

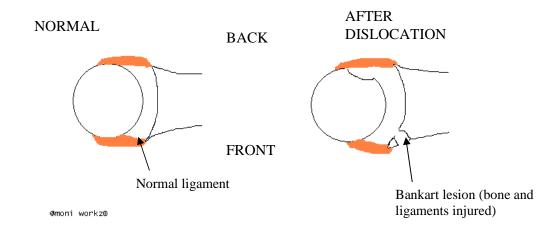
## SHOULDER INSTABILITY

The shoulder joint (gleno-humeral joint) is structured as a "ball-in-socket" joint. This allows for extreme ranges of motion.

Certain individuals are inherently "loose" or lax in their shoulders, which may place them at greater risk of instability.

Shoulder Instability is a condition where the ball comes out of the socket.

A "dislocation" is when the ball fully comes out of the socket (joint), whilst a "subluxation" is when the ball partially comes out. (See below – 'bird's eye' view)



Shoulder Instability most commonly occurs after shoulder injury in those under 40 years of age.

Footballing, skiing and surfing injuries as well as falls at work are the most common settings when this occurs.

Instability episodes are often associated with a sensation of a 'dead arm' or numbness in the arm.

Often sedation or anaesthesia is required to treat a dislocation and analgesic medications are required for the next few days.

A sling is used off and on over the first fortnight for comfort.

A medical assessment, including an X-ray of the shoulder, is required in all cases.

Associated injury to bone, the lining of the shoulder (labrum) or surrounding muscles (rotator cuff) and nerves may complicate the injury and require further investigations.

Despite advances in rehabilitation, strengthening and physiotherapy the recurrence rate for shoulder instability is high

- 80% recurrence in 20 year old males.

Surgery is often required which may be done either arthroscopically (telescopically) or through an open incision. The surgery depends on the extent of the damage and future physical demands on the shoulder.

## **Remember** : - All shoulder dislocations require medical assessment

- Recurrence rate high in younger patients
- If you are inherently "loose" in the shoulder ligaments the injury risk is greater
- Rehabilitation with a sports physiotherapist is required
- Surgery may be required depending on the extent of the injury

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