

Contact: Melissa Chefec, MCPR Public Relations, 203-968-6625

For Immediate Release

Youth and Adult Baseball Players at Risk for Shoulder Dislocations
Top sports doctor Kevin Plancher advises on prevention, treatment and recovery

New York, NY and Greenwich, CT, September 2009 – It can happen to the best of us, and it has. In 2003, it happened to Yankees' shortstop Derek Jeter after a violent collision at third base with a Toronto catcher. This April it happened to Dodgers' utilityman Doug Meintkiewicz who used his arm to break a head-first dive into second base on a two-run pinch-hit double. Just recently, it happened to Cincinnati Reds' outfielder Chris Dickerson as he made a diving catch attempt on a high fly ball. And it can happen locally as well on the public fields.

What is it?

Shoulder dislocation.

"A shoulder dislocation happens when the shoulder is forced upward or backward, resulting in all joint surfaces losing what would normally be called their typical contact or coming out of the socket," says Kevin D. Plancher, M.D., a leading orthopaedic surgeon, sports medicine expert and Head Team Physician for the Long Island Lizards and Team Doctor for Manhattanville College.

"Dislocations can be complete or partial. A partial dislocation, or subluxation, means the head of the upper-arm bone, the humerus, moves partly out of the socket and returns back. A complete dislocation means it is all the way out of the socket. Both partial and complete dislocations cause severe pain at the time of traumatic impact and unsteadiness in the shoulder," adds Dr. Plancher. It is the lining of the shoulder called the labrum that is injured and often tears. This labrum often needs to be repaired and is what we read about in the media all the time.

About the shoulder

The shoulder joint is capable of a wider and more varied range of motion than any other joint in the human body. This extraordinary flexibility has allowed human beings to do everything from swing a sledgehammer to rock a baby. Unfortunately, because the shoulder is so flexible, it's an easy joint to dislocate, according to ourhealthnetwork.com.

More than 57 percent of baseball pitchers suffer some form of shoulder injury during a playing season. In addition, as reported on baseballtrainingsecrets.com, "Shoulder-related injuries and surgeries have increased three-fold in the last decade" for youths who play baseball. And the American Academy of Orthopaedic Surgeons says these injuries also affect nearly 14 million Americans who seek medical attention for shoulder injuries each year.

A dislocated shoulder can put a ball player out of the lineup for weeks, months or an entire season, depending on its severity.

"A shoulder dislocation can be a serious injury for anyone, but more so for baseball players, given the nature of the batting, throwing and pitching arm motion required in their sport," says Dr. Plancher.

Initial Treatment

The initial treatment of a shoulder dislocation involves reducing the dislocation – in other words, “popping it back into” the socket. This usually takes place in the emergency room or on the field, where the patient may be given mild sedation and pain medicine, usually through an intravenous line. Often the physician will pull on the shoulder until the joint is aligned. This “reduction” is confirmed by X-ray and the shoulder is then placed in a sling or special brace. Plenty of rest is needed and the sore area can be iced three-to-four times a day.

Rehabilitation

If the injury is a subluxation or partial dislocation, improvement and return of function can be fairly rapid – beginning after about the first four to six weeks. Shoulder exercises, as part of a supervised physical therapy program, are necessary to decrease stiffness, improve range of motion and help the patient regain muscle strength. Rehab will begin with gentle toning exercises and later weight training. If the patient is a ball player, a throwing program will begin to reintroduce the normal athletic activities required of him.

“However, some shoulder dislocations are severe and take many more weeks of recovery and rehabilitation. In some cases, regular treatment may not relieve the pain and injury, in which case surgery may be required,” says Dr. Plancher.

While rehabilitation can help many players, we now know from recent literature that an MRI is essential to identify the extent of the labral injury. More often than not an arthroscopic procedure to repair the labrum will return the athlete to the field in a rapid fashion.

Preventing shoulder injuries

“There are precautions players can take to prevent or reduce the chances of initial or repeat shoulder injuries, including shoulder dislocations,” says Dr. Plancher. He recommends the following:

- A thorough warm-up to get the blood flowing to muscles and joints before playing
- Use of proper technique, as hitting, throwing or pitching a ball incorrectly can cause further stress on the shoulder and arm, and finally
- Shoulder-strengthening scapular stabilizing exercises under the direction of a fitness trainer or physical therapist to help keep muscles strong and more resistant to injury.

About Dr. Plancher:

Kevin D. Plancher, M.D., M.S., F.A.C.S., F.A.A.O.S., is one of the nation's leading orthopaedic surgeons and sports medicine experts, specializing in the treatment of knee, shoulder, elbow and hand injuries. He is Associate Clinical Professor in Orthopaedics at Albert Einstein College of Medicine in New York City and the Head Team physician for the professional lacrosse team, the Long Island Lizards. Dr. Plancher is on the editorial review board of the Journal of the American Academy of Orthopaedic Surgeons. In 2007, 2008 and 2009, Castle Connolly Medical Ltd., a New York City research company, named Dr. Plancher America's Top Doctor in Sports Medicine. Every year from 2001 to 2009 he has been included in Castle Connolly's list of Top Doctors in the New York Metro area, as published in New York Magazine's yearly "Best Doctors" issue.

Dr. Plancher received his M.D. degree (cum laude) and an M.S. degree in physiology from Georgetown University in Washington, DC. He completed his residency at Harvard University's orthopaedic program and a fellowship at the Steadman-Hawkins Clinic in Vail, Colo., where he studied shoulder and knee reconstruction and served as consultant to the clinic for six years. He has been team physician for more than 15 high school, college and national championship teams.

An attending physician at Beth Israel Hospital in New York City and Stamford Hospital in Stamford, CT, he maintains offices in Manhattan and Greenwich, CT. Visit www.plancherortho.com for more information. Dr. Plancher lectures extensively in the U.S. and abroad on issues related to orthopaedic procedures and injury management. He also has been named to the sports medicine arthroscopy program subcommittee for the American Academy of Orthopaedic Surgeons. Dr. Plancher has been awarded the Order of Merit (magna cum laude) for distinguished

philanthropy in the advancement of orthopaedic surgery by the Orthopaedic Research and Education Foundation. In 2001, he founded The Orthopaedic Foundation for Active Lifestyles, a not-for-profit foundation focused on maintaining and enhancing the physical well-being of active individuals through the development and promotion of research and supporting technologies. See www.ofals.org for more information.