http://dx.doi.org/10.2106/JBJS.L.00238

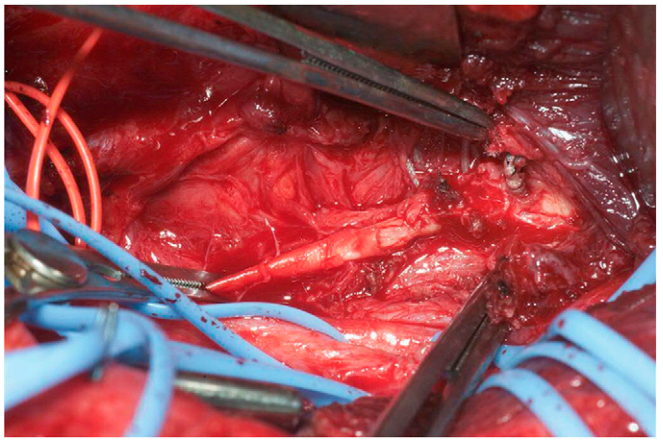

Fig. E-1

Case i2. Multiple sutures encasing the brachial plexus as a result of an open capsular shift procedure.

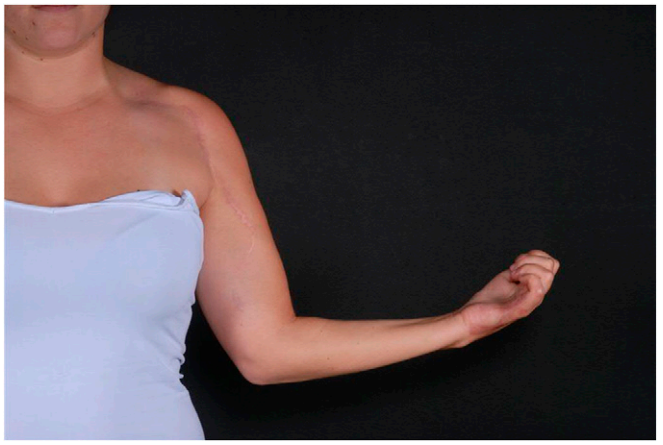

Fig. E-2

Case i2. Note the deformity of the hand, which demonstrates atrophy of the hypothenar and thenar musculature. The patient subsequently underwent tendon transfer procedures to restore hand function.

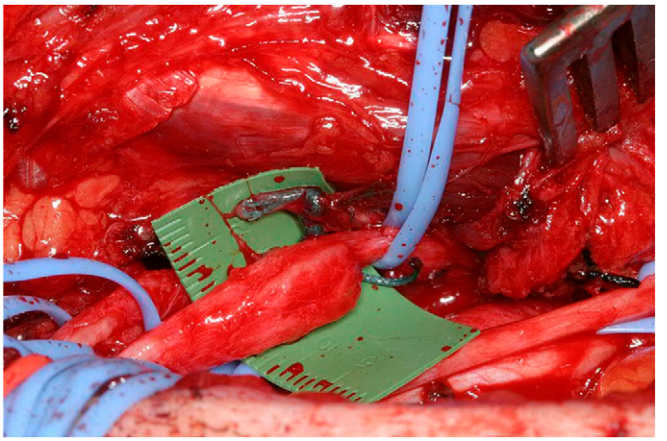

Fig. E-3

Case i4. The axillary and radial nerves were sutured at their origin from the posterior cord during an open Bankart repair. Here the suture has been cut, demonstrating the constriction and damage to the nerves.

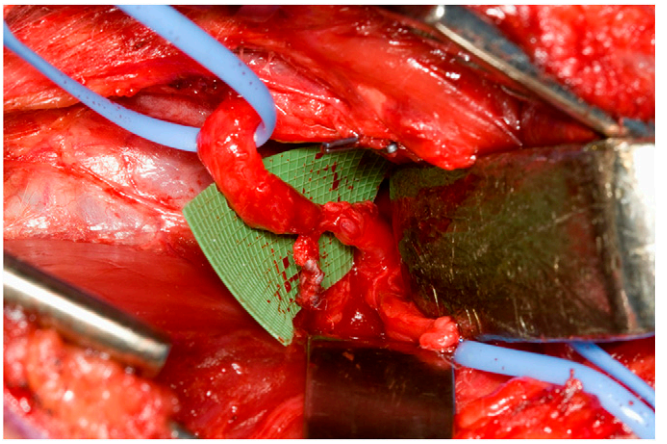

Fig. E-4

Case a9. The anterior division of the axillary nerve was sutured during an arthroscopic Bankart procedure.

http://dx.doi.org/10.2106/JBJS.L.00238

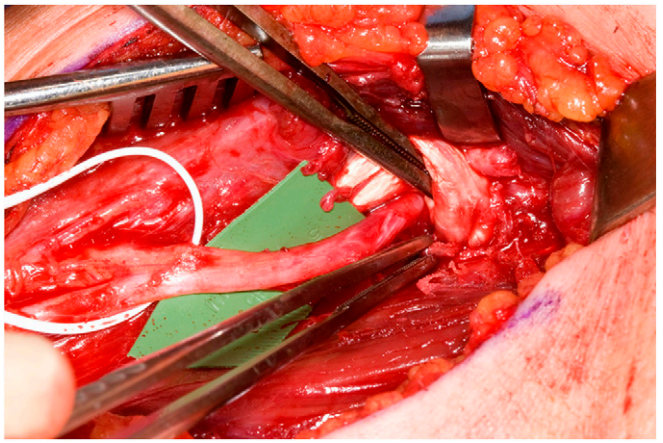

Fig. E-5

Case c5. This musculocutaneous nerve was lacerated during a subpectoral biceps tenodesis. The biceps can be seen crossing over the top of the nerve at its tenodesis site, which is an abnormal course. The nerve ends in a free stump at the proximal extent of the image.

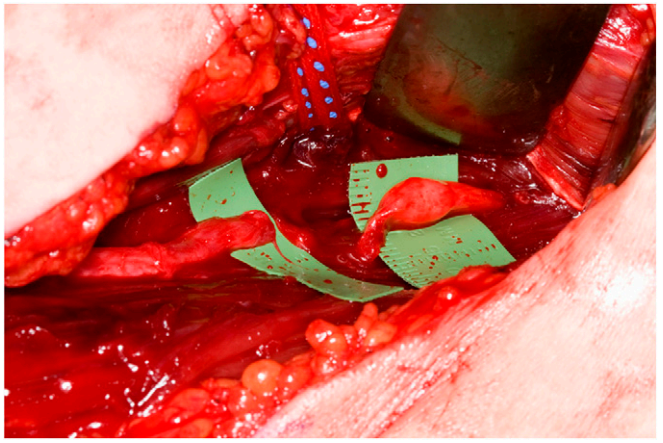

Fig. E-6

Case c5. The musculocutaneous nerve is better visualized after the biceps tenodesis has been reflected. The two cut ends of the nerve are seen. The proximally stump ends in a neuroma.

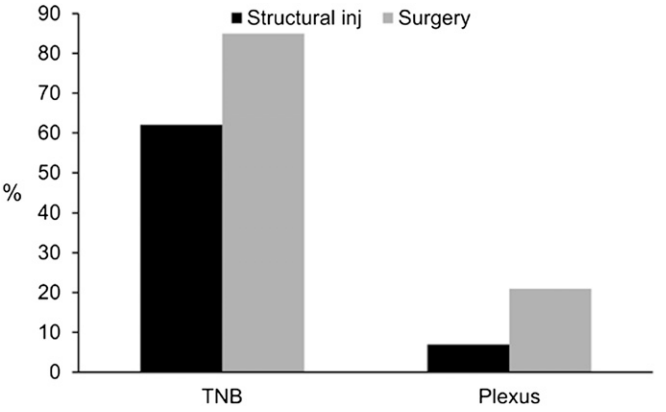

Fig. E-7

A higher percentage of patients with a terminal nerve branch (TNB) injury required surgical management compared with patients with an injury to the brachial plexus.

http://dx.doi.org/10.2106/JBJS.L.00238

TABLE E-1 BMRC Muscle Grading System

BMRC Grade	Findings on Physical Examination
0	No palpable muscle contraction
1	Muscle contracts (flicker) but extremity does not move
2	Range of motion with gravity eliminated
3	Range of motion against gravity
4	Range of motion against resistance
5	Full strength