preoperative and intraoperative variables as predictors of outcome. **Materials and Methods:** Thirty-five patients who underwent posterior arthroscopic shoulder stabilization with either suture anchors and/or suture plication from October 1999 through December 2002 were reviewed. All but one was male, all but one were active duty military, and the mean age was 25.5. Seven had failed prior surgical intervention. Demographic data was obtained, to include duration of symptoms, number and type of conservative modalities, preoperative evaluation of shoulder range of motion, translation, and instability testing. Shoulder outcomes rating scores were determined using the American Shoulder and Elbow Surgeons Rating Scale (ASES), the Western Ontario Shoulder Instability Index (WOSI), the Subjective Patient Shoulder Evaluation, and the Single Assessment Numeric Evaluation (SANE). **Results:** Mean follow-up was 25 months. Overall, symptoms were improved and outcomes scores rated as good or excellent in 31 of 36 shoulders. Preoperative versus postoperative range of motion examination demonstrated improved values for flexion (172° vs. 165°,  $P > .05$ ) and abduction (168° vs. 158°,  $P > .05$ ). The amount of posterior translation averaged +3.4 (range 3+ to 4+) preoperatively versus +1.1 postoperatively (range 0+ to 2+),  $P < .001$ . There were five failures in the group medically separated from the military. **Conclusions:** The arthroscopic treatment of posterior shoulder instability is an effective means to improve symptoms associated with recurrent posterior subluxation of the shoulder. Careful attention to surgical technique and an understanding of the underlying pathology are critical for success.

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#### **Adhesive Capsulitis of the Hip (SS-34)**

It is postulated that adhesive capsulitis of the hip is more common than suggested by published literature, which recounts only a few isolated cases, and that this condition shares many of the same characteristics seen in the shoulder. The purpose of this study is to report the findings of the first clinical case series on this condition. **Methods:** Since 1993, all patients undergoing hip arthroscopy have been prospectively assessed. This database currently consists of over 500 consecutive cases. In 1999, adhesive capsulitis was first recognized as a causative factor in patients with recalcitrant hip pain. Since then, 9 patients have been identified with this condition that have achieved at least 1 year follow-up and represent the substance of this report. The indication for arthroscopy was disabling symptoms refractory to conservative