

Patient Information

Shoulder Instability

The aim of this leaflet is to give you some understanding of the problem you may have with your shoulder. It is not a substitute for professional advice and should be used along with information given by your GP or Physiotherapist.

The shoulder

The shoulder joint is your body's most mobile joint. It is a ball and socket joint; the socket is very shallow to allow for a large range of movement, and relies greatly on the soft tissues (muscle, tendon and capsule) to hold the ball on the socket through movement.

What is Shoulder Instability?

It most commonly occurs in people aged between 10 and 35 years. Shoulder instability is a problem that occurs when the structures surrounding the shoulder joint do not effectively keep the ball tightly within its socket. There is a wide range of shoulder instability, from the joint slipping (subluxation) to a complete dissociation of the joint surfaces (dislocation) where you may not be able to 'put it back in joint' yourself. A dislocation is more likely to damage the anatomy around the shoulder.

What are the symptoms of Shoulder Instability?

Patients with shoulder instability often complain of an uncomfortable sensation that their shoulder may be about to shift out of place--this is what is known as "apprehension." It can be either traumatic or non-traumatic in onset.

In non-traumatic patients the first signs and symptoms of instability can be shoulder pain or ache after, during or following certain activities. Patients will often report loss of power or weakness during movement (often overhead activities), as well as clicking, clunking or popping sensations.

When a patient reports a specific painful injury that caused the problems the shoulder may have dislocated or subluxed. Consequently, these patients may experience pain during and after certain activities and usually report the shoulder has never felt the same since. In severe cases recurrent subluxations or dislocations may occur.

Factors which can contribute to shoulder instability

- 1) Shoulder joint hyper-mobility.
- 2) General ligament laxity.
- 3) Inappropriate training or technique
- 4) Muscle imbalance/tightness
- 5) Intensive participation in activities placing the shoulder at risk

Do I need any tests?

The diagnosis of shoulder instability can be made by clinical examination. Should symptoms not settle following rehabilitation then you may require an X-Ray or MRI arthrogram to assess the structures of the shoulder. An X-ray following joint relocation is recommended for all people with an acute first-time dislocation, to confirm the ball is back in the socket and assess for bony injury.

What are my treatment options?

The aim of treatment is to ease pain, regain normal alignment of the shoulder and return to normal functional levels. One or more of the following may be advised to help ease symptoms.

Medication: You can take medication in addition to other treatments. Paracetamol may be advised first to try to control the pain. Anti-Inflammatories, such as Ibuprofen and Naproxen can help to ease pain and reduce any inflammation in your shoulder. There are many different brands, therefore if one does not suit, another may be fine. Side-effects sometimes occur with anti-inflammatory painkillers. Always read the leaflet that comes with the medicine.

Physiotherapy: Many people are referred to a physiotherapist who can give expert advice on the best pain relieving techniques and exercises to allow you to recover. The main aim of physiotherapy is to restore the strength and control of your shoulder's to support it through movement

Rest or activity modification: This does not mean you stop moving or using your shoulder altogether. It means avoiding or reducing overhead activities or reaching behind your back as this can help to reduce the irritation of your shoulder. Following your first dislocation it may help to protect soft tissues to allow healing and reduce inflammation, but it is important to balance the need to avoid unwanted stiffness.

Ice therapy: May be helpful to decrease swelling and reduce pain. Place a damp cloth on your shoulder and then place an icepack (or bag of frozen peas) over the top of this. Leave it on for 10-15 minutes. People should be cautious using this treatments who have altered sensation or circulatory problems

Exercises: Strong shoulder muscles remain the best defence against shoulder dislocation, subluxation, and, thus, instability. Exercises that build up these muscles around the shoulder should be done. The key is to balance the muscles around the shoulder and ensure not only the 'mirror' muscles are exercised (those that you can see when looking in the mirror). Good core stability and posture are also important. It is important to get an individualised physiotherapy programme to fit your needs.

Surgery: This is not primary management, but may be an option if your symptoms do not settle with initial management. If this occurs you may be referred for surgical opinion. If you are young and still growing the surgeons will normally wait until you are older. You may need a course of physiotherapy after your operation.

Contact details

Therapy Services Department: 01202 442121

For further general health-related information, please ask the relevant department for an Information Prescription or contact:

The Health Information Centre

Poole Hospital NHS Foundation Trust
Longfleet Road
Poole
Dorset
BH15 2JB
Telephone: 01202 448003

Author: Therapy Services
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Ward sister/HOD: Hilary Hall



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