INTRODUCTION
Floating shoulder is a rare injury in which majority of patients do well with conservative treatment. We present a case report of a floating shoulder who was treated surgically and discuss the indication for surgical treatment.

MATERIALS AND METHOD
This is a case of 35 years old contractor, thrown off his motorcycle and fell on his right side. There was no open wound and neurovascular intact. Plain radiograph of his left shoulder showed fracture of the right clavicle and scapula. The clavicle was fixed first via a direct approach and fixed using pre-contoured locking plate. The scapula was approached via Judet's approach to the scapula two locking plates were applied over the medial and the lateral border.

RESULTS
Post-operatively, early range of motion exercise were initiated. Follow up at 3 months, showed excellent range of motion.

DISCUSSION
A double lesion of the Superior Shoulder Suspensory Complex is essentially floating shoulder\(^2\).
A summary of radiographic indications for operative treatment of the close scapula fracture\(^1\) are Medialization (\(|\leq 25 \text{ mm}\)), 25\(^{\circ}\) to 45\(^{\circ}\) angulation on a scapular Y radiograph, glenopolar angle <20\(^{\circ}\), displaced double lesions of the superior shoulder suspensory complex (SSSC), displaced intraarticular fracture of the glenoid. These indications were present in our patient and injury involves the dominant hand and his job requires excellent function of his shoulder.

CONCLUSION
The rarity of floating shoulder and severely displaced fracture of the scapula contributes to the scarcity of evidence in predicting the natural history and guiding the treatment of these rare injuries. More evidence is needed to identify the type of injury that will benefit the most from these fractures. For now surgical treatment of floating shoulder and scapula fracture remains a relative indication.

REFERENCE