



Fig. E-1

Axial T2-weighted MRI of the same patient shown in Figure 1, showing the incidental proximal humeral cyst (arrow). (Copyrighted and used with permission of the Children's Orthopaedic Surgery Foundation; all rights reserved.)

TABLE E-1 Patient Demographics and Surgical Technique Utilized for Repair\*

Age (yr)	Injury Mechanism	Injured Extremity	Hand Dominance	Time from Injury to Surgery (wk)	Initial Radiographs “Normal”	MRI	Additional Injuries	Surgical Technique
13	Basketball (abduction and external rotation)	L	L	4	Y	Y		Single suture anchor
14	Dodge ball (throwing injury)	R	R	8	N	Y		Suture repair via transosseous tunnels
13	Football (forceful shoulder external rotation)	R	R	20	Y	Y		“Double row” repair with suture anchors
14	Skateboarding (fall)	L	R	2	Y	Y		Suture anchors
13	Ice hockey (blow to anterior part of shoulder)	R	R	2	N	Y	Anterior capsule avulsion	Sutures anchors; suture repair of capsular avulsion
12	Lacrosse (hyperabduction throwing injury)	R	R	10	Y	Y		Suture repair via transosseous tunnels
15	Ice hockey	R	R	3	Y	Y	Anterior capsule rupture, biceps tendon dislocation	Suture anchor repair and biceps tenodesis
12	Baseball (fall while running)	L	R	3	Y	Y		Suture anchors

\*MRI = magnetic resonance imaging, L = left, R = right, Y = yes, and N = no.