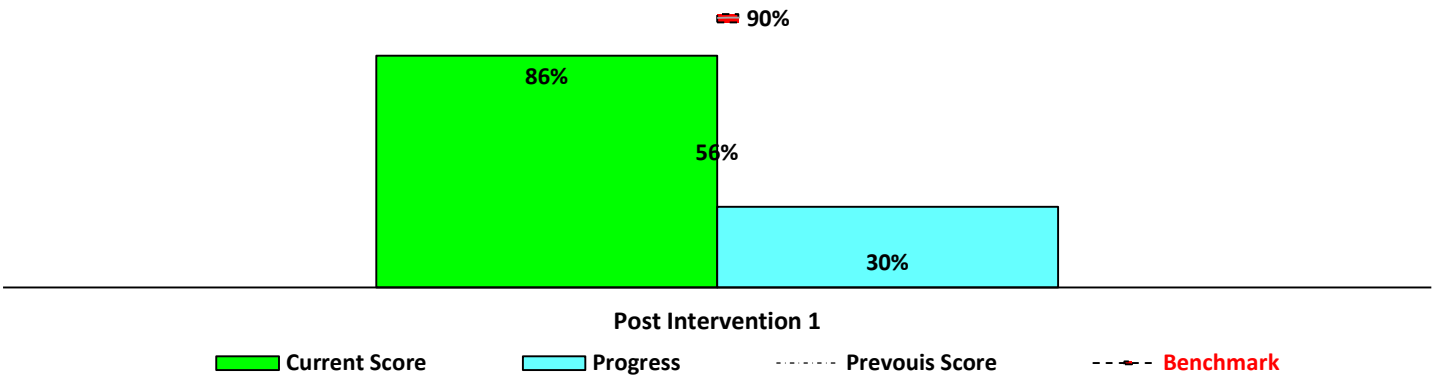
Progress report

Translate research into private practice

Initial assesment	2		**Clinical summary**	
Date:	19_01_2024		**History:**	Mr. P dislocated his left shoulder after accidentally falling from stairs.
Name & Surname:	Mr P		**Current Progress**	Clinical significant
Field	Orthopeadic		**Clinical symptoms:**	Sling immobilization for 3 weeks and during first evaluation he presented with intracapsular stiffness.
Diagnose:	Primary	Secondary	**Current intervention:**	Evidence-based exercise intervention
	Anterior dislocation	N/A	**Clinician Involve:**	Dr Vlok and Dr Gideon van Staden (Orthopeadic surgeon)
Months/weeks after injury	3 Weeks		**Primary treatment**	Exercise rehabilitation
Patient Goal	Archery		**Timeframe:**	6-8 Weeks

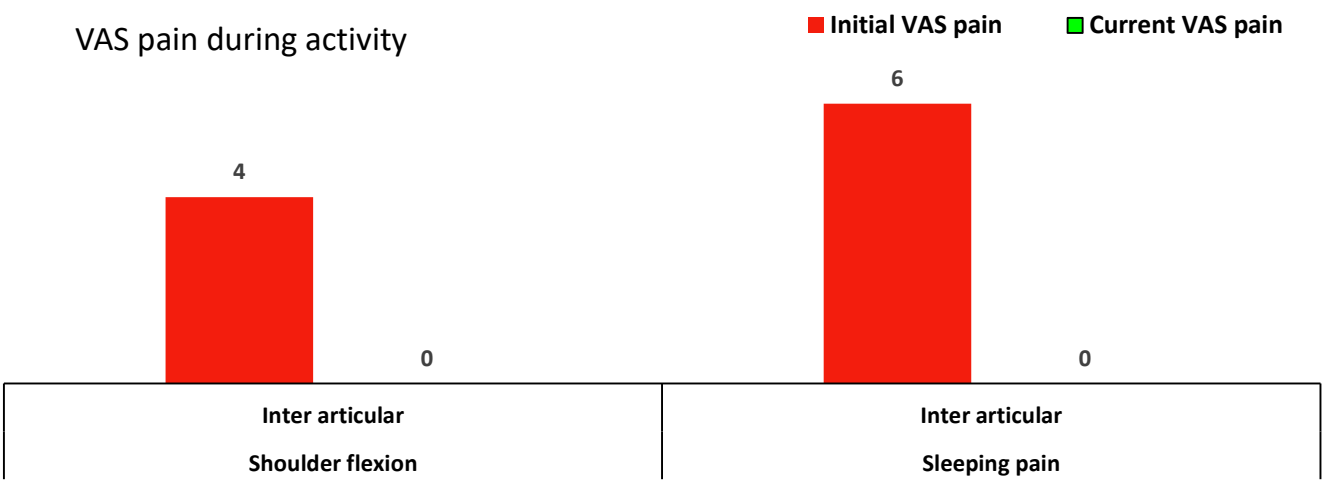
Patient Reported Outcomes (PROM)

Subjective patient evaluation



Graph 1 summarizes the subjective improvement of 30% over the exercise rehabilitation period. Currently, Mr. P achieved 86% (Benchmark 90%)

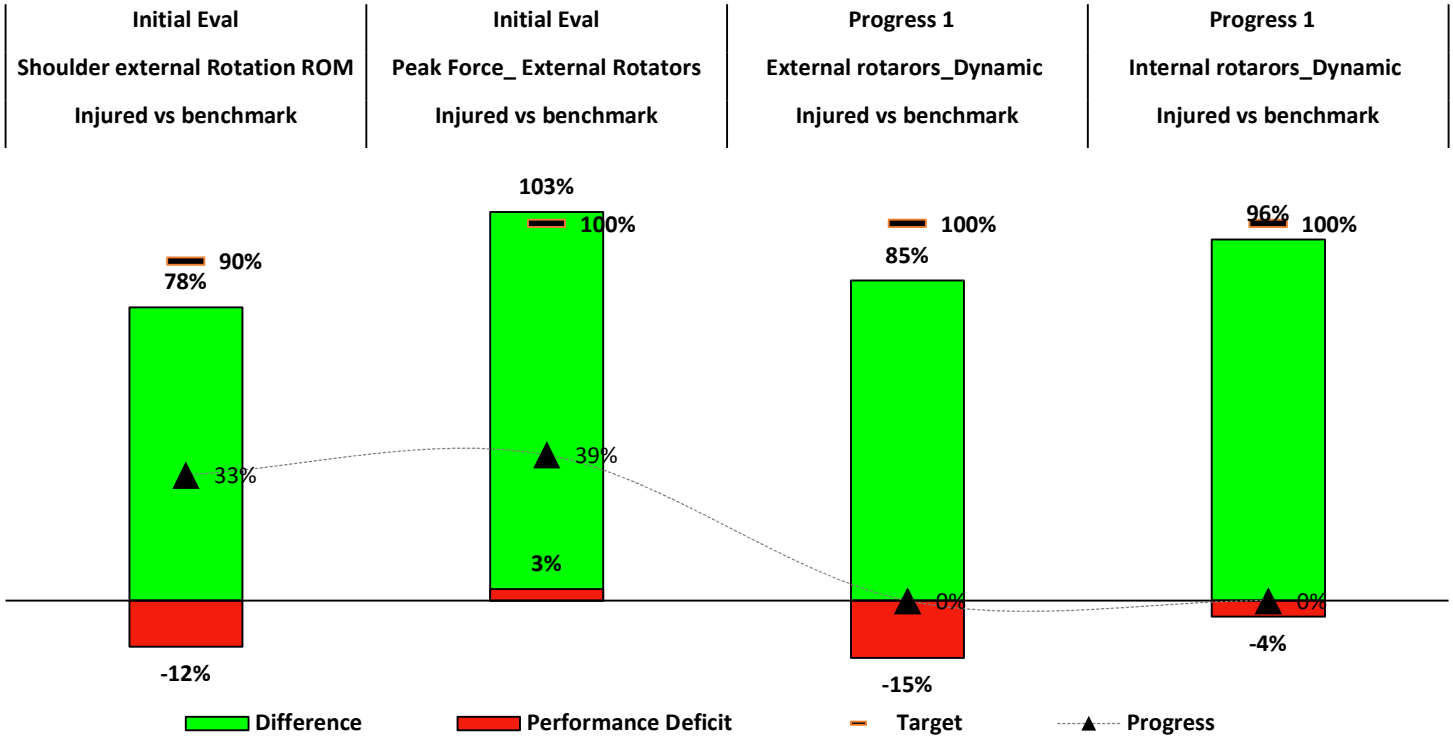
Patient Reported VAS Pain



Graph 1 and 2 indicated a substancial decrease in pain and stiffness

Patient Performance Based Outcomes

Progress Results



Graph 1: Shoulder external rotation ROM increase with 33% but a 12% asymetry stil exists when injured was compared to uninjured.

Graph 2: Isometric Peak force of the external rotators increase with 39% (Measured with manual muscle dynometer)

Graph 3: External rotators asymetry was 15% when measured with biodex @ 90 deg per second.

Graph 4: Internal rotator asymetry was 4% when measured with biodex @ 90 deg per second.

Conclusion

Mr P (Case A_Anterior shoulder instability) improved significantly after the exercise rehabilitation intervention and was discharged to enjoy his archery.