

Clinical Question: Does surgical repair improve the health-related quality of life in throwing athletes with chronic shoulder instability?

Meller R, Krettek C, Gosling T, Wahling K, Jagodzinski M, Zeichen J. Recurrent shoulder instability among athletes: changes in quality of life, sports activity, and muscle function following open repair. *Knee Surg Sports Traumatol Arthrosc.* 2007;15:295-304.

Open Bankart repair in combination with anterior capsule repair has widely been accepted as the appropriate surgical procedure to address recurrent traumatic instability of the shoulder. Although this procedure has been found to reduce the rate of recurrent injury, no data that examines quality of life, sports activity or functional muscular changes has been obtained. Therefore, the purpose of this study was to evaluate how a young athlete's quality of life, sports activity and functional muscle activity are affected after undergoing an open shoulder repair. 19 consecutive athletes, all of whom had experienced at least one recurrent shoulder dislocation, underwent the reconstructive surgery. Preoperatively and at the designated follow-up time (an average of 32 months post-surgery), patient outcomes were assessed using a clinical examination, a life quality survey, a sports activity scoring system, a radiographic evaluation and EMG-isokinetic muscle testing. Quality of life and sports activity were assessed using the SF-12 and the Athletic Shoulder Outcome Scoring System respectively. The results reflected some significant improvements in the authors' variables of interest between the pre-operative and follow-up measurements. The authors have determined, however, that athletes who undergo an open Bankart repair will always suffer from diminished strength, functional ability, sports participation and quality of life as compared to their pre-injury levels. When looking at quality of life specifically, the mental component summary of the SF-12 had almost returned to the pre-injury level in most patients while the physical component summary remained significantly low.

According to the AAOS Levels of Evidence, the evidence in this study qualifies it as a Level II, as it is a retrospective prognostic study that had less than 80% follow-up. I feel that the results of this study are clinically applicable for a couple of reasons. First, I feel that it is important for clinicians to be familiar with the common outcomes for both therapy and surgical interventions to better treat and educate their patients. Second, I feel that measuring the post-operative quality of life and sports activity shines some light on the importance of whole-person healthcare and on addressing these types of patient-oriented outcomes during conservative therapy. Although clinically applicable, this study did not answer my clinical question definitively. However, I do feel that it provided a significant piece of my answer. To further answer my clinical question I would search for and appraise studies that investigate a younger athletic population and possibly throwing athletes specifically.

As I briefly mentioned above, I feel that it is important for patients to know if and how they will benefit from a surgical intervention and also to understand some of the prognostic variables. This study may also be helpful in educating patients on post-surgical timelines and how and when they can expect to recover from an open Bankart repair.