

## MODIFIED INFERIOR CAPSULAR SHIFT PROCEDURE FOR RECURRENT ANTERIOR INSTABILITY OF THE SHOULDER IN JUDO PLAYERS

Hiroaki Fukuda, M.D., Yoshiyasu Uchiyama, M.D. Kazutoshi Hamada, M.D.,  
Tomotaka Nakajima, M.D. and Kunihiko Kobayashi, M.D.  
Department of Orthopaedic Surgery, Tokai University School of Medicine, Isehara, 259-0093 Japan

### Purpose

There have been many reports describing the postoperative results of traumatic anterior shoulder instability in athletes. However, few reports have dealt with the results of a specific kind of sport after a specific operative procedure. The purpose of this presentation is to evaluate postoperative results after the modified inferior capsular shift procedure (MICS) for traumatic anterior shoulder instability in judo players.

### Patients and Methods

From 1984 to 1997, MICS was performed on 61 shoulders in 58 patients, who were competitive judo players. 49 patients (51 shoulders, 42 males and 9 females) of 58 patients were followed up for more than 2 years postoperatively (2 - 12 years with an average of 58 months). The dominant and nondominant shoulders were 29 and 22 respectively. There were 29 "tsurite"(lapel grip) and 22 "hikite" (sleeve grip) shoulders. Recurrent dislocations and subluxations were 33 and 18, respectively. The average age at surgery was 20 years(14-38). Recurrence, ROM, Rowe score, return to judo, change of the specific technique("waza"), and patient's satisfaction were evaluated at the final follow-up.

### Results

Postoperatively, 3 cases(6%) recurred. The average loss of external rotation was 8.8 degrees with the arm at side and 10.4 degrees with the arm in 90 degree abduction. According to the Rowe scoring system, 20 shoulders were excellent, 25 good, 4 fair and 2 poor. The anterior apprehension test was positive in 3 shoulders. In 12 players, whose specific technique was "seoi-nage" and whose "tsurite" side was operated,

9 players had changed their “waza“ because of the shoulderstiffness.

## Conclusion

The return rate to judo was high after MICS for traumatic anterior instability of the shoulder. The “tsurute” side of the shoulder in judo players should be treated in the same manner as for dominant shoulders in throwing athletes, with minimal limitations in externalrotation.