The patient was a 21-year-old collegiate running back who was tackled during a football game and sustained a posterior glenohumeral dislocation, which was reduced on the first attempt with traction performed by the athletic trainer on the field. The patient was referred to an orthopaedist and presented 3 weeks after the injury. The patient was unable to provide specifics regarding mechanism of injury (eg, position of upper extremity). On examination, the orthopaedist found no indications of neurological or vascular changes, but active flexion/abduction was limited to 80°, despite full passive motion. No instability signs were present with passive range of motion. Strength against manual resistance for most shoulder muscles was fair; however, the patient had a positive drop-arm test and an external rotation lag sign. Further imaging was ordered by the orthopaedist because of the rotator cuff weakness.

Magnetic resonance imaging showed a complete tear of the supraspinatus (FIGURE 1) and infraspinatus (FIGURE 2). There was also a posterior Bankart lesion, a subscapularis tear, and a dislocation of the biceps long head tendon into the reverse Hill-Sachs lesion (FIGURE 3). The rotator cuff tears were repaired surgically, and the patient was referred to physical therapy, starting 3 weeks after surgery, for passive range of motion for 6 weeks, followed by progressive range of motion and strengthening. He reported rapid reduction in discomfort and gained full motion and almost full strength at 3 months postsurgery. At 9 months, he returned to collegiate football.

Glenohumeral dislocation is not uncommon in young athletes, but associated rotator cuff tears are more typical in older patients. A Bankart lesion is the most common injury after glenohumeral dislocation in a young patient. A high index of suspicion for rotator cuff tear is important when athletes show sustained rotator cuff weakness after a dislocation.