

Informational Guide to Shoulder Instability

Introduction

Shoulder instability is most commonly caused by two different problems. The category of "post-traumatic" shoulder instability includes people with a previous injury that has stretched or torn the ligaments of the shoulder. A second category is used for people who naturally have loose shoulder joints.

A dislocation of the shoulder causes the shoulder to become unstable by stretching or tearing the ligaments of the shoulder away from the bone. When the ligaments of the shoulder are pulled away from the bone, this type of an injury is called a "Bankhart lesion."

Shoulder instability can also be caused by congenital ligamentous laxity. This means that some people are born with ligaments that are more loose than normal. These people are often called "double-jointed," especially when they are school-age children. They have a shoulder that can slip out of joint in more than one direction, a condition that is called "multi-directional instability." Sometimes the shoulder doesn't dislocate, but subluxes (partially dislocates) which occurs when the ball moves too far out of the socket.

The younger a patient is at the time of the first subluxation or dislocation episode, the more likely he/she is to suffer from further episodes of instability. Conversely, shoulder instability is less of a problem as people grow older simply because most people naturally become a little bit stiffer with age.

Symptoms

When shoulder instability is caused by laxity of the joint, patients primarily complain of pain rather than the feeling of joint instability. This pain often stems from muscle spasm in the shoulder girdle. These muscles are trying to stabilize the shoulder and eventually become fatigued and go into a state of spasm.

Pain after an episode of post-traumatic instability can occur because of a muscle spasm or damage to the other sensitive soft tissue structures of the shoulder.

Recurrent episodes of dislocation can be disabling because of pain and apprehension. These people avoid activities that can cause them to dislocate and find that ultimately they will need a surgical procedure to stabilize the shoulder.

Diagnosis

A complete physical examination must be performed in order to determine the direction in which the shoulder slips out of joint, and how loose the injured shoulder is in comparison to the other one. X-rays

and MRI scans can be used to identify areas where the ligaments of the capsule have been torn or damaged.

The results of these tests often reveal the cause of the shoulder instability as well as the direction of the instability. Shoulders that slip out of joint in only one direction because the ligaments have been pulled away from the bone are much easier to treat than shoulders that slip out of joint in several directions because the ligaments are often just too loose.

Treatment

Shoulder instability that is caused by excessive laxity of the capsule (the first layer outside of the bone) is frequently treated with techniques that relieve pain and efforts to stabilize the shoulder with exercises given by a physical therapist.

Typically, younger people suffer from instability caused by tissue laxity. Often these patients aren't good candidates for surgery as their instability is multidirectional rather than in one direction.

Shoulder instability following a trauma can be corrected with surgical procedures that are designed to repair and strengthen the ligaments that keep the shoulder in the joint normally.

Surgical techniques are aimed at fixing this problem and also tightening up the ligaments of the shoulder that have been stretched or torn by the dislocation.

Repairing the torn capsule and ligament back to the bone is called a Bankhart repair, and tightening the capsule of the shoulder is called a "capsular shift". Both of these procedures can be done through both open (incision) and arthroscopic techniques. Open techniques are tried and true and they are very reliable in preventing future episodes of instability. Arthroscopic techniques have recently been developed that decrease the size of the surgical scar and the amount of pain after the operation, and also speed up the rehabilitation after the operation. Your doctor will be able to discuss the advantages and disadvantages of the different types of surgery.

Rehabilitation

The goals of shoulder instability rehab include relieving pain, regaining strength, muscle balance and sometimes flexibility at the shoulder joint. After an adult dislocates, range of motion is often limited by muscle guarding. Rehabilitative efforts are focused on regaining lost motion after the dislocation.

A home exercise program will be prescribed by a physical therapist to increase the strength of the rotator cuff muscles as well as stabilization of the core abdominal and scapular muscles.

Post surgical rehabilitation involves careful restoration of movement while protecting the shoulder and the surgical repair.

More Information...

For more information please contact any of our three clinics in Roseville, Spring Lake Park, or Blaine where a knowledgeable therapist will be happy to assist you with your recovery needs.