

Shoulder Instability/Recurrent Dislocation

The aim of this leaflet is to give you some understanding of the problems you have with your Shoulder and to provide some advice on how to manage this. It is not a substitute for professional healthcare advice and should be used along with information you may be given by your GP or other health practitioner.

What is Shoulder Instability

When the ball is not moving normally on the socket (or vice versa) you may feel the ball slipping, catching or coming out of joint. This can be associated with pain and a sense of a 'dead arm' and you become apprehensive of moving your arm in certain positions.

There is a wide range of shoulder instability, from the joint slipping (subluxation) to a complete dislocation. With a dislocation, you may not be able to put it back in joint yourself. A dislocation is more likely to damage the structure of the shoulder.

The instability does not always progress, so don't think it is all going to get worse! However, you can get both dislocation and subluxations in the same shoulder. For example: first you may dislocate your shoulder with a fall and require help at the hospital to relocate it. Then following this you find the joint is slipping on activities like throwing or swimming.

Causes

1. Traumatic instability

The main distinguishing feature is whether your shoulder was forced out of joint through contact with something e.g. the ground, another person. This is known as traumatic instability. You can injure other structures around the shoulder when this happens, such as nerves and muscles, especially if you are older. Usually the ball is forced forwards and downwards. Commonly the ligament in the front of your shoulder is over-stretched.

2. Atraumatic Instability

For some people the shoulder is not involved in a specific accident/event but the joint gradually feels unstable. This may develop with specific, repetitive movements of the arm (e.g. throwing, swimming). Sometimes people have 'loose-joints' and these can become a problem and start dislocating or slipping on everyday activities. This is known as atraumatic instability. The ball may be sliding forwards ('anterior'), backwards ('posterior') or downwards ('inferior'). Sometimes

it may slide in more than one direction and occur in both shoulders. A few people can make the muscles pull the ball out of the socket, without moving the arm at all. This is known as 'voluntary' dislocation.

Sometimes it is not clear-cut as to whether it is purely a traumatic or an atraumatic instability problem. The two situations can overlap to some extent.

Diagnosis (+/- tests)

The main way we find out about shoulder instability is through what you tell us and by examining your shoulder . However, sometimes an X-ray will be done and very occasionally an MRI scan will be ordered, to see if there is any damage to the rim of cartilage and bone.

Treatment

Physiotherapy

In most cases physiotherapy can help with instability. The main treatment physiotherapy uses is exercise to strengthen the muscles around the shoulder. After a traumatic instability it may also be necessary to stretch any tight tissues around the shoulder.

Surgery

Occasionally the joint remains too unstable and needs surgery to tighten it up. If you are young and still growing the surgeons will normally wait until this has stopped. You will need a course of physiotherapy after your operation.

Exercises

All exercises should be relatively comfortable to do. If you have pain on a specific exercise that does not settle quickly, you should stop that exercise.

Here are a few simple and safe exercises you can do to strengthen the muscles around your shoulder:

Exercise 1: Wall Press

Put your hands on a wall at shoulder height.
Do not let your shoulder blades move too much.



Exercise 2: Stand next to a wall with your elbow bent. Push your arm outwards like the hand of a clock.



Exercise 3: Push your arm inwards against a wall or door frame. Repeat each exercise 10 times. Do these 4 times each day.



Medication

Many people use medication to help them remain active and to cope with their pain and symptoms. It is recommended that you take your medication regularly. It is best to get advice from a GP or pharmacist.

Other Intervention

There are other health interventions which may be appropriate for your condition. These can be discussed with your health care practitioner.

Work

It is usually recommended that you try to stay at work or get back to work as soon as possible. You do not need to be fully pain and symptom free to return to work. Research shows the longer you are off work the less likely it is that you return.

Investigations/do I need any special tests

The main way we diagnose Shoulder instability is through what you tell us and by examining your Shoulder. Other investigations may be considered, these can be discussed with your health care professional.

Try to stay positive. There is a lot you can do to help yourself. Most symptoms do settle with time.

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