

Update Geriatrie

Schulterprobleme – einfach diagnostiziert

Dr. med. Sergio Thomann, ORTHO11

05.03.2020 Solothurn



ortho11.ch

AUSBILDUNG	AUSBILDNER
1989 - 1995 Studium Humanmedizin	Hüfte
1996 - 2002 Facharztausbildung	Prof. H. Nötzli, Sonnenhof Bern
1996 Promotion zum Dr. med.	Prof. M. Beck, Kantonsspital Luzern
2002 Facharzttitel FMH für Orthopädie und Traumatologie	Prof. M. Leunig, Schulthessklinik, ZH
2000-2003 Oberarzt in Bellinzona, Solothurn und Bern	Schulter
2004-2015 Leitender Arzt (Zieglerspital Bern)	Prof. C. Gerber, Uniklinik Balgrist, ZH
2015-2019 Chefarzt (Klinik Siloah Bern)	Dr. G. Walch, Lyon (F)
seit 2019 orthosiloah, ORTHO11	Dr. G. Kohut, Kantonsspital Fribourg

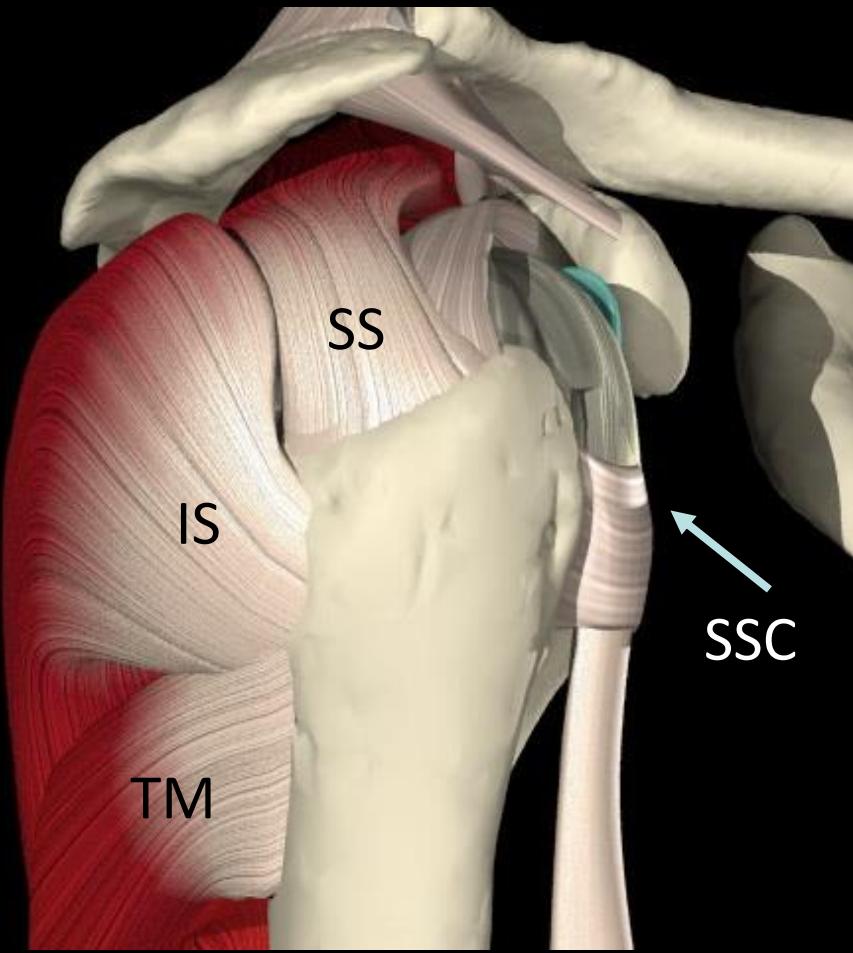
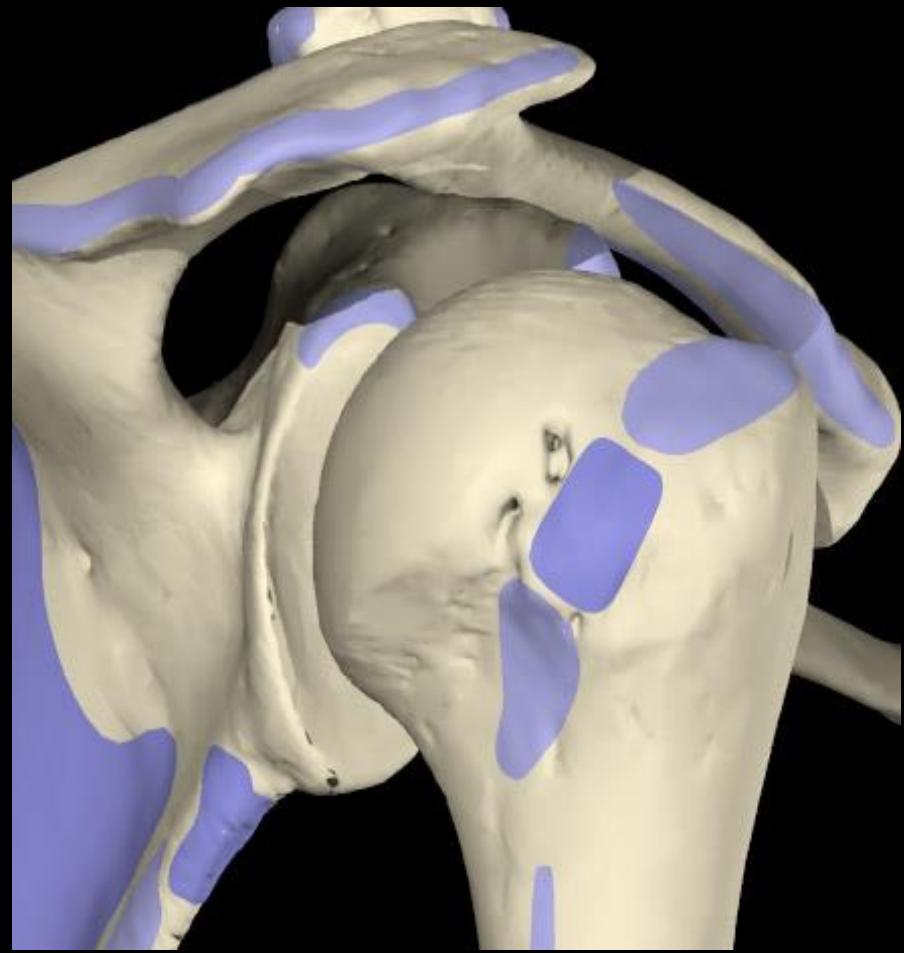
[Detaillierter Lebenslauf runterladen](#)

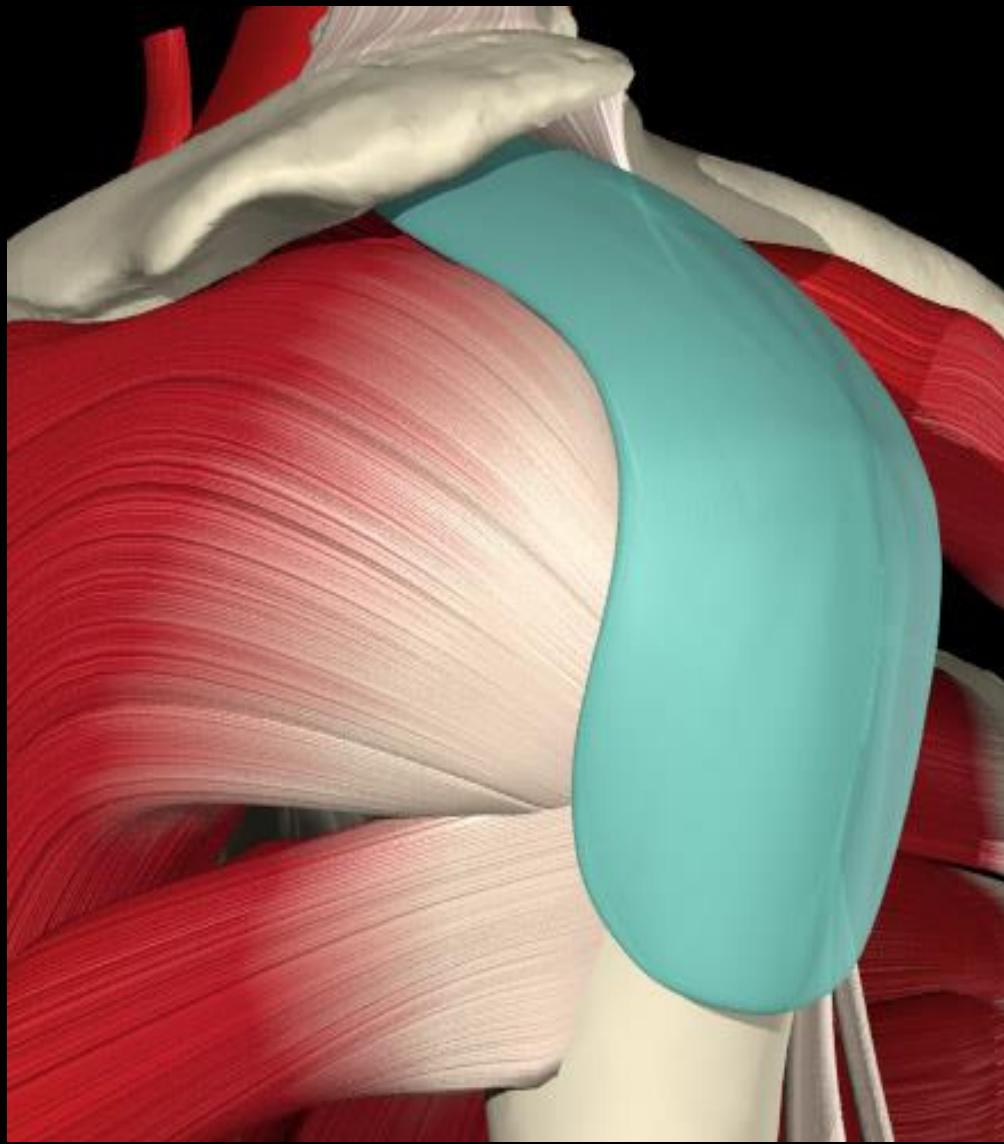


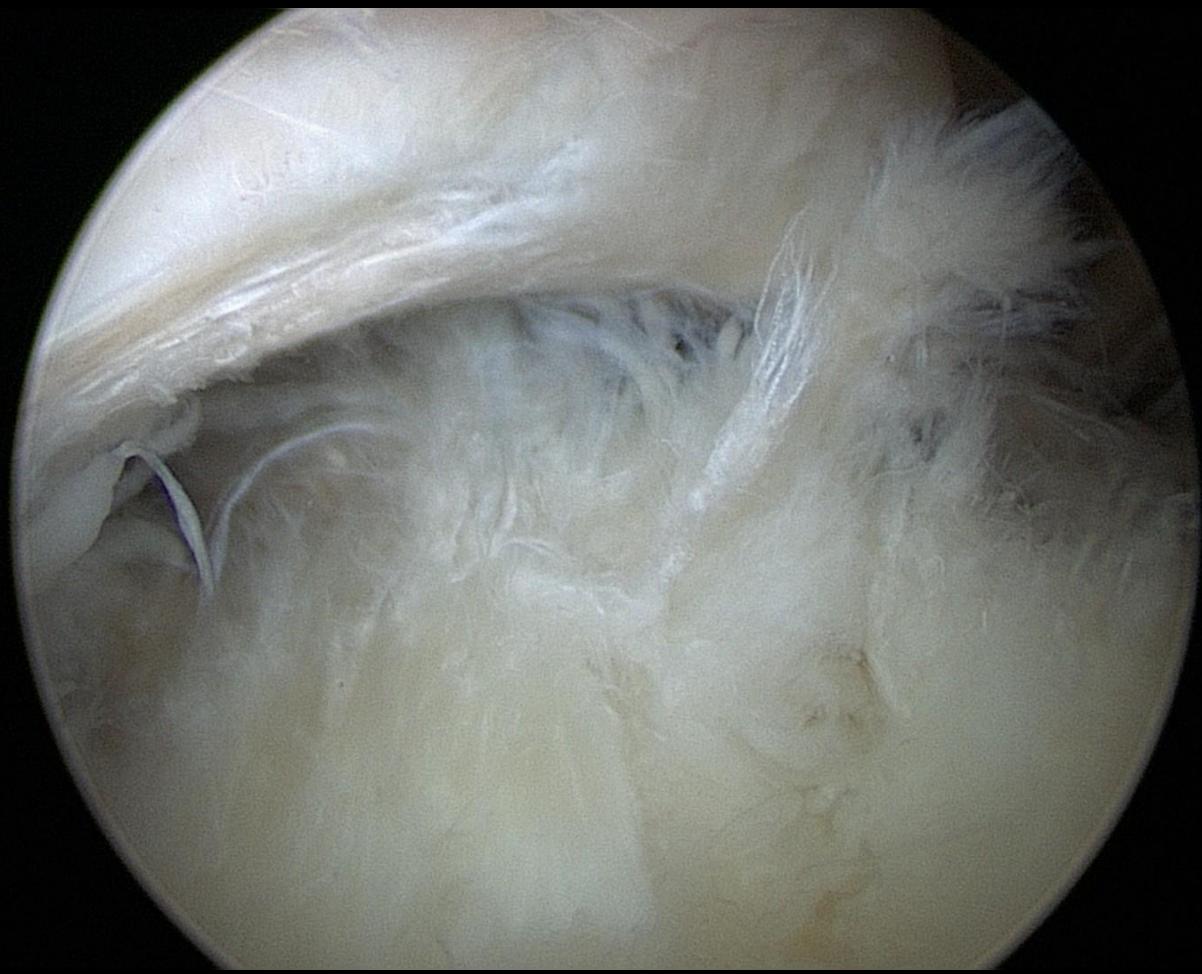
1. Impingement
2. Tenopathie der LBS
3. Sehnenriss (RM)
4. Cuff-Arthropathie
5. Instabilitätsarthropathie

Impingement









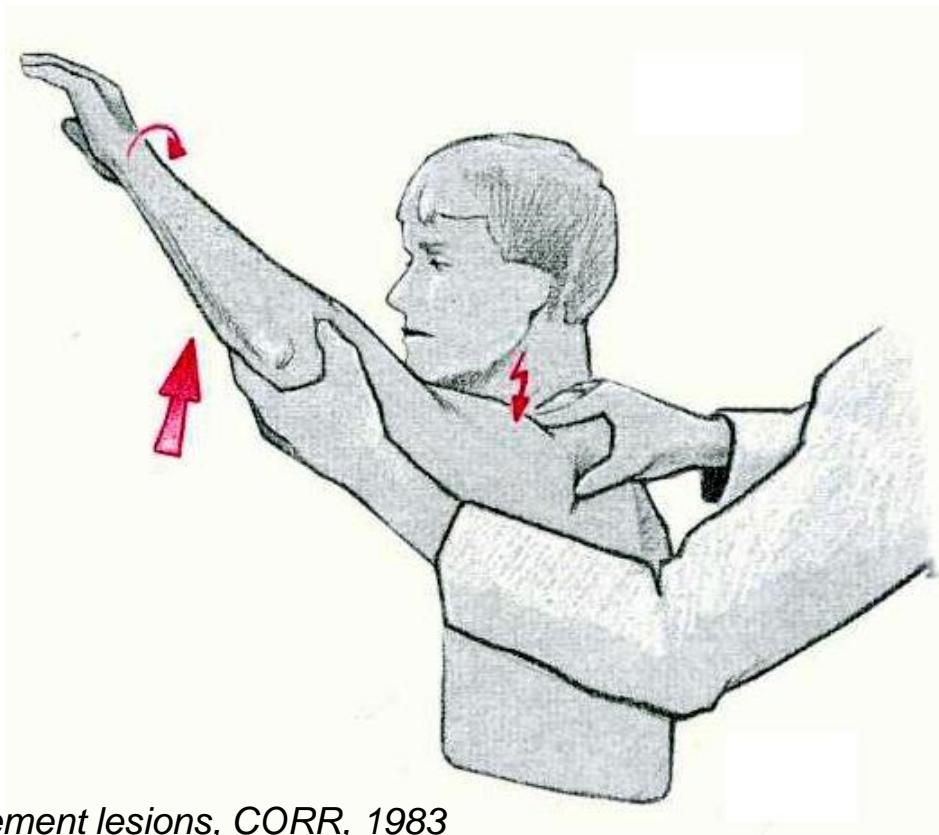
Impingement

**Schmerzhafter Bogen 60-120°
(=unspezifisches Zeichen)**



Impingement

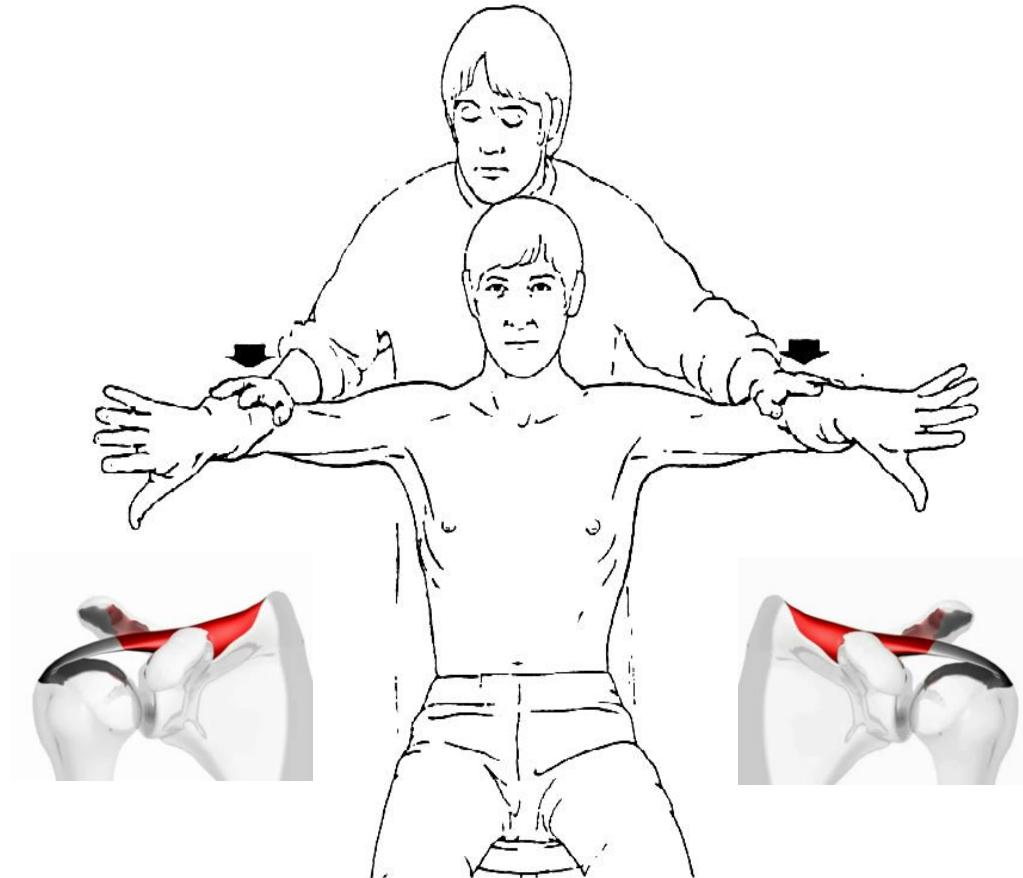
Impingement-Zeichen nach Neer
(Tuberculum majus – Fornix humeri)



- Neer, CS.: *Impingement lesions*, CORR, 1983

Kraft Elevation

Jobe-Test



Jobe FW, Jobe CM (1983) Painful athletic injuries of the shoulder. *Clin Orthop* 173: 117–124

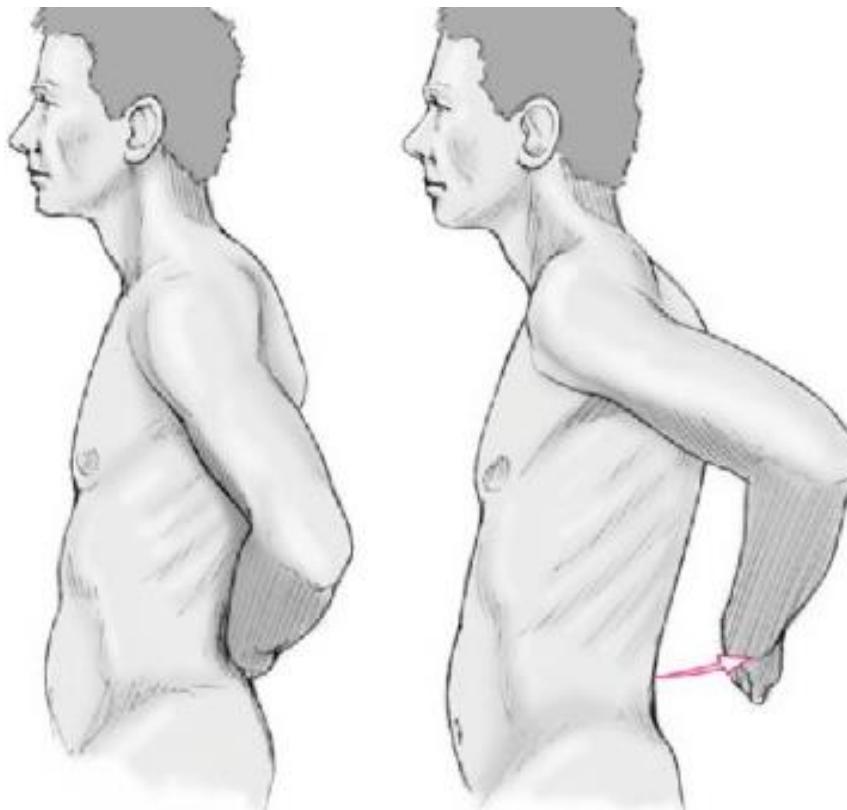
Kraft Aussenrotation

Supra- und Infraspinatus



AR in 0°

Lift-off-Test

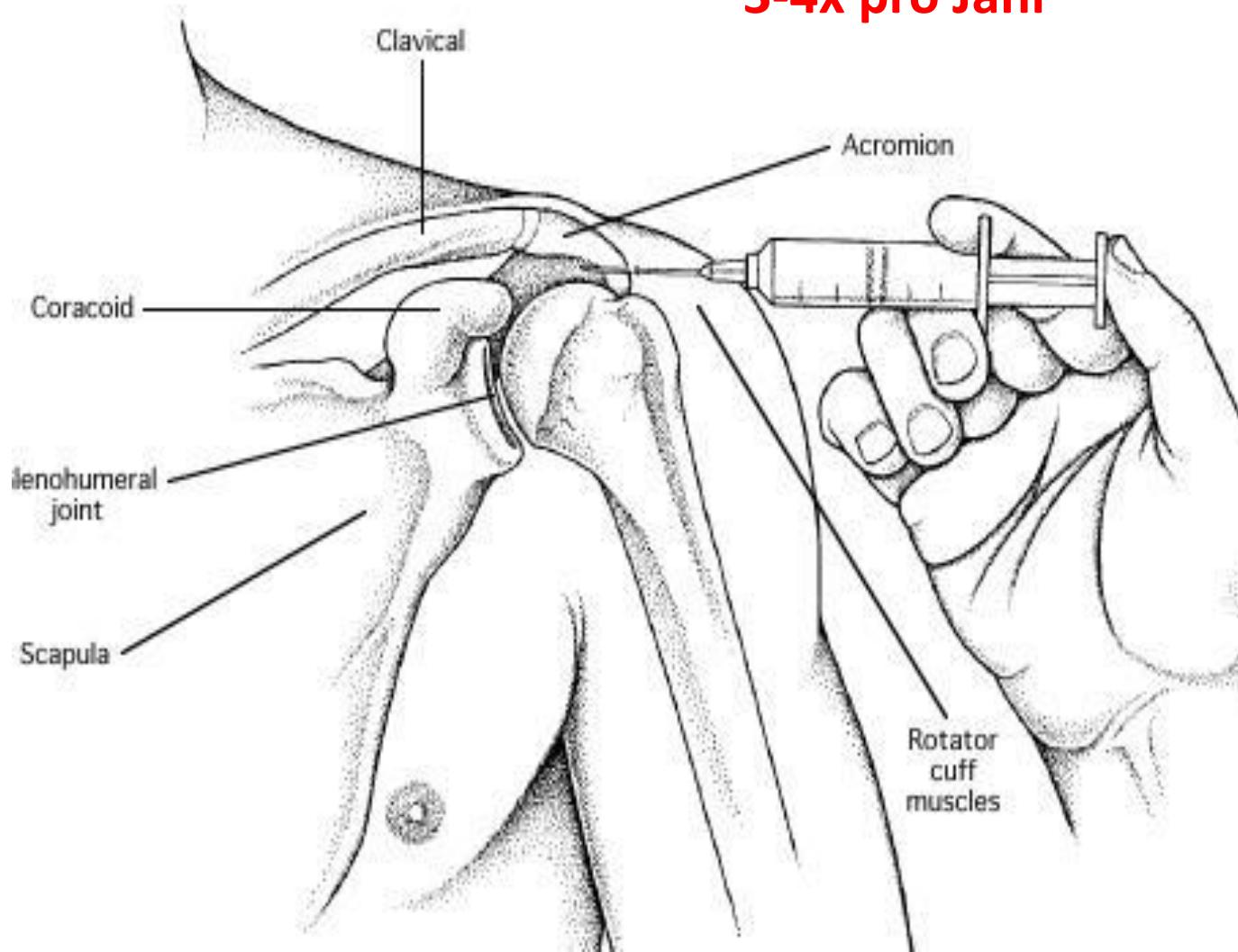


- *Gerber, C.: JBJS, 1991*

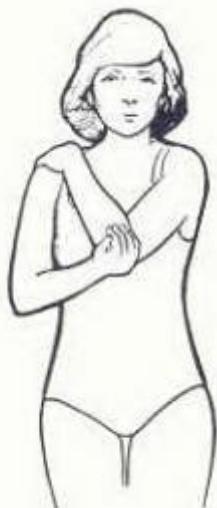
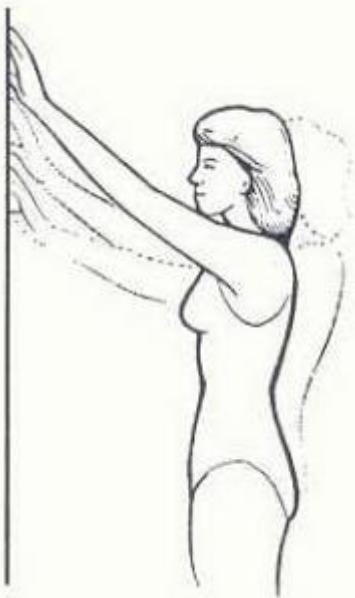
Therapie

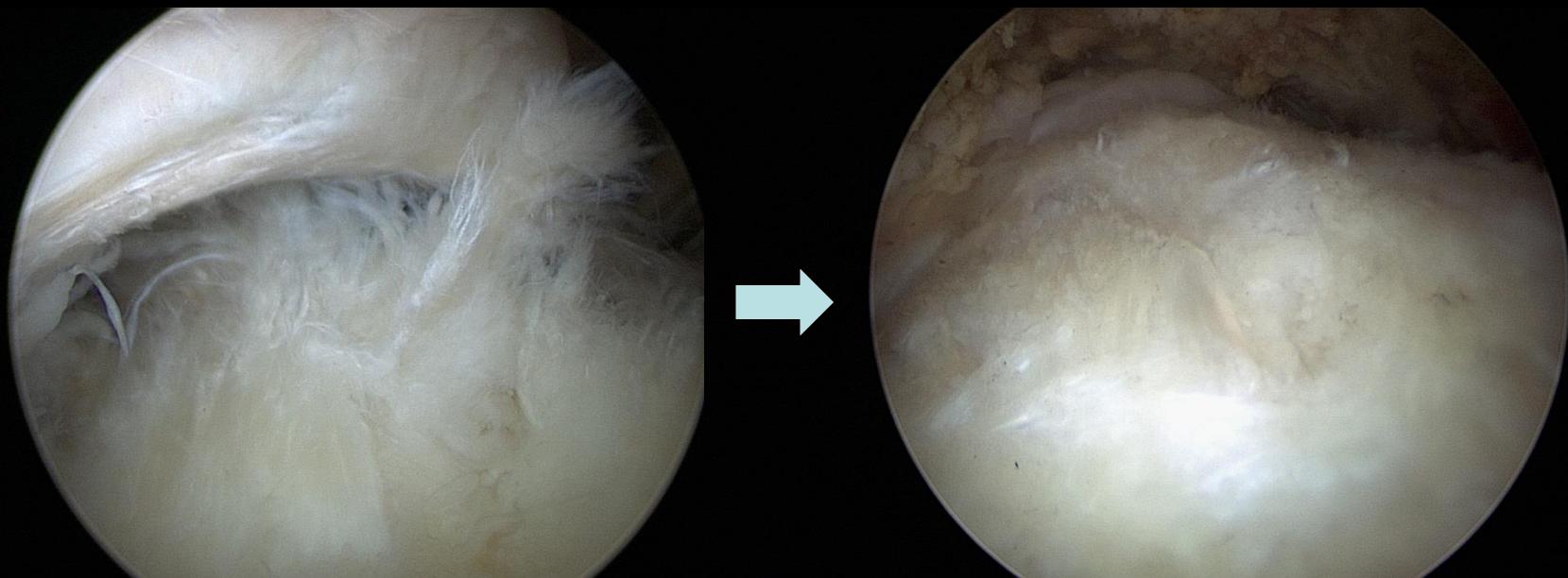
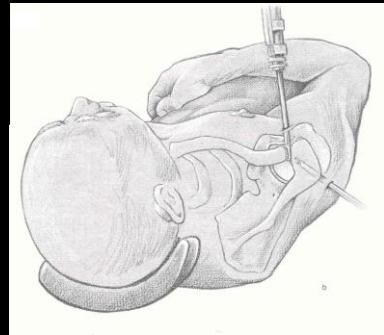


3-4x pro Jahr

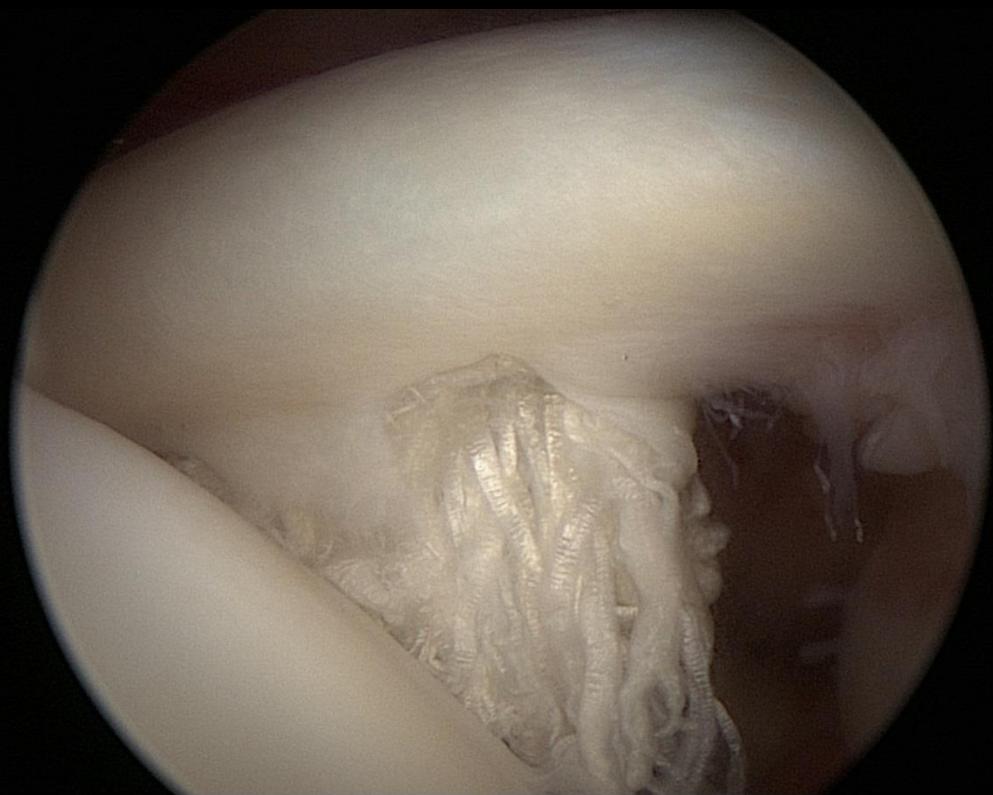


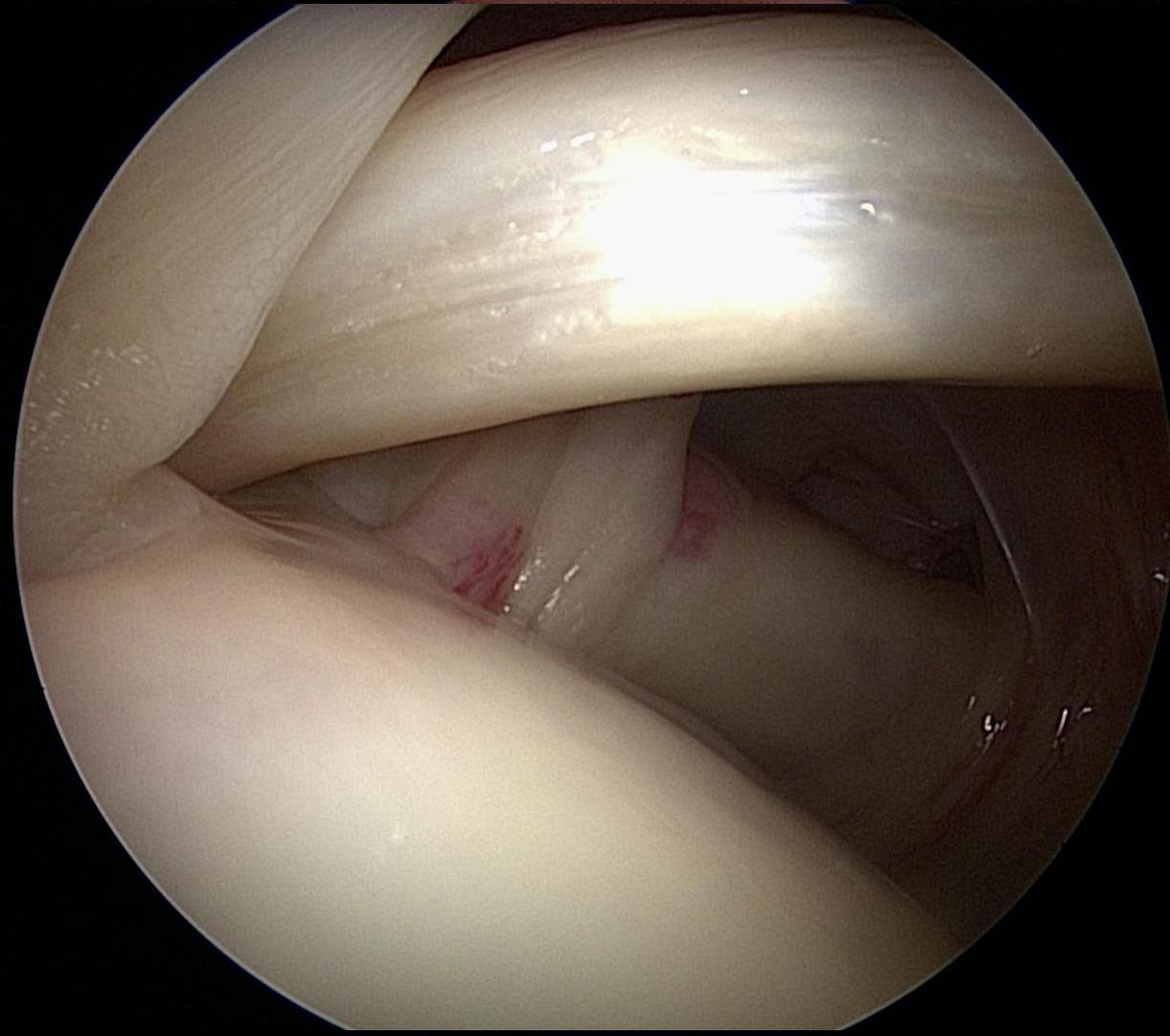
Erhalt der Beweglichkeit

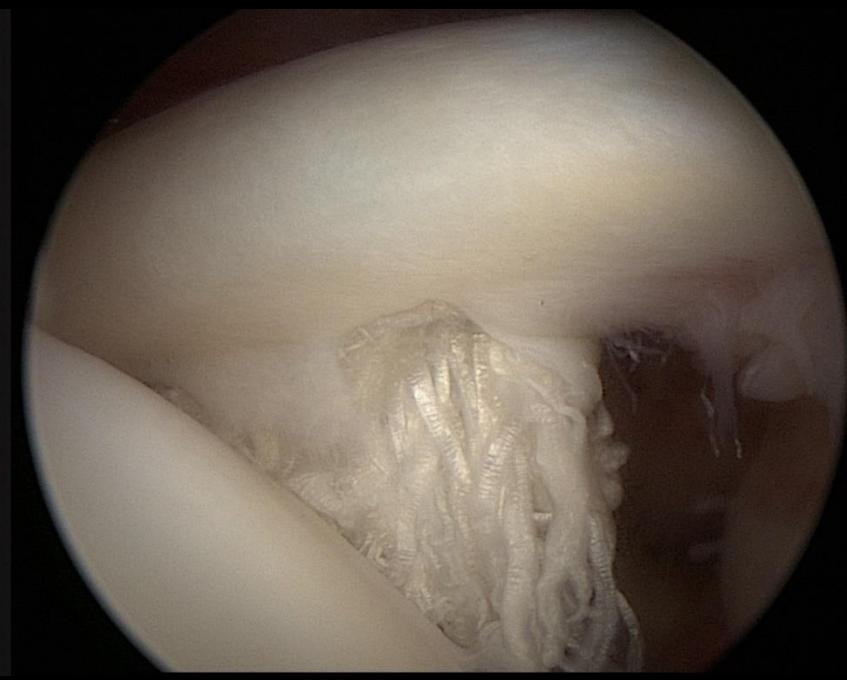
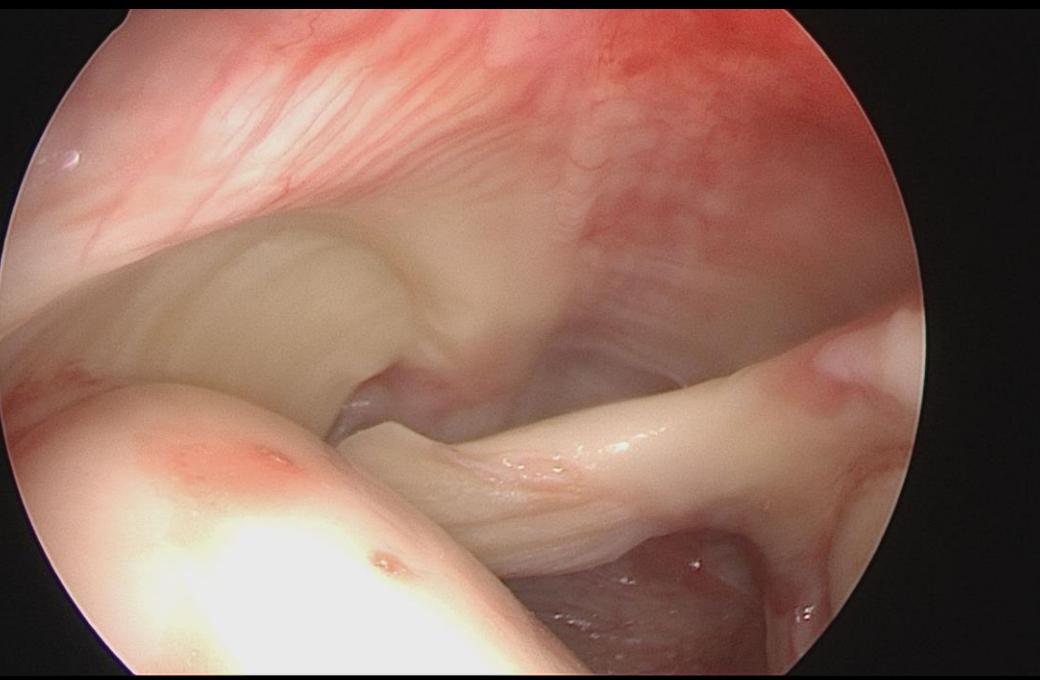




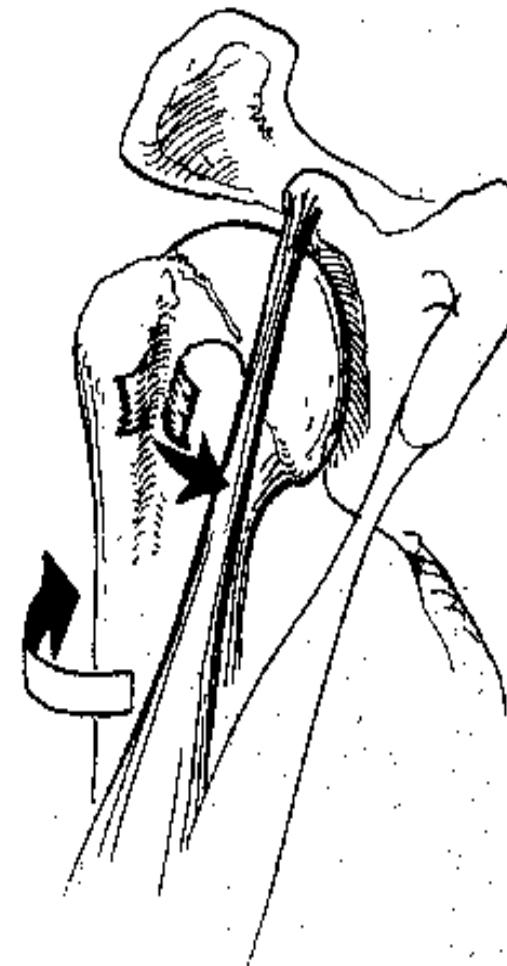
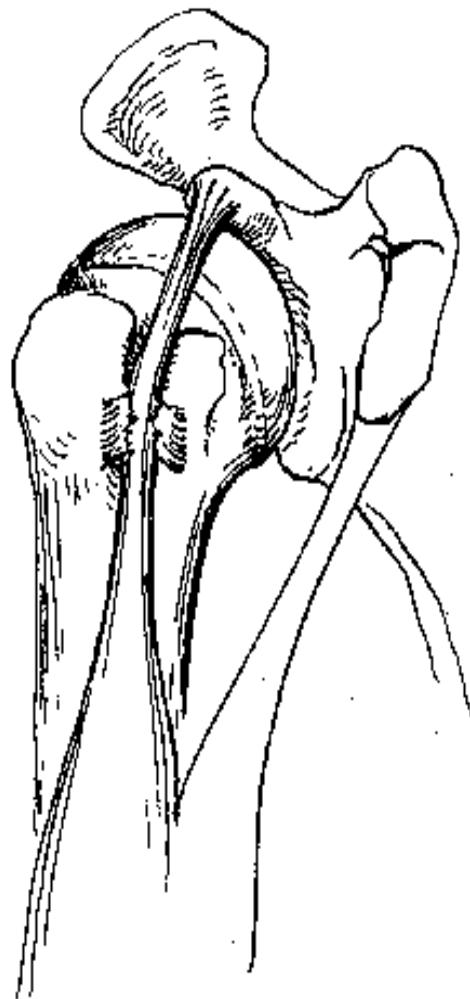
Tenopathie der langen Bicepssehne

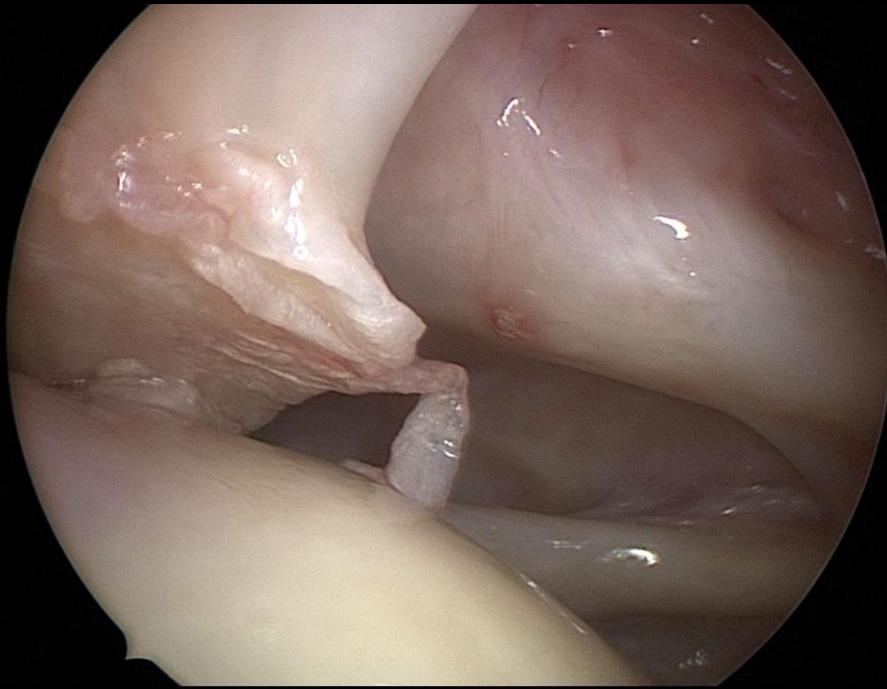
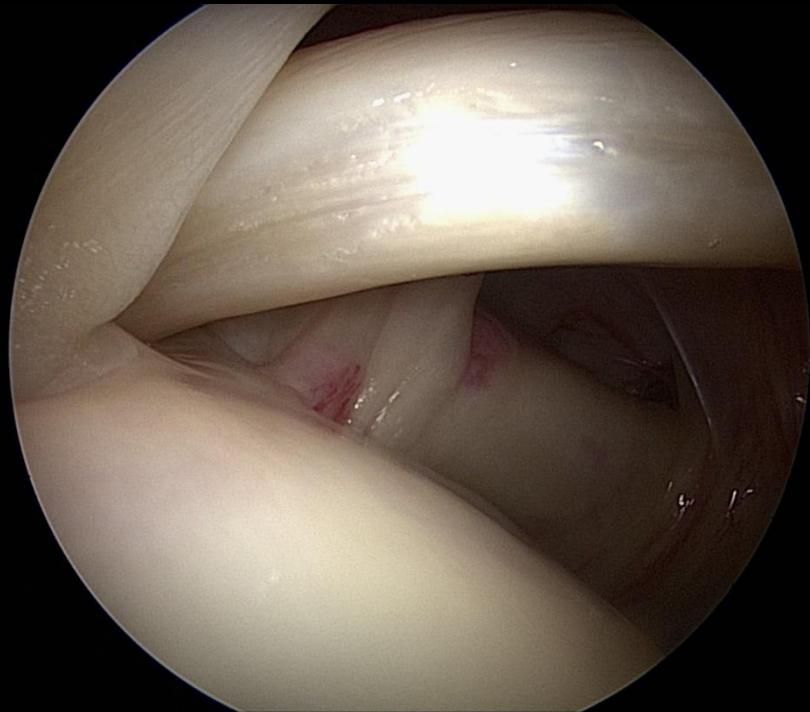






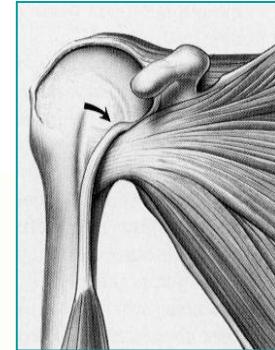
lange Bicepssehne





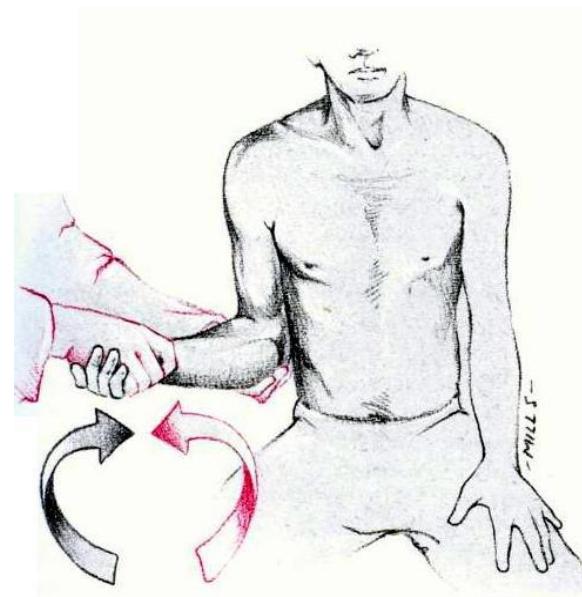
lange Bicepssehne

Palm-up-Test (Speed)



lange Bicepssehne

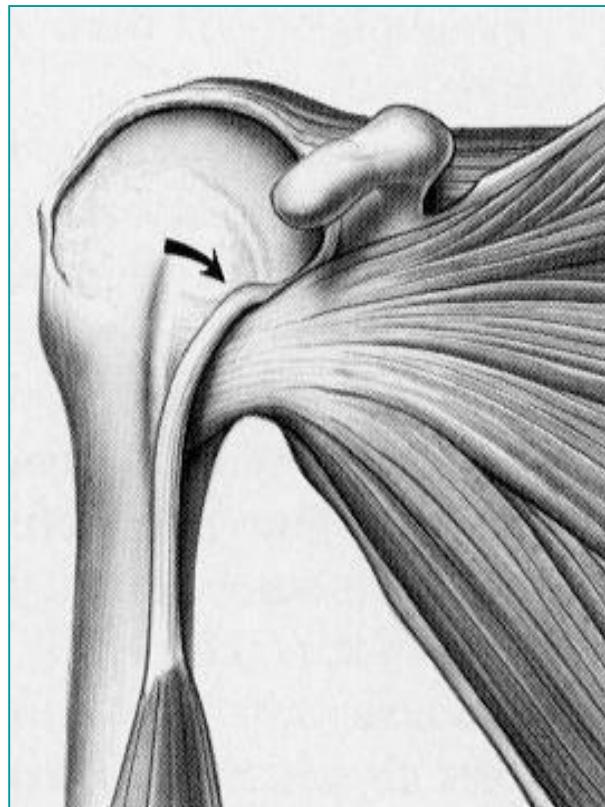
Yergason-Test



Yergason RM (1931) Supination sign. J Bone Joint Surg 13: 160



Mitbeteiligung des M. subscapularis



Vermehrte passive Aussenrotation



Belly-press-Test

Napoleon-Zeichen

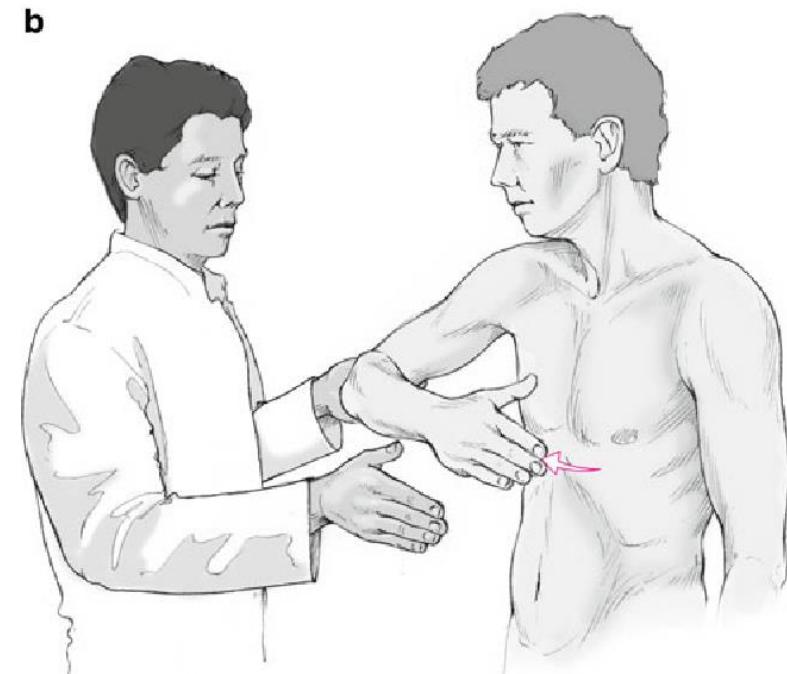
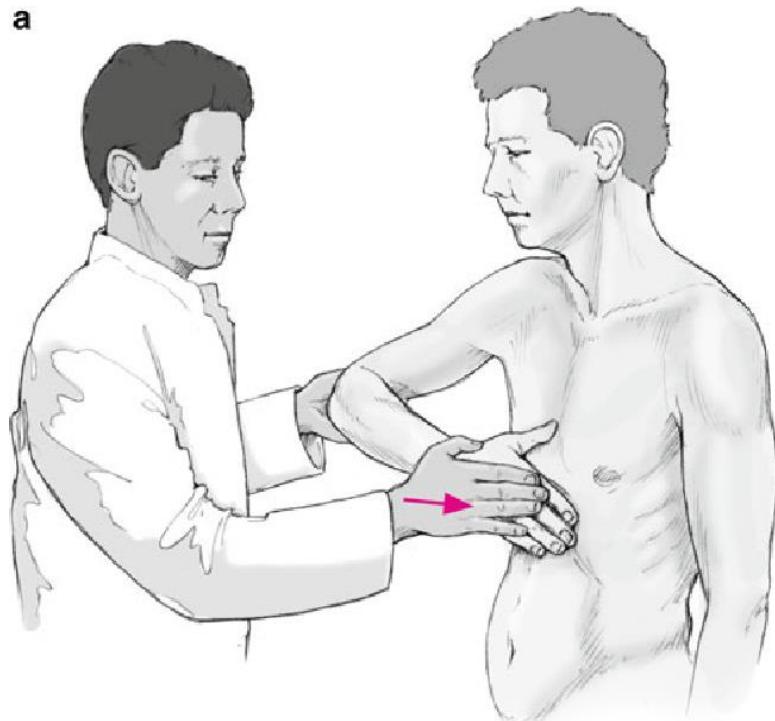


- ***Gerber, C.: JBJS, 1996***

Belly-press-Test

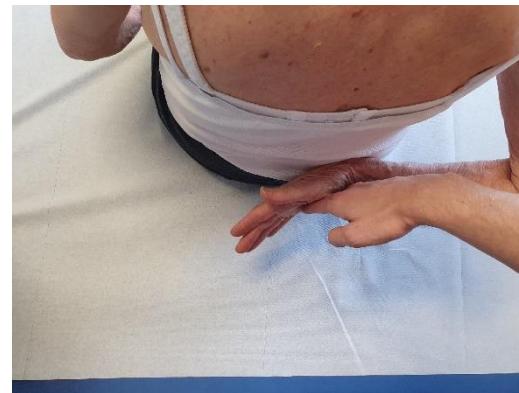
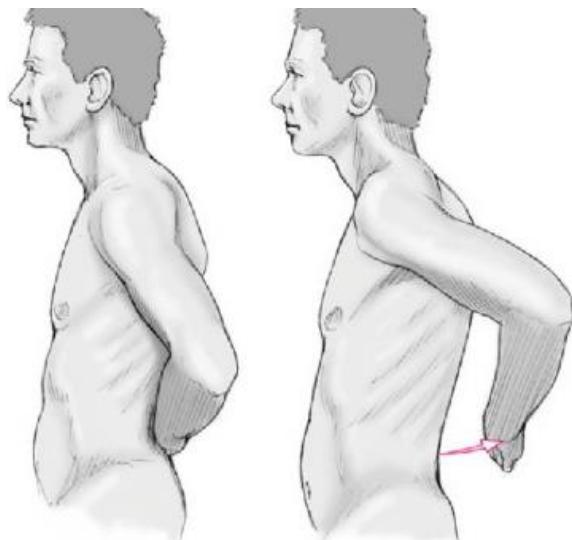


Belly-off-Zeichen



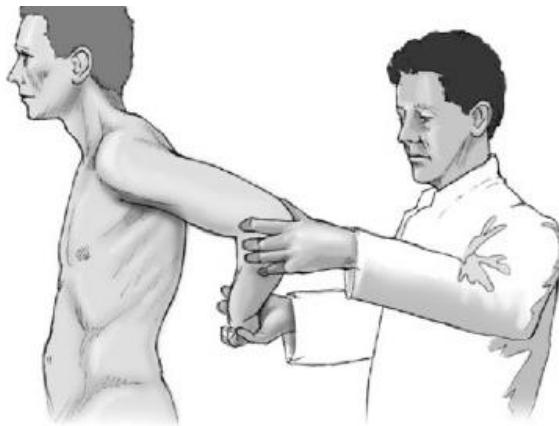
- Scheibel M, Magosch P, Pritsch M, Lichtenberg S, Habermeyer P: *The belly-off sign – a new clinical diagnostic sign for subscapularis lesions.* Arthroscopy 2005 Oct; 21 (10)

Lift-off-Test



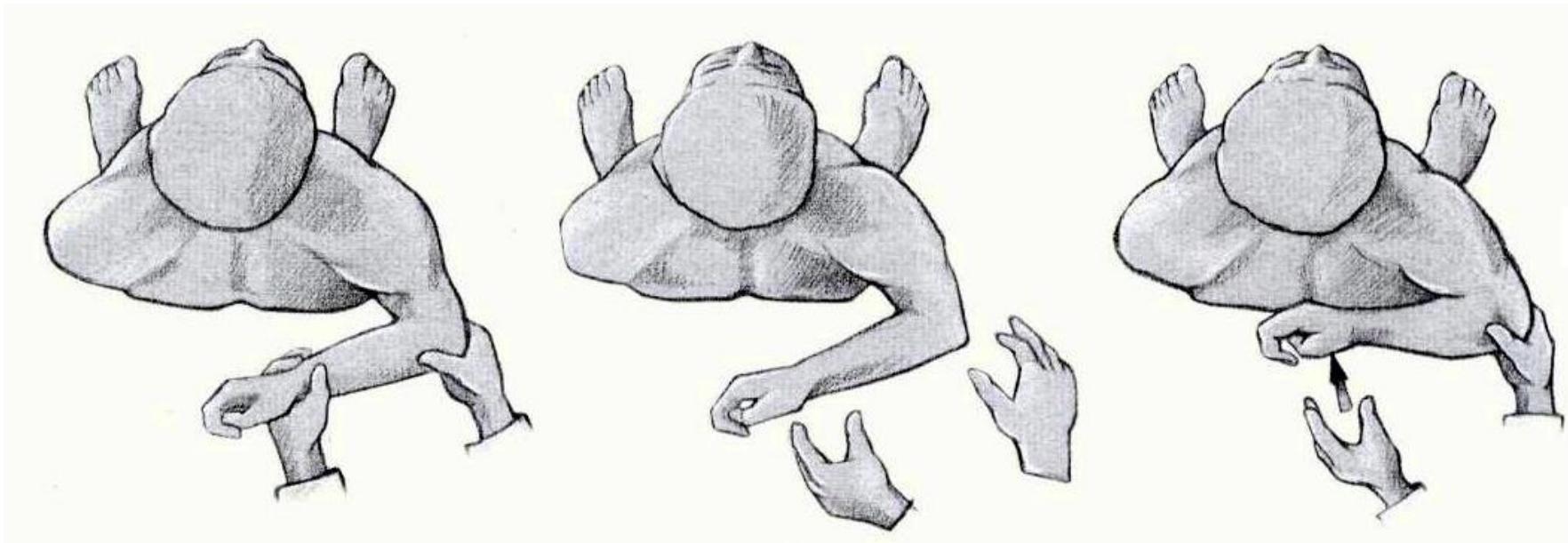
- *Gerber, C.: JBJS, 1991*

IR-Lag-sign

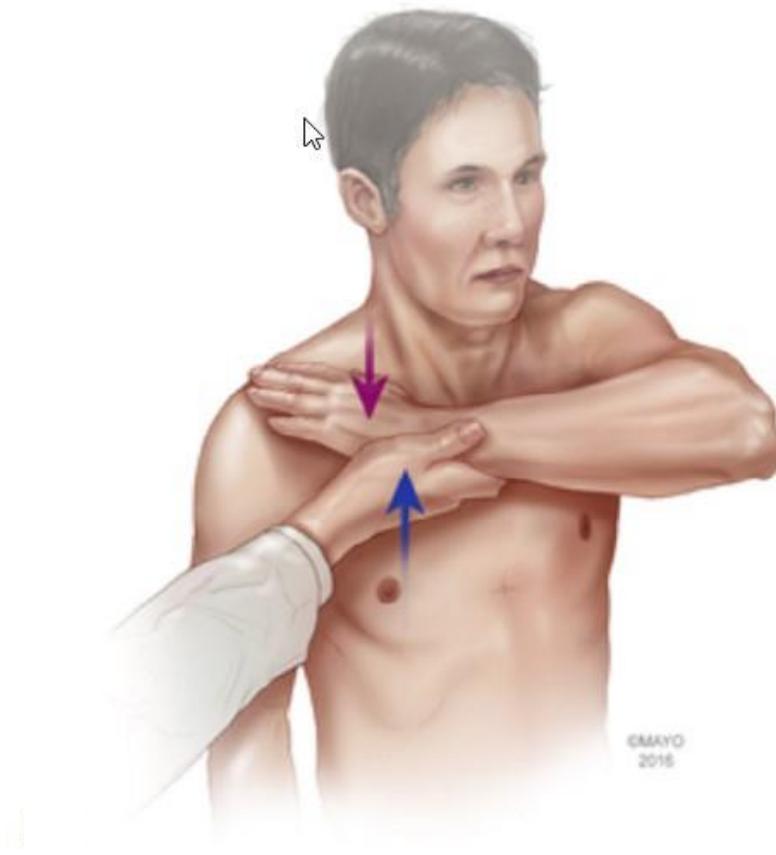


- *Gerber, C.: JBJS, 1991*

Lag-Zeichen

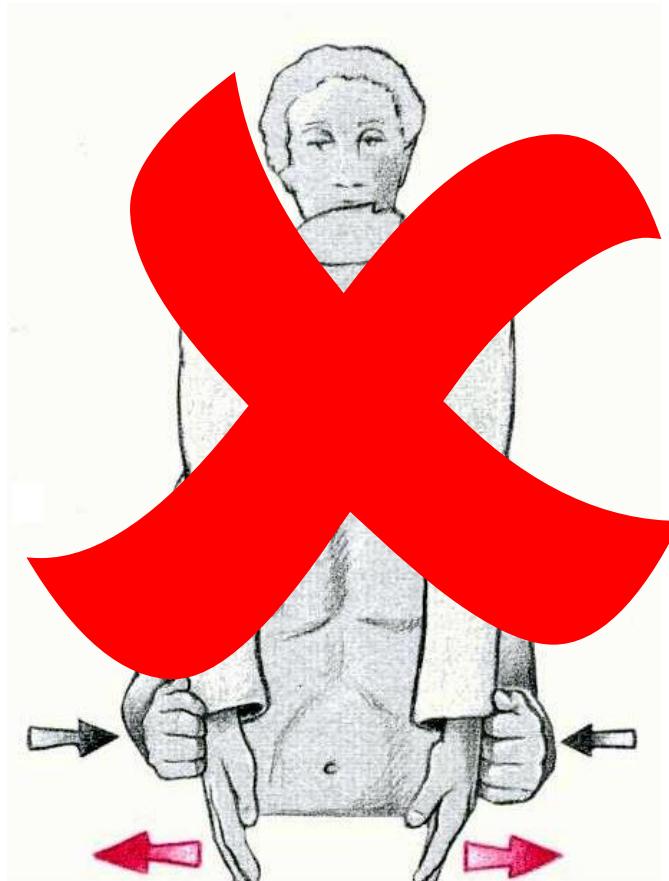


Bear-hug-Test



- Barth JR, Burkhart SS, De Beer JF. The bear-hug test: a new and sensitive test for diagnosing a subscapularis tear. *Arthroscopy* 2006;22:1076-84.

IR-Kraft gegen Widerstand

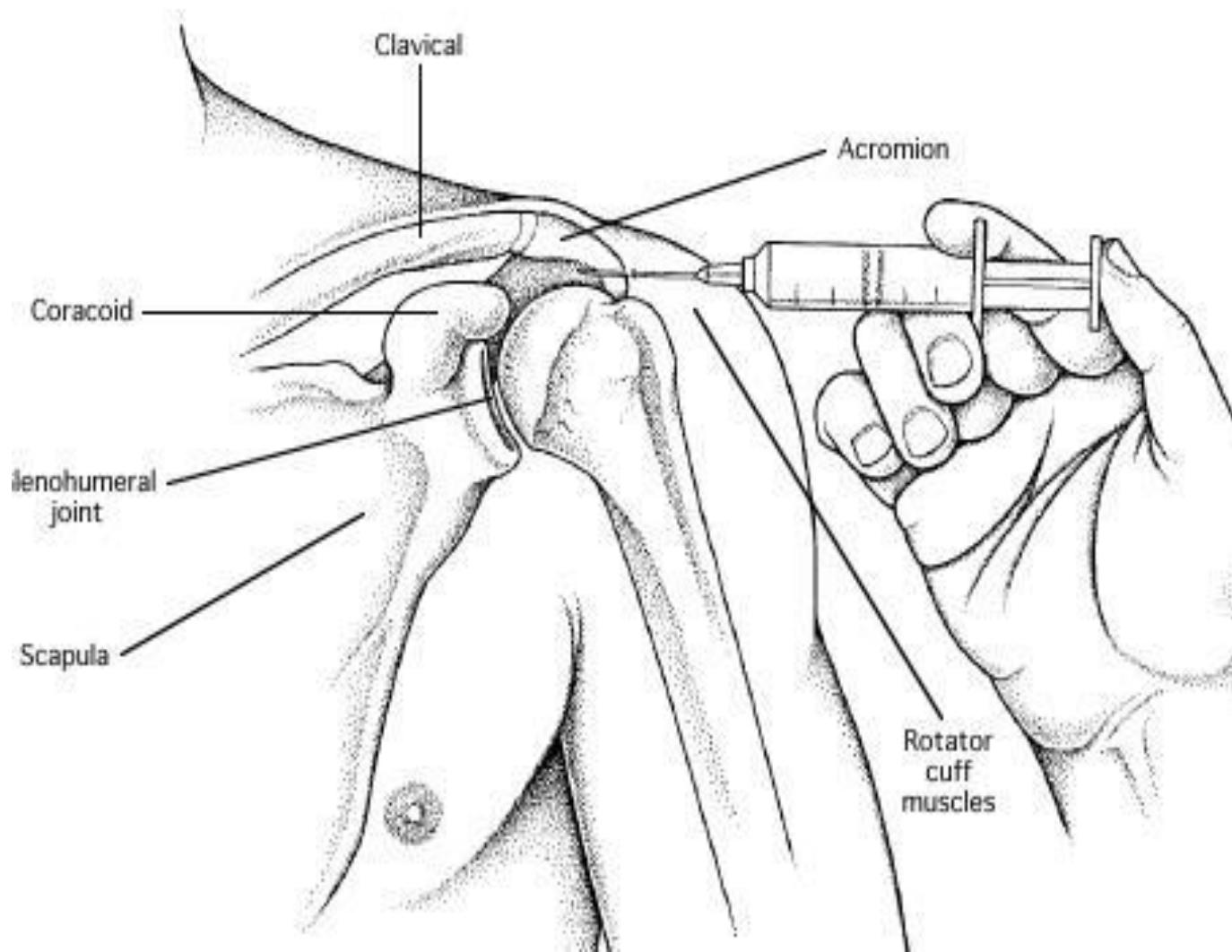


- *Gerber, C.: JBJS, 1991*



Therapie





MRI-Klassifikation

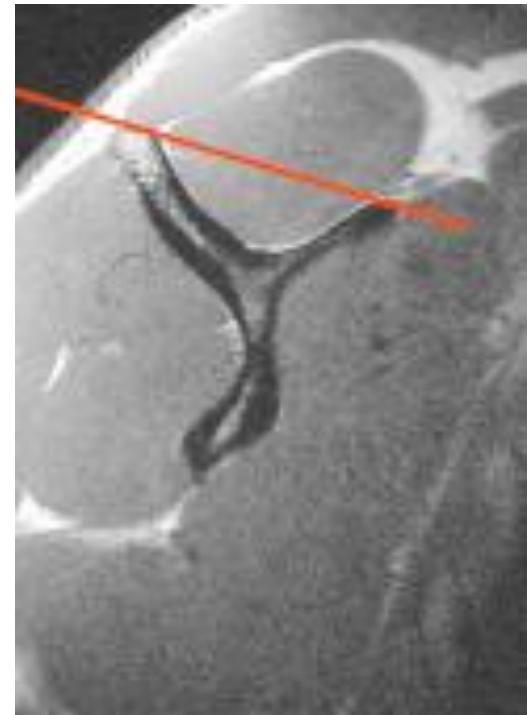
Grad 0: **kein Fett**

Grad 1: **einige Fettpunkte**

Grad 2: **Muskel > Fett**

Grad 3: **Muskel = Fett**

Grad 4: **Muskel < Fett**



- *Goutallier, D.: CORR, 1994 (urspr. im CT beschrieben)*
- *Fuchs, B.: JSES, 1999*

MRI-Klassifikation

Grad 0: **kein Fett**

Grad 1: **einige Fettpunkte**

Grad 2: **Muskel > Fett**

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Grad 4: **Muskel < Fett**



- **Goutallier, D.: CORR, 1994**
- **Fuchs, B.: JSES, 1999**

MRI-Klassifikation

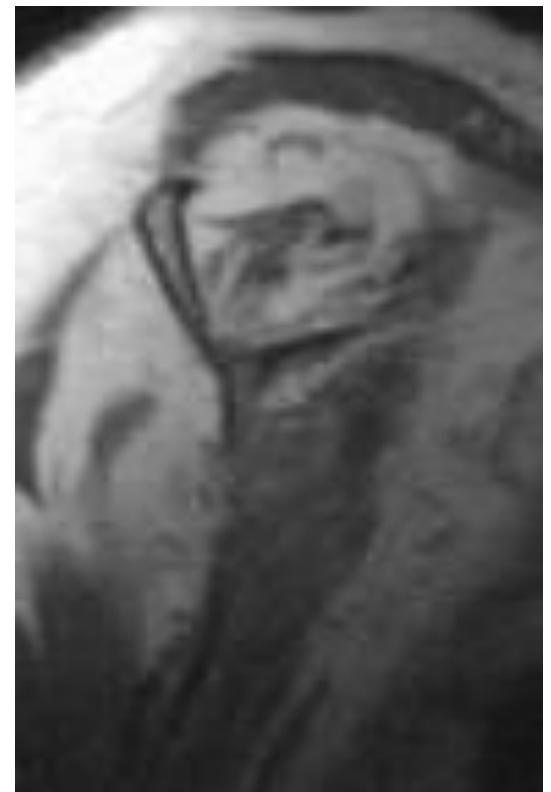
Grad 0: **kein Fett**

Grad 1: **einige Fettpunkte**

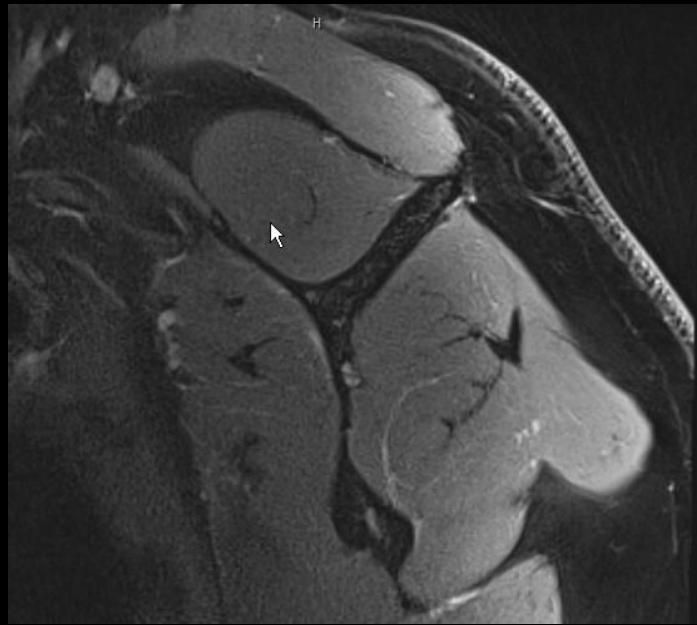
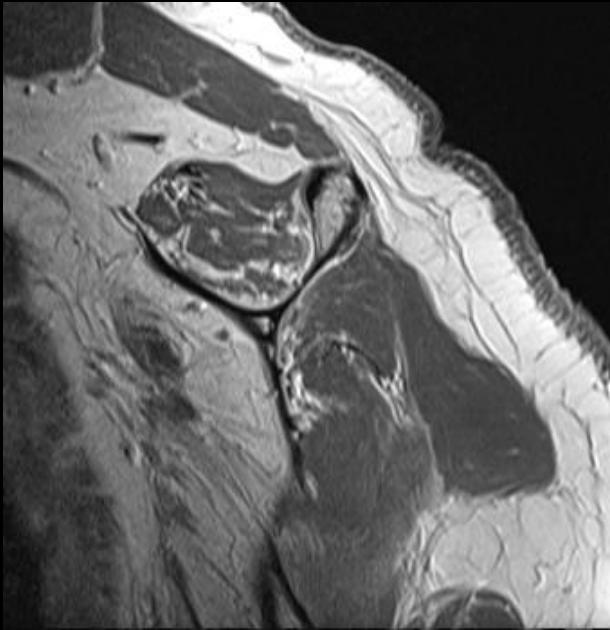
Grad 2: **Muskel > Fett**

Grad 3: **Muskel = Fett**

Grad 4: **Muskel < Fett**



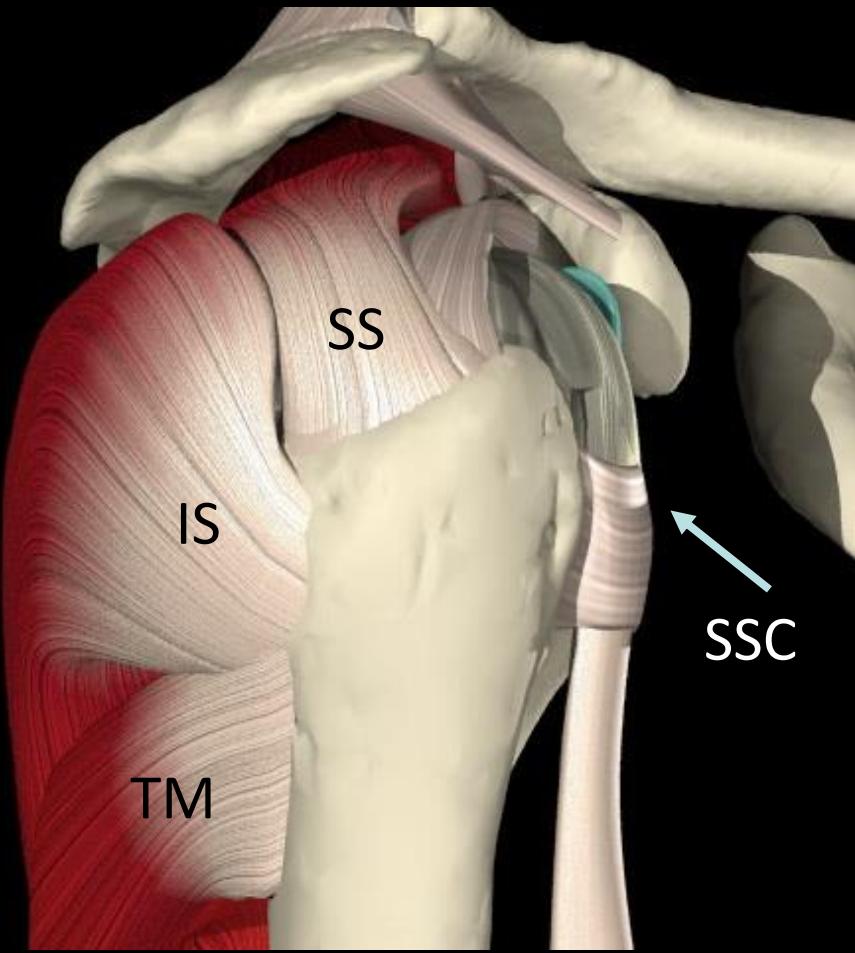
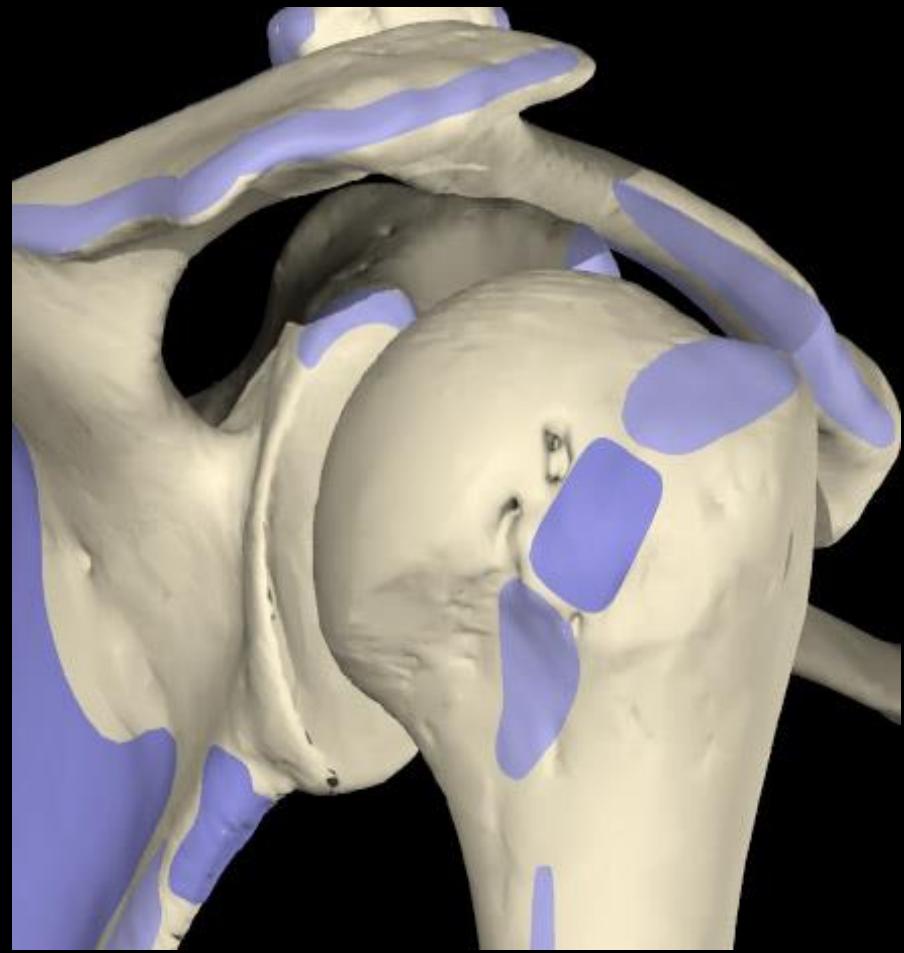
- **Goutallier, D.: CORR, 1994**
- **Fuchs, B.: JSES, 1999**

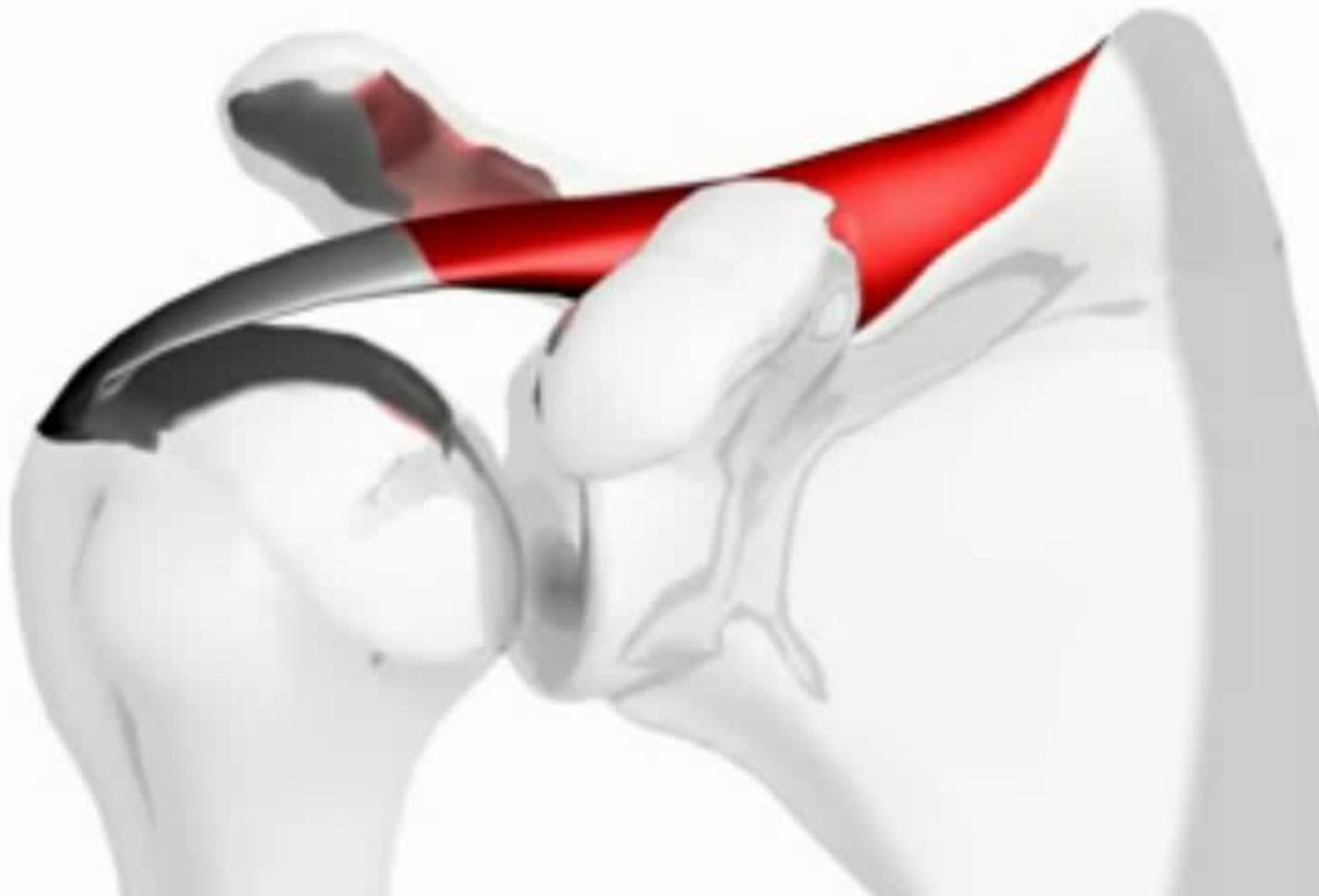




Sehnenriss







Bewegungsausmass

Akti



fang

Pas

nfang

Passive GH Beweglichkeit

Abduktion

AR

IR

10-90°



Passive GH Beweglichkeit

Abduktion

AR

IR

70°



Codman-Handgriff



Passive GH Beweglichkeit

Abduktion

AR

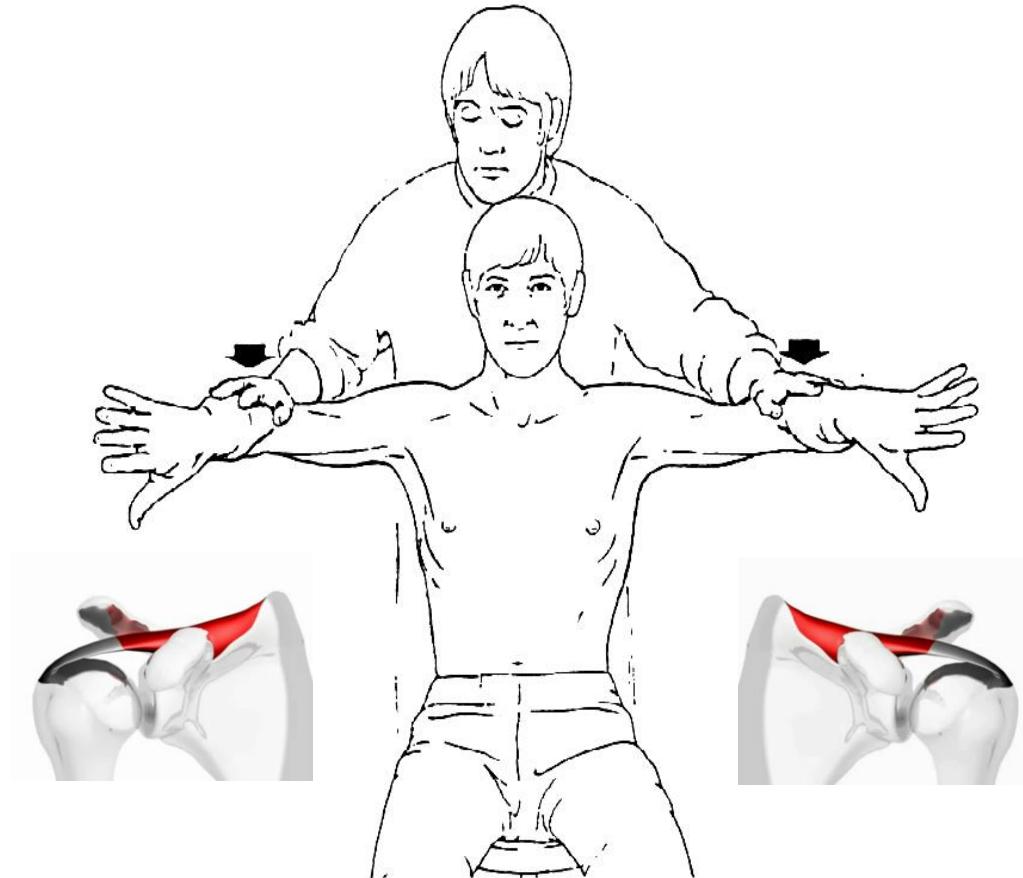
IR

90°



Kraft Elevation

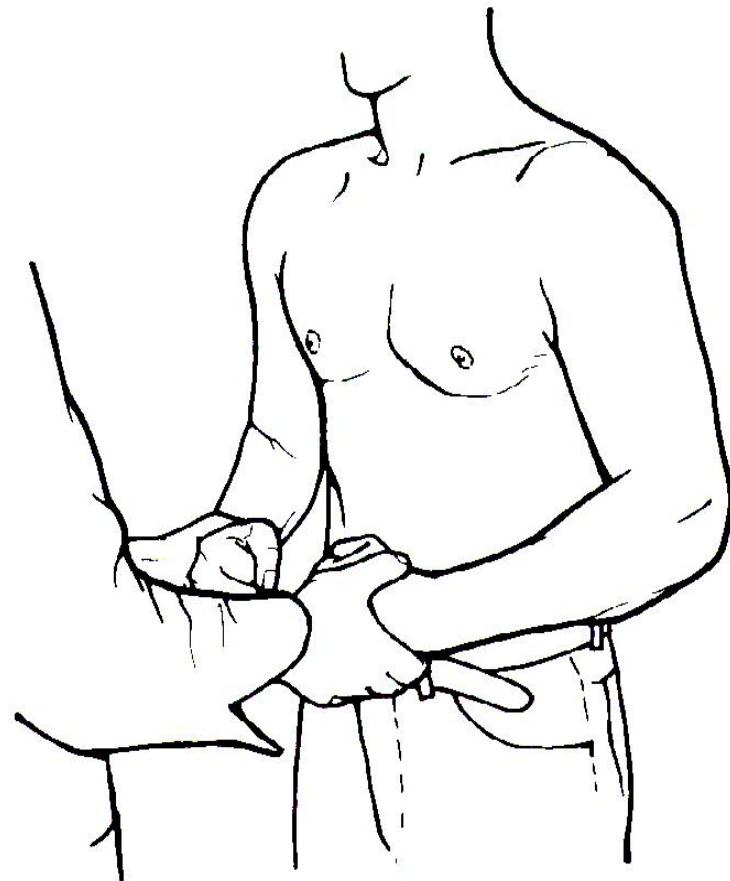
Jobe-Test



Jobe FW, Jobe CM (1983) Painful athletic injuries of the shoulder. *Clin Orthop* 173: 117–124

Kraft Aussenrotation

Supra- und Infraspinatus



AR in 0°

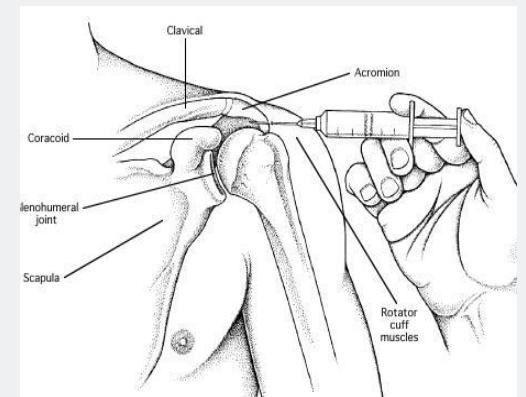
Lift-off-Test

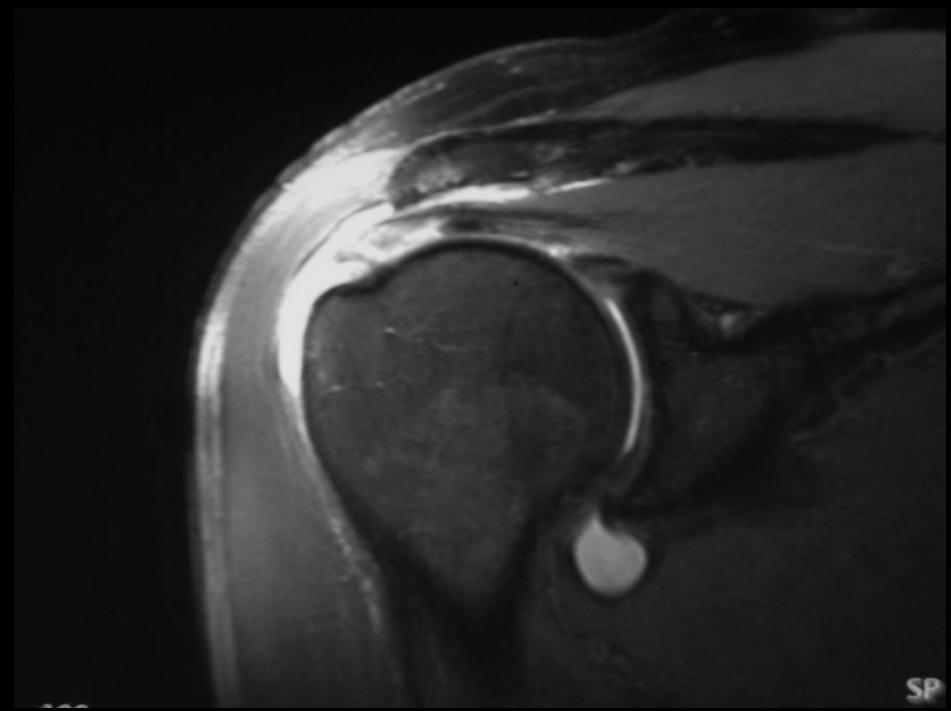
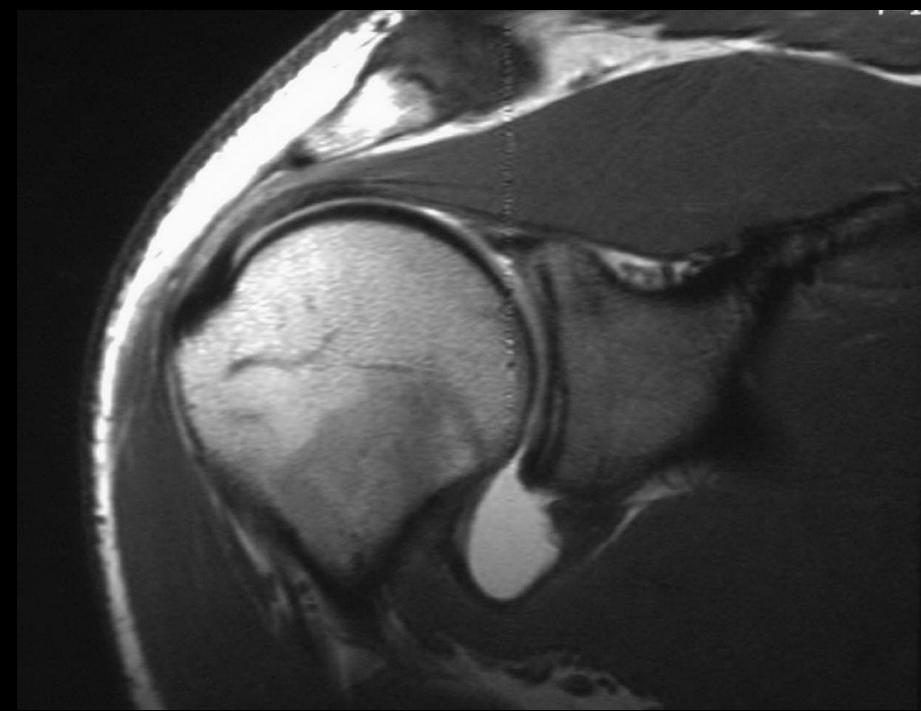


- *Gerber, C.: JBJS, 1991*

Therapie

Bei erhaltener Kraft





SP





Q8.1
Im:1

R

Anonym
Birth Date:
Study Date:12.05.2014
Study Time:10:08:16
Serie Time:10:08:19
MRN:

25mm

Cuff-Arthropathie

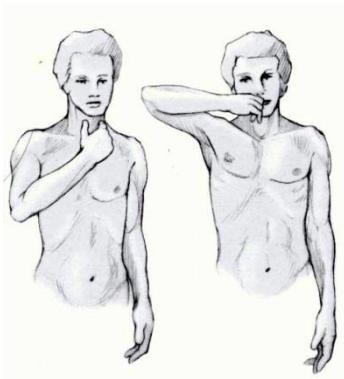


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-140

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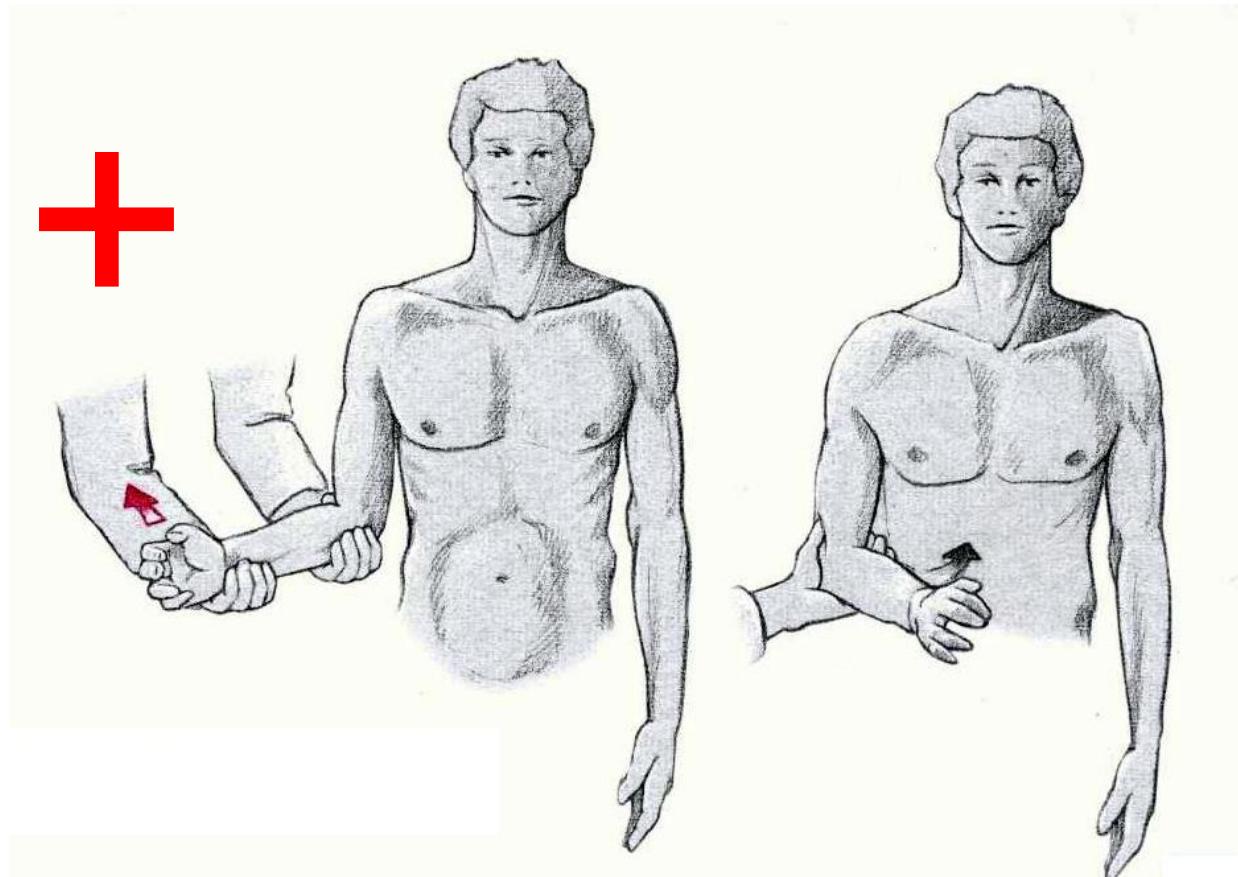
Hornblower-Zeichen



- *Walch, G.: The dropping and hornblower's signs in evaluation of rotator-cuff tears, JBJS, 1998*

Lag-Zeichen

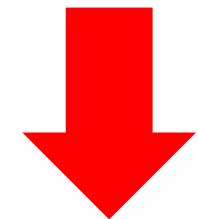
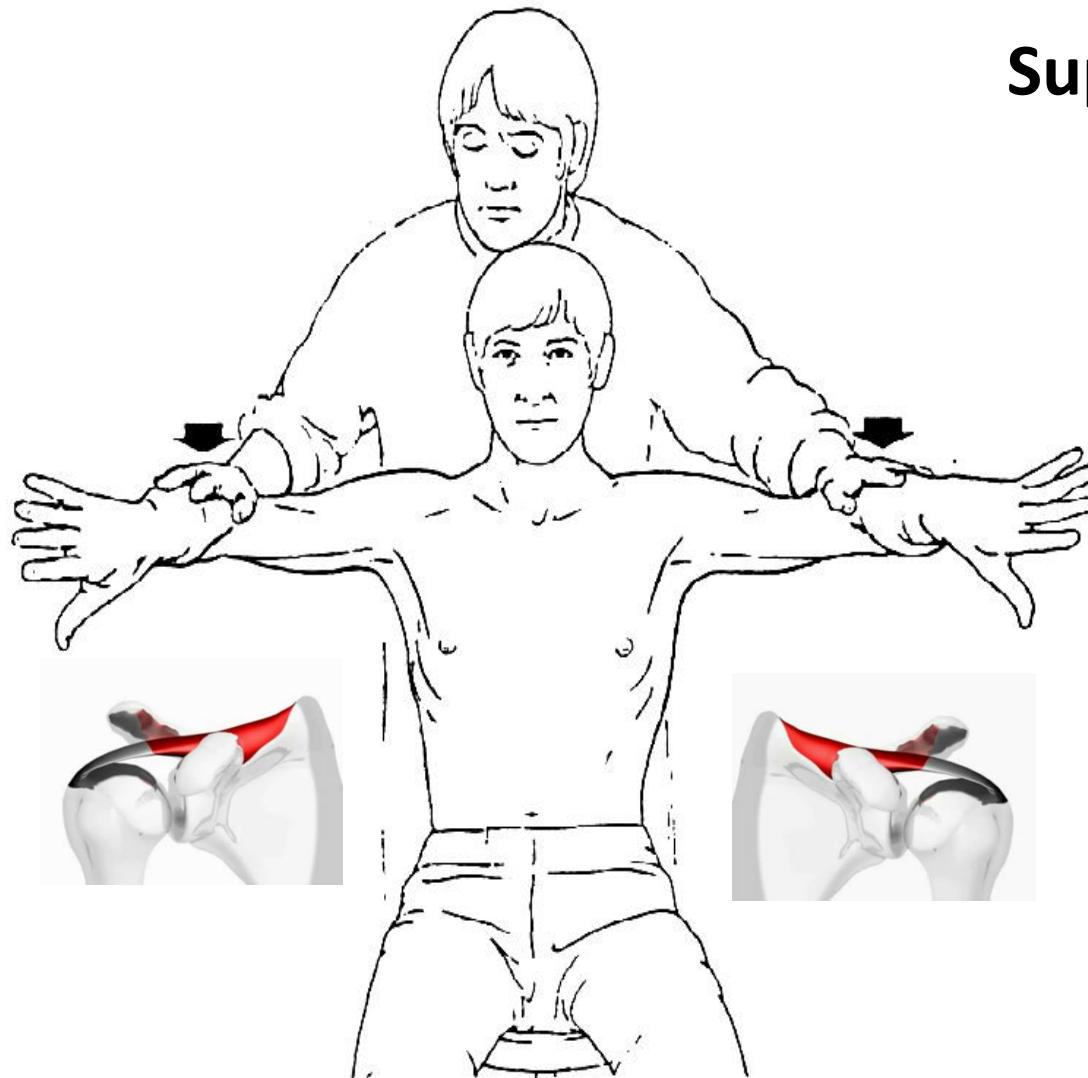
Dropping-Zeichen



- *Walch, G.: The dropping and hornblower's signs in evaluation of rotator-cuff tears, JBJS, 1998*

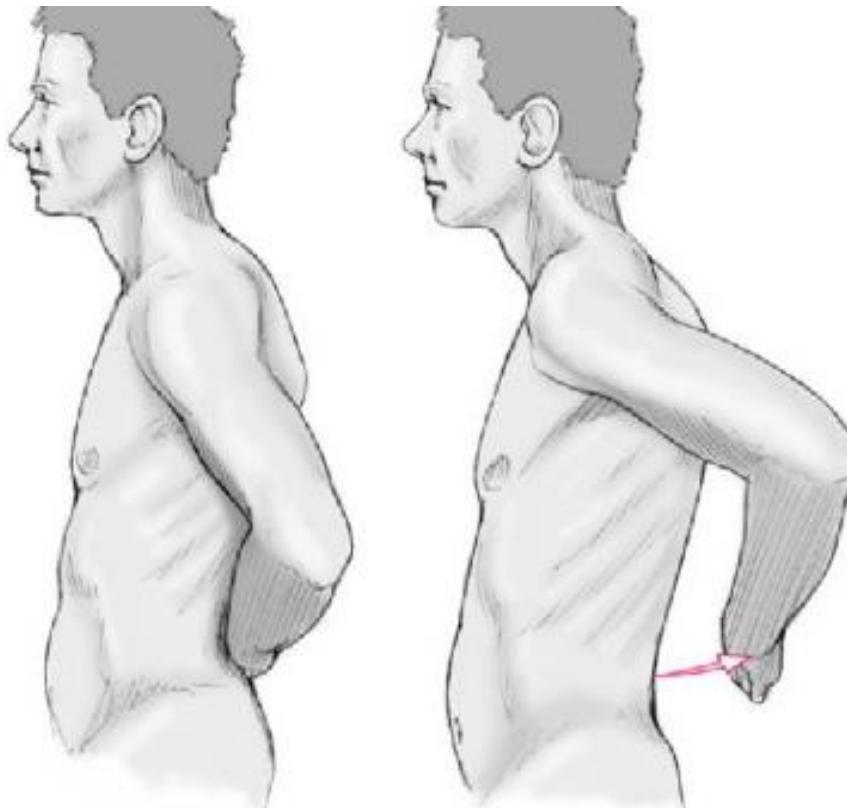
Krafttestung

Supraspinatusmuskel

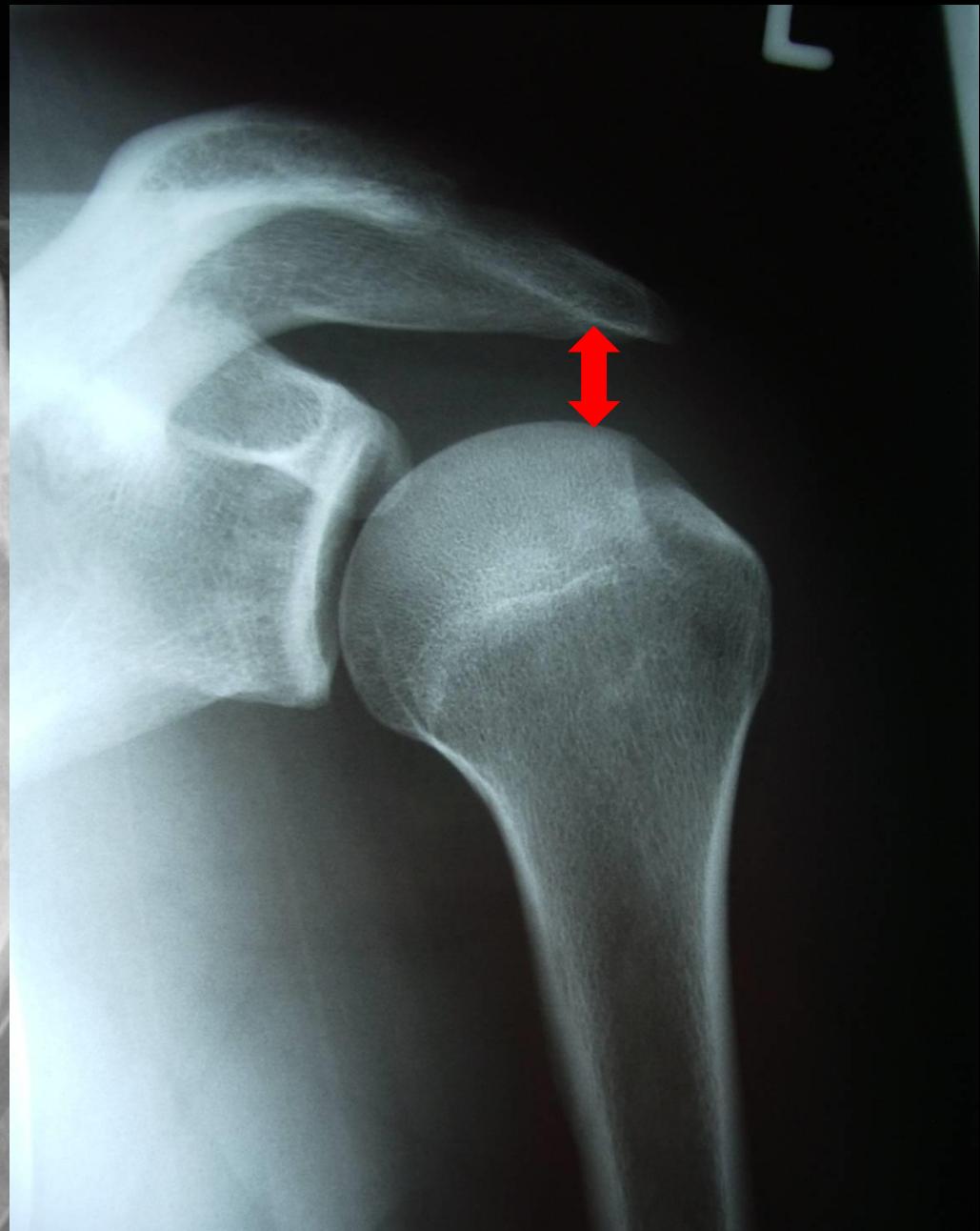


Jobe

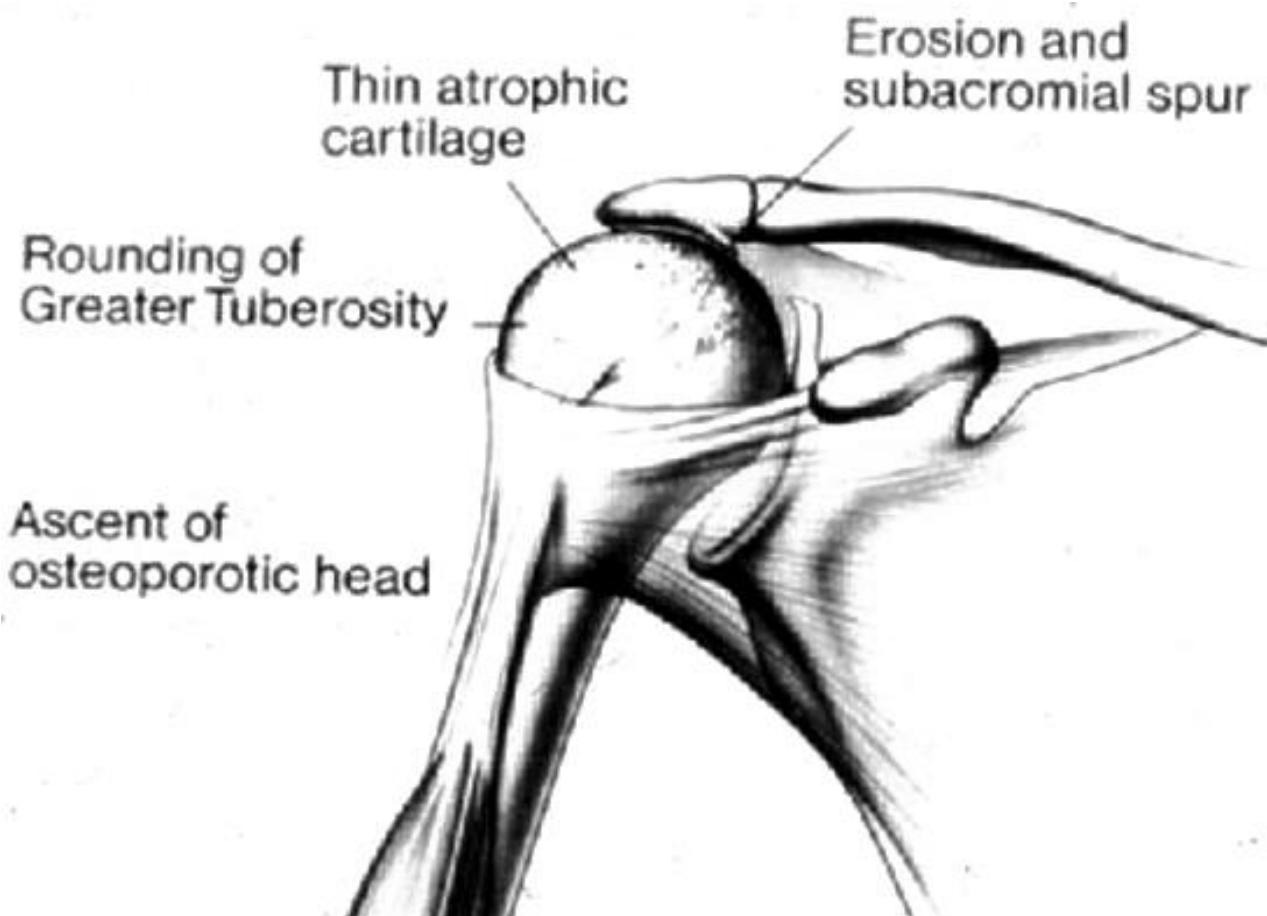
Lift-off-Test



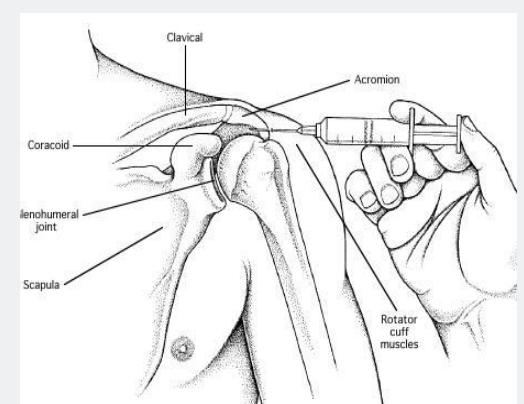
- *Gerber, C.: JBJS, 1991*



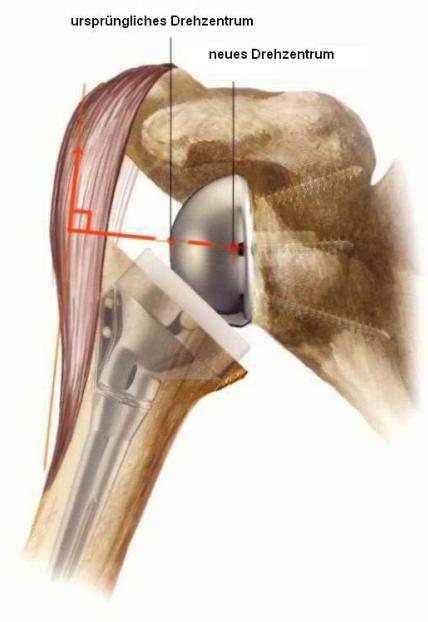
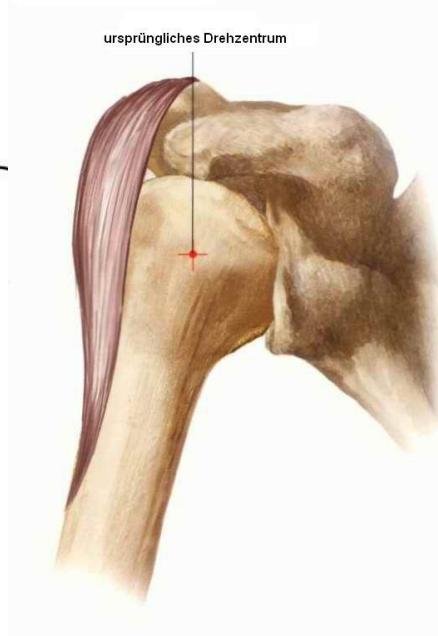
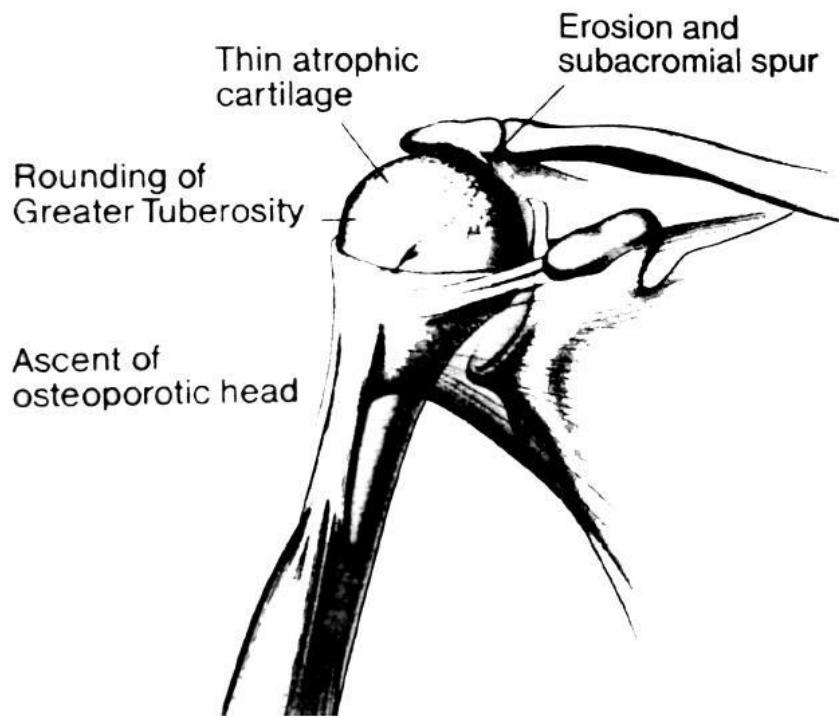
Cuff-Arthropathie

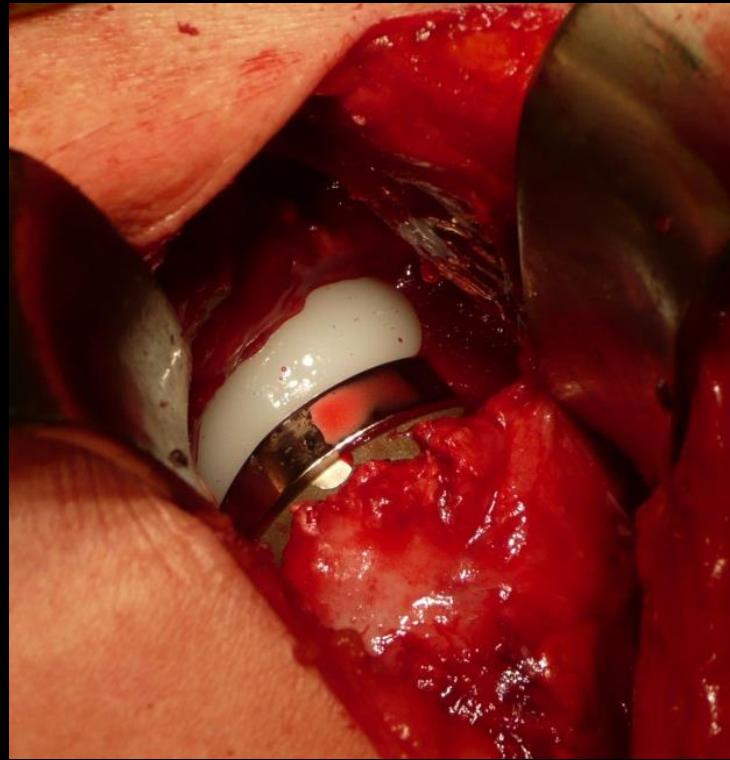


Therapie



Chirurgische Behandlung



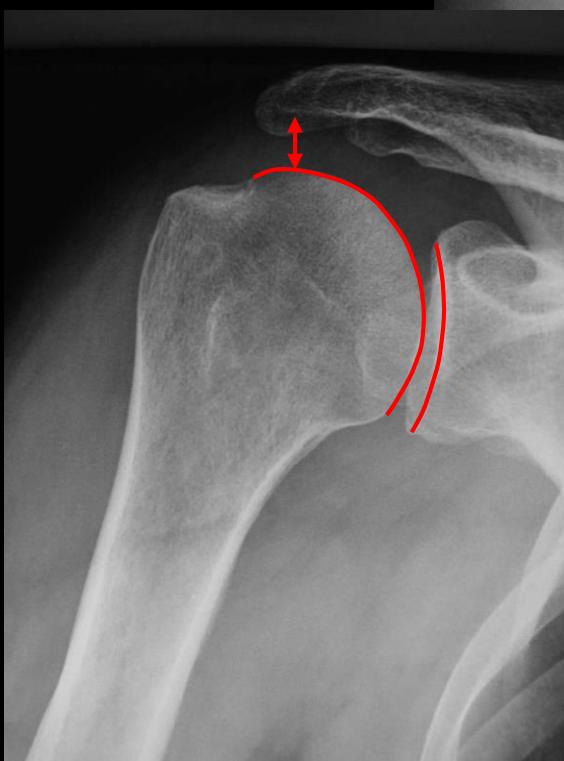
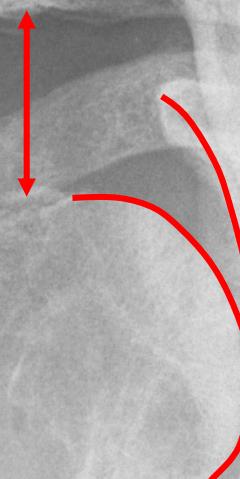


Instabilitätsarthropathie

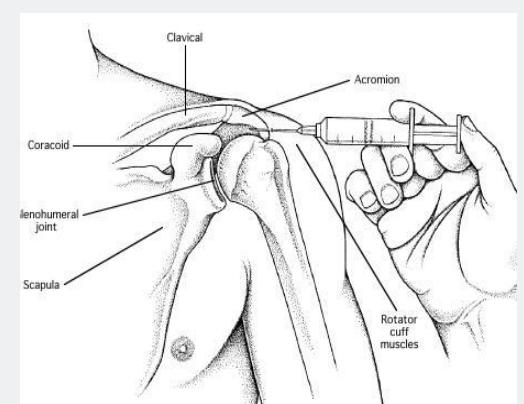
- chron. subluxierten Zustand
- rez. Luxationen



R

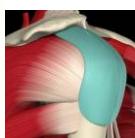
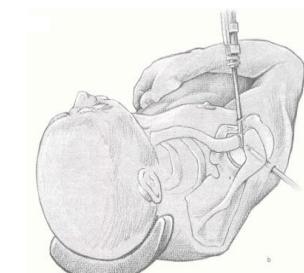
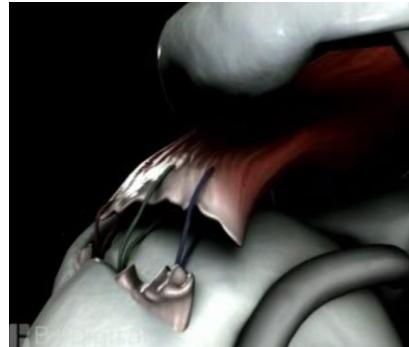
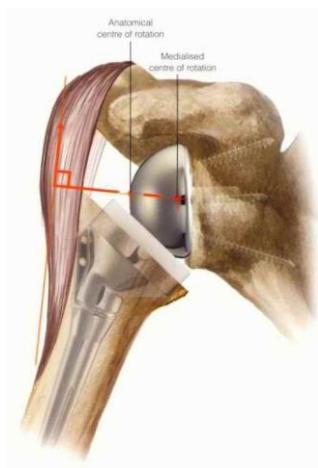
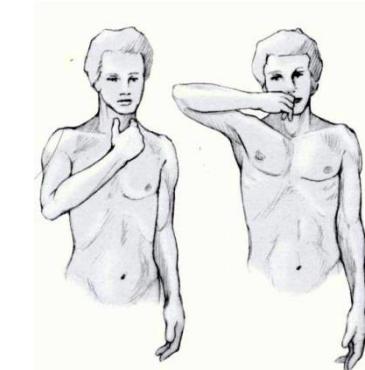
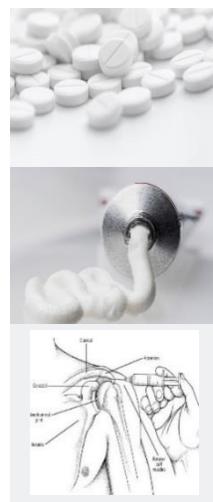


Therapie



R
Bettaufnahme





Danke



thomann@hin.ch