

*Q: You mentioned there is a paucity of information for guidance on immobilization after first time shoulder dislocations. What IS the current role for non-operative management of the first-time dislocation? You indicated the results are better after surgery. Does that mean no role for non-operative treatment in an athlete ?*

A: There absolutely remains a role for non-operative treatment and many people will do well, as they have for years. However, in the dominant arm of a male adolescent athlete the recurrence rate is concerning. This should be discussed with the player and family and through shared decision making the best course of treatment should be selected. With recurrent dislocations the degree of injury is higher, and the risk of significant bony lesions is higher as well making surgery in recurrent instability more complicated. The recommendation for non-operative management would include nondisplaced fractures of the glenoid or greater tuberosity, A shoulder that feels stable(to the athlete) after reduction. Non dominant arm. Females. Players that are not going to continue at high level competition. Also, stronger consider non-op in MDI. I hope this is helpful.