

SHOULDER INSTABILITY

What is Shoulder Instability?

Shoulder instability is a condition that occurs when the structures of your shoulder joint do not keep the ball of your shoulder (head of humerus) within your socket (glenoid). This is typically caused by a shoulder dislocation. During a dislocation, the labral tissue (which deepens the socket) and the associated ligaments may be torn away from the bone changing the anatomy of the shoulder. The shoulder ligaments are no longer tight and thus allow excess motion of the ball in the socket, leading to instability or subsequent dislocations. Although uncommon, some patients have natural laxity (i.e. looseness) in the tissues of the shoulder which leads to excess motion in the shoulder and instability without an injury or dislocation.

Treatment

Shoulder instability can be treated conservatively with physical therapy, or when needed, surgery. The decision for surgery depends on the age of the patient and the source of the instability. Younger patients or patients that participate in high risk sports are at greater risk of dislocation again and often elect to have surgery to prevent further dislocation events. Patients who develop instability without a traumatic event can most often be treated with intensive rehabilitation.

Continued instability has been shown to increase a patient's risk of arthritis of the shoulder joint. Thus, either by therapy, by surgery, or by the combination of both, patients are encouraged to work towards having a shoulder that does not dislocate.

Surgery

Surgery to treat shoulder instability is typically done arthroscopically (via small incisions about the shoulder) which allows the surgeon to look and work inside the shoulder with a camera and special tools. The surgeon identifies the torn tissues, typically the labrum, and repairs the tissue back to its natural location. This is done by placing small anchors into the bones that have sutures in them allowing the tissue to be repaired or tied down back to the bone. The surgery is typically done as an outpatient procedure under a general anesthetic with the option of an additional regional anesthetic (numbing the arm).

Risks of Surgery

The risks of arthroscopic shoulder surgery are small given the minimal incisions and minimally invasive nature of the operation. The risks include bleeding, infection, damage of

the nerves, vessels and tendons in the region. The major nerves and arteries of the shoulder are typically far away from where the surgeon is working. Other risks include those associated with general anesthesia or the injection to numb the shoulder. The anesthesiologist talks with each patient in detail about the risks associated with the type of anesthesia that will be provided during the operation.

Postoperative Considerations

Restrictions—After repair of an unstable shoulder, patients are required to follow very specific instructions to maximize their regain of function and to protect the healing tissue during the postoperative period. Patients will have visits with a physical therapist for strengthening, motion, and guidance to return to activities.

Follow up visits—Patients will have regular follow-up visits after surgery.

Rehabilitation

The patient works intensively with a physical therapist for 8-12 weeks after surgery. The therapist teaches the patient more regarding the restrictions and limitations of motion, progressing the patient along the surgeon's rehabilitation protocol. Therapy usually starts 4-weeks after surgery.

Surgical Outcome

Return to full function involving return to contact sports or to throwing overhead, takes approximately 6 months. It typically takes 3-4 months to gain full motion and 6 months to regain full strength. Patients after an instability repair have a small risk of re-dislocating again and should always be smart about the risk associated with their activities.

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