ASES score was 82.4/100 (Pain 46.4; Function 36.1). The average PENN score was 90.1/100 (Pain 27.3/30; Satisfaction 8.7/10; Function 54.1/60). The average total WOSI score was 514 (75%); physical symptom score was 206.5; work/sports score was 109; lifestyle score was 84; emotional score was 114.5.

Conclusion: Arthroscopic Remplissage with Bankart Repair was successful at restoring stability in the majority of patients with recurrent glenohumeral instability with large Hill Sachs lesions. This all arthroscopic technique yielded excellent patient satisfaction and compared favorably to historic results for patients with bone lesions.

Iliac Crest Allograft for Glenoid Deficiency in Recurrent Shoulder Instability in Athletes (SS-15) *Randy Mascarenhas, M.D., Eden Raleigh, M.B.B.S., F.R.A.C.S., Sheila McRae, M.Sc., Jeff Leiter, M.Sc., Ph.D., Peter B. MacDonald, M.D., F.R.C.S.C.*

Introduction: Performing a labral repair alone in patients with recurrent anterior instability and a large glenoid defect has led to poor outcomes. We present a technique involving the use of iliac crest allograft inserted into the glenoid defect in athletes with recurrent anterior shoulder instability and large bony defects of the glenoid (>25% of glenoid diameter). We hypothesized that restoring a near-normal glenoid structure would prevent further dislocations and that osseous union would be achieved

Methods: All athletes with recurrent anterior shoulder instability and a large glenoid defect who underwent open anterior shoulder stabilization and glenoid reconstruction with iliac crest allograft were prospectively followed over a three year period. Pre-operatively, a detailed history and physical exam was obtained along with radiographs, a CT scan, and magnetic resonance imaging of the affected shoulder. All patients also complete the Simple Shoulder Test (SST) and American Shoulder and Elbow Surgeons (ASES) evaluation forms pre- and post-operatively. A CT scan was again obtained 6 months post-operatively to assess osseous union of the graft, and the patient again when through a physical exam in addition to completing the SST, ASES, and Western Ontario Shoulder Instability Index (WOSI) forms.

Results: Nine patients (all male) were followed for an average of 16 months (4 – 36 months) and had a mean age of 24.4 years. All patients exhibited a negative apprehension/relocation test and full shoulder strength at final follow-up. Eight of nine patients had achieved osseous union at six months (88.9%). ASES scores improved from 64.3 to 96.7, and SST scores improved from 66.7 to 100. Average post-operative WOSI scores were 94%.

Conclusion: The use of iliac crest allograft provides a safe and clinically useful alternative compared to previously described procedures for recurrent shoulder instability in the face of glenoid deficiency.

Arthroscopic Revision Stabilization for Anterior Instability (SS-16) *Mark Morishige, M.D., Larry D. Field, M.D., Felix H. Savoie III, M.D., J. Randall Ramsey, M.D., E. Rhett Hobgood, M.D.*

Introduction: Anterior instability of the shoulder has historically been treated with open surgical stabilization. Arthroscopic treatment for instability has become increasingly popular. With advances and understanding of the pathology and improved arthroscopic techniques and instrumentation, primary arthroscopic repair of anterior shoulder instability has proven successful. Nevertheless, failures following arthroscopic stabilization do occur. The purpose of this study is to evaluate the effectiveness of arthroscopic techniques for patients requiring revision anterior stabilization.

Methods: A retrospective review of 38 consecutive patients with failure of anterior shoulder stabilization was performed. Failure was defined by recurrent dislocations or subluxation following either an open or arthroscopic index surgical procedure. The only exclusion factor was the presence of extensive bone loss on the glenoid. All patients underwent arthroscopic revision stabilization procedures, which included extensive release of the labral ligamentous tissue and superior shift with an average of 4.2 suture anchors (3 to 6) with or without supplemental arthroscopic capsulorrhaphy. Rotator interval closure was also routinely performed. The patient then followed a standardized rehabilitation protocol.

Results: Follow-up averaged 36 months (24 to 46 months). Return to previous activity level and rate of failure were evaluated as defined by motion, function, and any recurrent instability episodes. Of the 38 revision stabilizations evaluated, all had significant improvement in their post injury activity level using UCLA and Rowe scores ($p<.05$), but 3 of 38 patients developed recurrent instability after revision surgery for an overall success rate of 92%.

Conclusion: This study demonstrates that revision arthroscopic anterior stabilization using modern techniques can yield reliably successful outcomes.

Arthroscopic Revision Bankart Repair: A Preliminary Report (SS-17) *Richard K. N. Ryu, M.D., Jessica H. Ryu, A.B.*