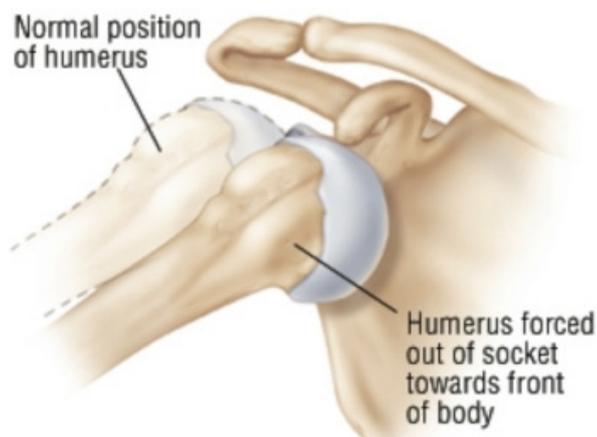


Shoulder instability

What is shoulder instability?

The shoulder joint is a ball and socket joint. The shoulder joint has a very shallow socket, which allows greater flexibility but also means that the joint is more unstable. The shoulder is one of the most commonly dislocated joints.

Shoulder instability means that the shoulder can dislocate (fully slip out of the socket) or sublux (partially slip out of the socket) during day-to-day activities.



Why does it happen?

There are different reasons for shoulder instability:

Traumatic dislocation: This is where the shoulder undergoes an injury with enough force to pull the shoulder out of joint. It is much more common in men under the age of 30.

Usually the shoulder requires putting back in at an Accident and Emergency department. Following a first time dislocation, the arm is usually put in a sling and you may be sent for a course of physiotherapy.

The shoulder joint is a ball and socket joint, which is held together by a combination of ligaments and muscles. There is also a rim of cartilage around the socket. If the rim of cartilage is damaged the shoulder can remain unstable with risk of further dislocation.

Shoulder stabilisation surgery is an operation to repair the damage to the rim of cartilage and therefore re-stabilise the shoulder joint.

Non-traumatic instability: Repeated shoulder movements may gradually stretch out the soft tissue capsule around the joint. This can happen with athletes such as throwers and swimmers. Some people have naturally lax shoulder joints (hyper-mobility) which are more likely for the joint to slip out of place.

How is it treated?

Traumatic dislocation: Following a first-time dislocation, your arm may be put in a sling. Your doctor or physiotherapist will advise you on when to remove it and start exercise.

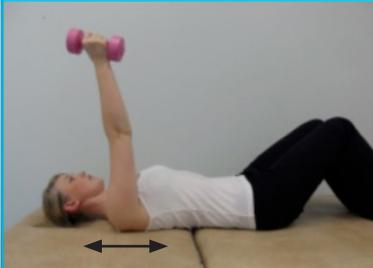
Painkillers such as paracetamol can be used to dull the pain following shoulder dislocation. Anti-inflammatory tablets can also be effective. It is best to consult your GP or pharmacist before taking these medicines.

Non-traumatic instability: This is treated with an exercise programme to provide stability to the joint. The exercises overleaf may be helpful.

Exercises for shoulder instability

The following exercises can be done to help improve shoulder instability. They should be done without pain and until the muscle feels like it has worked but ensuring good technique at all time. Try to avoid overworking each exercise as this may lead to poor muscle patterns/technique. Each exercise should be done 3 times a day.

A Muscle spindle proprioception



Using a small weight perform small forwards / backwards / side to side or circles.

D Weight bearing cuff activation



Using a cushion apply alternate pushing pressure through the hands.

B Joint compression / proprioception / scapular control



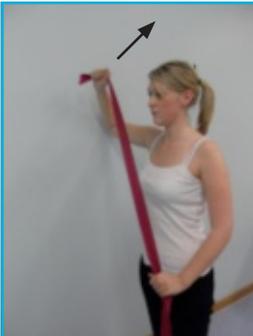
Using a ball on a wall perform small up / down and side to side movements.

E Dynamic stability



Use a small ball to practice a throw and catch progressively, catching higher.

C Posterior cuff activation into apprehension position



With or without a resistance band, pivot the hand backwards on the elbow.

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