**RöKo INT 201.1**  
**Shoulder: Imaging Instability**  
**8:00 Uhr**  
Referent(en): Grainger A  

*Kurzzusammenfassung:* The shoulder is the most mobile joint in the body. However, this comes at a cost as it is consequently inherently unstable. The stability of the shoulder depends on both dynamic stabilisers (the rotator cuff muscles and tendons) and static stabilisers (glenohumeral ligaments and the glenoid labrum). Shoulder instability most frequently occurs following trauma with injury to one or more of these stabilisers. Occasionally instability may be the result of inherent (frequently congenital) biomechanical factors at the shoulder. The role of imaging in shoulder instability is to identify the presence of injury to one or more of the stabilisers to guide further management. The presentation will review the patterns of injury seen, particularly focussing on the imaging of injuries to the glenoid labrum and glenohumeral ligaments. Imaging techniques will be discussed along with the normal and abnormal imaging appearances.  

*Lernziele:*  
1) To understand the concepts of traumatic and atraumatic shoulder instability  
2) To recognise the anatomical structures that may be injured following shoulder trauma that influence shoulder stability  
3) To be familiar with imaging techniques that are available to assess the glenoid labroligamentous complex  
4) To be able to recognise the imaging features and patterns of acute and chronic labroligamentous injury at the shoulder

---

**RöKo INT 201.2**  
**Meniscal Injuries**  
**8:15 Uhr**  
Referent(en): Murphy K

**RöKo INT 201.3**  
**Cruciate Ligaments**  
**8:30 Uhr**  
Referent(en): Parkar A

**RöKo INT 201.4**  
**Pathological Fractures: How to Assess and Manage?**  
**8:45 Uhr**  
Referent(en): Isaac A

**RöKo INT 201.5**  
**Elbow: Ligament Injuries**  
**9:00 Uhr**  
Referent(en): Grainger A
**Kurzzusammenfassung:** The stability of the elbow joint is dependent on the bony anatomy and important ligamentous structures which are vulnerable to injury. The bone anatomy at the elbow is very protective against varus injury and the majority of elbow ligament injuries result from valgus forces which, counterintuitively, may lead to disruption of the radial collateral ligament complex as well as the ulnar collateral ligaments. Acute injuries also result in injury to other structures including bones and tendons. As well as acute ligamentous injury, chronic injuries may occur. Furthermore, acute injury may lead to chronic instability resulting in long-term disability to the patient. In addition to discussing acute ligamentous injuries the presentation will explore the concepts of valgus extension overload and posterolateral rotatory instability and the associate imaging findings.

**Lernziele:**
1. To understand the anatomy of the collateral ligament complexes at the elbow and other anatomical features that influence elbow stability
2. To be able to identify the normal imaging appearances of the collateral ligament complexes at the elbow
3. To be able to recognise the imaging features and patterns of acute and chronic ligamentous injury at the elbow
4. To become familiar with other structures that may show imaging abnormalities in following elbow ligamentous injury

<table>
<thead>
<tr>
<th>RöKo INT 201.6</th>
<th>Diskussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:15 Uhr</td>
<td></td>
</tr>
</tbody>
</table>