concomitant arthroscopic repair and open repair of the TFCC. Despite evidence in favor of arthroscopic-assisted distal radius fixation for certain fracture patterns, it appears that only a small proportion of cases underwent arthroscopic procedures.

Does Functional Bracing of the Unstable Shoulder Improve Return to Play in Scholastic Athletes?

SS-57

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Introduction: Functional bracing of the unstable shoulder is a common adjunct to nonoperative management in competitive athletes. No study, however, has evaluated the effectiveness of bracing. This study compared a non-operative cohort of athletes with shoulder instability between those treated with a functional stabilizing brace and those who were not for their ability to successfully return to play.

Methods: 111 scholastic athletes with documented shoulder instability were followed for a minimum of 1 year. The average age of the patients was 15.8 +/- 1.4 years (range, 12-18). Braced athletes averaged 6 months older than non-braced athletes (p=0.03), but other demographics, sport, and competition level were similar. All athletes were treated with initial non-operative management. 23 athletes were also treated with a functional brace (23%), while 87 were not. Successful outcome was defined as a complete subsequent season without surgery or time loss from injury due to the shoulder. Scholastic athletes without remaining eligibility (seniors) and those who did not play for other reasons were excluded from analysis.

Results: There was no statistical difference in the successful return to play between athletes treated with functional bracing and those who were not (p=0.16). Brace treated athletes failed to return to play 26% of the time, while those treated without a brace failed to return at a rate of 14%. Most braced athletes played football, and a football only comparison between braced and non braced athletes demonstrated no difference between braced failures (26%) and unbraced failures (21%) (p=0.47).

Conclusion: This is the first study to evaluate the effectiveness of bracing in returning an athlete to a full subsequent season without surgery or time loss due to injury to the shoulder. Our data would suggest that bracing is not effective as an adjunct to standard nonoperative management in allowing athletes to return and complete a subsequent season.

Concomitant Rotator Cuff Tears in Throwing Athletes with Posterior Instability Are Common but Do Not Effect Surgical Outcomes

SS-58

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Introduction: One previous study found that throwing athletes with SLAP and concomitant rotator cuff tears had significantly poorer outcome scores and return to play compared with those with SLAP tears only. Posterior shoulder instability is also common in throwing athletes, however, no studies exist reporting outcomes of these patients with concomitant rotator cuff tears. We hypothesize that throwers treated with arthroscopic capsulolabral repair for posterior shoulder instability with coexistent rotator cuff pathology will have poorer outcome scores and return to play.

Methods: Fifty-six male over-head throwing athletes with unidirectional posterior shoulder instability who were reviewed. Pre- and post-operative patient centered outcomes of pain, stability, function, ROM, strength, and ASES scores as well as return-to-play were evaluated. Patients with and without rotator cuff pathology were compared. All athletes with rotator cuff pathology were treated with arthroscopic debridement.

Results: Twenty-four throwers of 56 were found to have rotator cuff pathology in addition to posterior capsulolabral pathology at average 3-year follow-up. There were no differences between those with and without rotator cuff tears in regards to pre- and post-operative patient centered outcomes including pain, stability, function, ROM, strength, and ASES scores. Return to play rates were no different, and 92% with concomitant rotator cuff tears returned to sport while 67% returned to the same level.

Conclusion: Unlike a previous study evaluating throwing athletes' outcomes after a SLAP tear with rotator cuff tears, throwers with posterior shoulder instability and concomitant rotator cuff tears showed no difference with respect to patient-reported outcome measures or return to play. This suggests arthroscopic posterior capsulolabral repair with rotator cuff debridement is a successful technique to manage posterior shoulder instability with concomitant rotator cuff tears.

Outcomes of Latarjet versus Distal Tibia Allograft for Anterior Shoulder Instability Repair: A Prospective Matched Cohort Analysis

SS-59

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