


Shoulder Instability



The shoulder joint is a ball-and-socket joint designed to give a large amount of movement.

The top of your upper arm bone (humerus) is the ball, which fits into the socket of your shoulder blade. The shoulder has a great deal of mobility because the “ball” is approximately 4 times larger than the socket that it sits in. Shoulder instability occurs when the ball part of the shoulder joint does not move smoothly in the socket. Instability can range from a slipping or a ‘catching’ feeling to full dislocation where the ball comes completely out of the socket. Instability is a common condition and the shoulder is the most commonly dislocated joint in the body.

SYMPTOMS

- Shoulder pain that may also be felt in the neck and/or down the arm
- A feeling of the shoulder slipping out of joint or generally feeling unstable
- Overtime, weakness may develop in muscles due or reduced or altered use

TYPES OF INSTABILITY

1. Traumatic instability

Traumatic instability occurs when the shoulder is forced out of joint through contact. This is a common use and typically would involve a fall or an accident. Other structures may also be injured such as nerves, cartilage, muscles, tendons and ligaments.

2. Atraumatic instability

Atraumatic instability occurs when the joint gradually starts to feel unstable or painful but no specific accident or event has occurred. Sometimes the ball may be sliding in more than one direction; this is multi-directional instability and can occur in both shoulders. You may also have other joints which are hypermobile (flexible).



Traumatic and atraumatic instability can overlap.

WHAT TESTS MAY BE DONE?

Shoulder instability is diagnosed by the history of events and a physical examination. An x-ray or an MRI arthrogram may also be required to see if there is any damage to the bone or rim of cartilage.

TREATMENT

Pain relief

You may wish to discuss pain relief with your GP or pharmacist. Corticosteroid injections may occasionally be used to help manage pain and allow you to exercise. However, injections are not routinely offered as the first step in managing shoulder instability.

Physiotherapy

Exercise is key. If your shoulder is painful or the muscles are weak, an exercise programme, as advised by your physiotherapist, should be followed for a minimum of 12 weeks. The idea of the exercises is to strength the supporting structures to provide the shoulder with the needed level of stability. The rehabilitation can take up to six months and if you have an atraumatic instability you may need to continue with the exercises long-term to prevent reoccurrence.

Key areas of focus will be:

- strengthening muscles
- strengthening your core
- retraining movement patterns
- return to activity/sport

It will take time for your body to respond to the rehabilitation and you may not see changes for the first six weeks, even though you are doing exercises regularly. It is important to persist with the exercises and any other advice offered by your physiotherapist. If you do eventually require surgery the stronger you are before your operation the quicker your recovery should be.

Surgery

Traumatic instability

If the movement is good and muscles are still strong but the joint is slipping or dislocating regularly you may be offered a stabilisation operation. This operation has a high success rate. During this surgery, the surgeon may also come across structures that are damaged and these can be repaired to aid and facilitate further stabilisation of the shoulder.

Atraumatic instability

Surgery can be used in some cases but the success rates are much lower than with traumatic instability and can make some people worse. Therefore, the majority of these patients are advised to stick with physiotherapy and pain management as long as possible, before surgery is offered.

For more information on shoulder dislocations and instability refer to:
www.shoulderdoc.co.uk/section/12
www.nhs.uk/conditions/dislocated-shoulder/pages/introduction.aspx



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