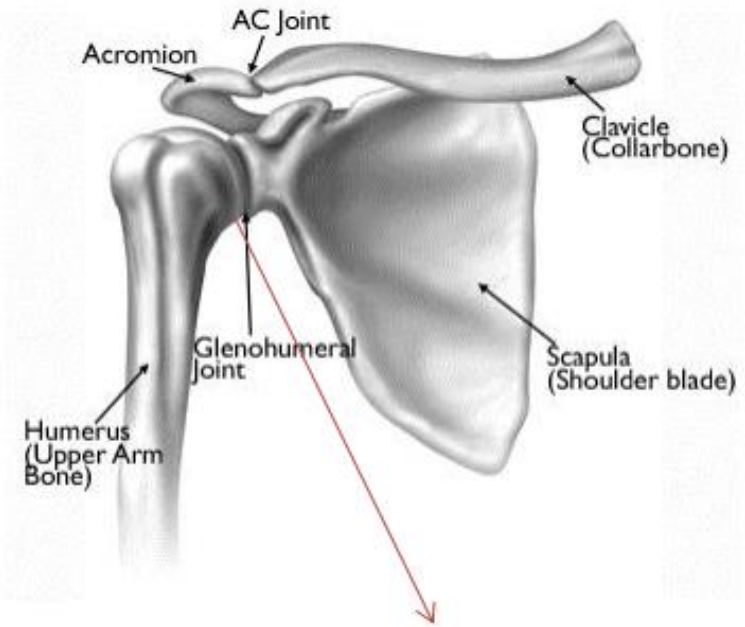
Shoulder Instability

Shoulder instability means that the shoulder can dislocate (be pulled out of joint) or sublux (move more than it should do) during day-to-day activities. The shoulder (glenohumeral) joint is a ball and socket joint.



The socket is very shallow and the ball is quite large, which allows lots of movement but also means that the joint is relatively unstable because of the shape of the ball and socket. The shoulder is one of the most commonly dislocated joints. Your symptoms may range from obvious dislocation (it looks out of place) to pain with certain activities. You may feel clicking or popping of the shoulder, or your arm 'feeling dead' or weak. The causes for shoulder instability can be divided into different categories. This will determine the type of treatment you will need.

Traumatic Dislocation

This is where the shoulder injury pulls the shoulder out of joint e.g. a tackle in rugby or a fall onto an outstretched hand. It is most common in men under the age of 30. The shoulder usually requires putting back in (reduction) in Accident and Emergency.

How Can a Clinician Help?

When you dislocate your shoulder the first time, your arm may be put in a sling and a physiotherapist will advise you on when to remove it, and also when and how to exercise.

Non-Traumatic Dislocation

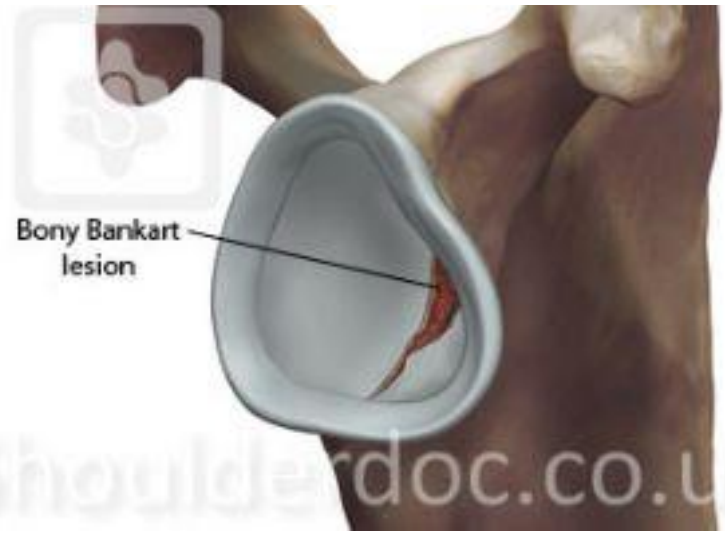
Repeated shoulder movements may gradually stretch out the soft tissue cover around the joint (the joint capsule). This is called capsular stretching and can lead to the rotator cuff muscles becoming weak. The rotator cuff is a group of muscles and their tendons which help to keep the joint in place and help you to move your arm. Capsular stretching and weakening of the rotator cuff can happen in athletes such as throwers and swimmers leading to an imbalance of the shoulder.

How Can a Clinician Help

For this type of shoulder instability we will refer you to a specialist physiotherapist. You will be given exercises and this treatment can be effective as long as the exercises are continued. (see shoulder instability rehab programme).

Recurrent Dislocation

There is a rim of cartilage around the socket called the labrum (very strong cartilage). When a shoulder is dislocated, sometimes part of the labrum is pulled away from the socket (labral tear). This may not heal and can lead to the shoulder joint being easily dislocated. The damage to the labrum is often called a 'Bankart lesion'; after the doctor who first described this injury. Sometimes, during a dislocation, a small part of bone from the shoulder socket (glenoid fossa) may break off with the labrum. This is sometimes called a 'Bony Bankart lesion'.



How Can a Clinician Help?

We may arrange an MRI scan to assess the extent of the injury and you may need shoulder stabilisation surgery to repair the damage to the labrum. This is sometimes called a Bankart repair.

Positional Non-Traumatic Instability

This is a rare condition where someone can dislocate their shoulder without any obvious injury or damage. People may dislocate their shoulder on purpose, as a 'party trick', but if repeated, it can start to happen during everyday activities. It can affect both shoulders and can be associated with people who have lax (loose) joints. It is caused by 'abnormal muscle patterning' around the shoulder. This is when the strong power muscles around the shoulder such as the pectoral muscles (chest muscles), are constantly 'switched on'. These muscles then pull the already loose shoulder out of joint during movement. How can a clinician help? The main treatment for this type of instability is specialist physiotherapy, which looks at retraining movement patterns of the shoulder.

How Do I Stop my Shoulder Dislocating in the Future?

If your shoulder has dislocated more than once, you need to see your GP who may refer you to a specialist shoulder clinician. If you suffer from any of the following symptoms, see your GP before starting any form of self-management:

- Night pain that severely affects your sleep.
- Swelling or redness.
- Shoulder pain (associated with a fever or night sweats).
- Pain following an injury or traumatic event (e.g. fall, sports injury, epileptic fit, electric shock).