

PROPOSITIONS RELATED TO THE THESIS:

TRAUMATIC ANTERIOR SHOULDER DISLOCATION:

WHAT IS REQUIRED TO DEFINE OPTIMAL TREATMENT STRATEGIES?

1. The lack of consensus on the many available glenoid bone loss measurement methods and the varying reference standards in the study designs makes it impossible to define the gold standard – This thesis
2. There are many inconsistencies in selection and definitions of risk factor and outcome parameters, which leads to heterogeneity in shoulder instability research – This thesis
3. A smaller distance from the medial edge of the Hill-Sachs lesion to the medial edge of the glenoid track is not predictive for redislocation in patient groups with mid-range instability – This thesis
4. There are currently no prediction models that are accurate in predicting native glenoid width or anterior glenoid bone loss – This thesis
5. Anteroinferior position relative to the glenoid in supine unloaded position following traumatic anterior shoulder dislocations may serve as risk factor for redislocation that is the result of shoulder laxity – This thesis
6. Any treatment for anterior shoulder instability demonstrates the same averaged patient-reported outcomes after 1-year follow-up, regardless of which outcome measure is used – This thesis
7. When you get a groove going, time flies – Donald Fagen of Steely Dan
8. You can't keep up an "open existence" kind of life forever. Just as with school, you enter it, learn something, and then it's time to leave - Haruki Murakami
9. A single arrow is easily broken, but not ten in a bundle – Japanese saying
10. Klagen is goed: zonder verwachtingen geen vooruitgang – Jesse Frederik