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# Shoulder Instability

Types of Injuries • Treatment Options • Rehabilitation

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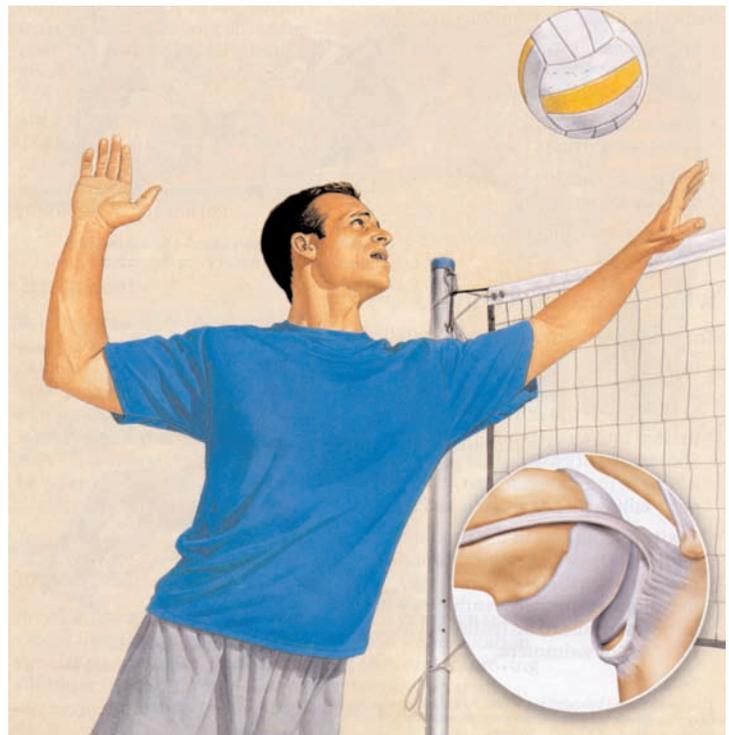
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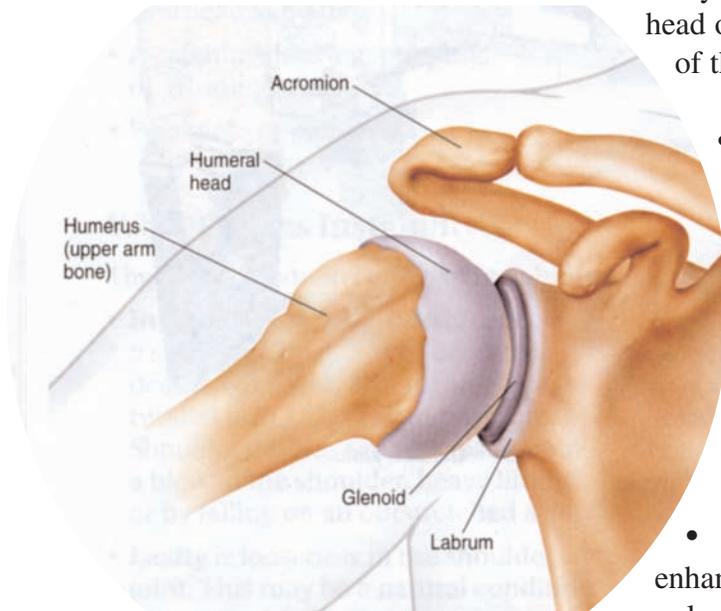
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**Patient Information Series**

# Normal Shoulder Anatomy and Function

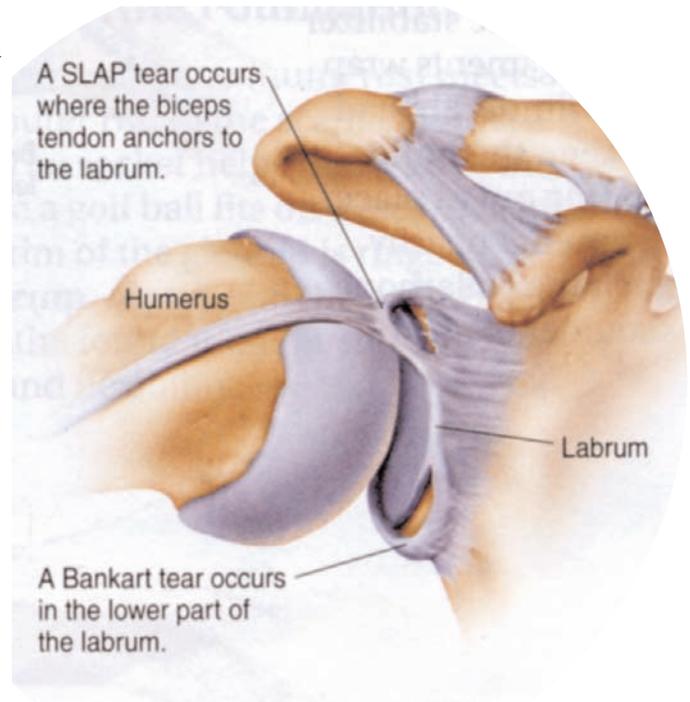
- The shoulder is a ball and socket joint. It has more mobility than any joint in the body. The ball is the head of the humerus and the socket is the glenoid of the scapula.



- Around the edge of the socket is a ring of cartilage which helps the stability of the joint and provides shock absorption. This cartilage is called the labrum.
- The ball and socket shoulder joint is held together primarily by ligaments. There are 3 main groups of ligaments - in the front, below the joint, and in the back.
- The stability of the shoulder joint is further enhanced by proper function of the rotator cuff muscles and tendons.

## What Kind of Problems Can Occur?

- The shoulder can suffer a dislocation, usually from a traumatic event. This means that the humeral head (the ball) comes completely out of the glenoid (the socket). When this happens, the ligaments stretch and/or detach from bone, and the rotator cuff may be torn.
- The shoulder can suffer a subluxation, which means the humeral head partially comes out of the glenoid, then usually slides back into place on its own. The ligaments usually get stretched but not detached from the bone, and the rotator cuff rarely gets torn.
- The ligaments can gradually become stretched due to repetitive stress on the shoulder, e.g., repetitively throwing a ball overhead.
- Some patients naturally have looser ligaments in their joints to start with, and this makes them more susceptible to shoulder dislocations and subluxations.
- The above problems can lead to what is called shoulder instability.



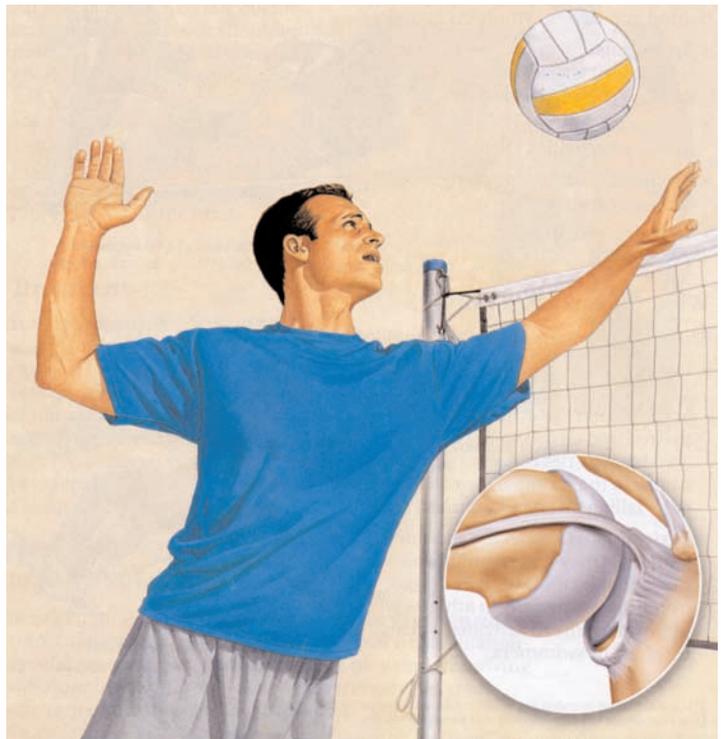
## How Can Shoulder Instability Affect You?

- Shoulder instability is when the shoulder is not as tight and secure as normal. Factors that contribute to instability include:
  - *shoulder ligaments not properly functioning - stretched out or detached from bone from previous dislocation/subluxation injury or repetitive stress.*
  - *decreased function of the rotator cuff - weak or torn from injury.*
  - *less commonly, the bones of the ball and socket have deficiency from prior injury.*
- A patient with shoulder instability may experience:
  - *multiple episodes of the shoulder subluxing or dislocating. Each episode may cause damage to the bones or the labral cartilage.*
  - *apprehension - feeling like the shoulder may sublux or dislocate in certain positions.*
  - *lack of strength - feeling that the shoulder cannot withstand stressful activity.*
  - *pain with certain activities.*

## Treatment Options

Depending on the severity of your condition, there are a variety of treatments we can offer you:

- Relative rest - avoiding stressful activities to allow the ligaments a chance to heal as well as possible.
- Long term activity restriction - it may be that the shoulder only bothers you with certain activities, and that by avoiding these, your shoulder may otherwise function satisfactorily.
- Exercise programs - we can give you specific exercises for the rotator cuff or you can learn them from a physical therapist. As discussed previously, a strong rotator cuff helps the shoulder to be stable and may compensate for compromised ligaments.
- Strengthening other body parts - a weakness in the elbow muscles or the trunk muscles, for example, can put more stress on the shoulder. We need to make sure your whole body is properly conditioned for your sport or activity.

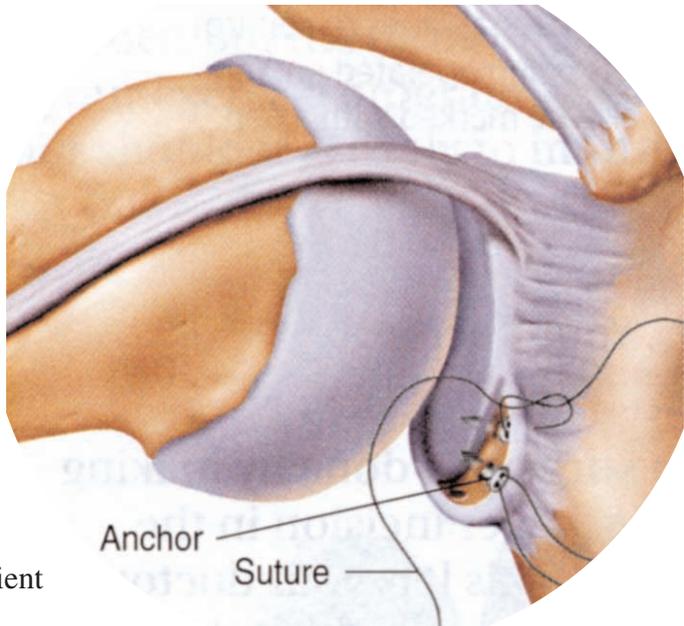


# Arthroscopic Surgery for Shoulder Instability

For patients who do not gain adequate relief with non-operative treatment, almost all forms of shoulder instability can now be treated using arthroscopic techniques (operating through small incisions). Compared with traditional open surgical techniques, arthroscopic surgery has been a tremendous advance, with less bleeding, less pain, less chance of stiffness and scar tissue, and long term success comparable to the traditional open methods.

Specific procedures include:

- *Reattachment of detached ligaments to bone.*
- *Tightening ligaments that have become stretched.*
- *Repairing torn or detached labrum cartilage around the rim of the glenoid.*
- *Rarely, due to extensive bone deficiency or location of ligament detachment, a portion of the procedure has to be done through an open incision.*



## Recovery and Results

These surgeries are generally performed as out-patient surgery

- You will wear an immobilizer for 3 - 6 weeks. This is a strap that goes around your waist over your clothing. It has a velcro strap that wraps around your upper arm to keep the arm next to the side of your body. You will be able to perform most normal daily activities with the hand and wrist even though the arm is immobilized.
- You will do some simple home exercises during this period of immobilization.
- After the immobilization period, you will start a rehabilitation process with the school trainer or therapist, and gradually regain motion, strength, and function.
- Most athletes return to sports 3 - 6 months after surgery. However, you may continue to feel improvement in the shoulder up to a year after the surgery.