

Dear Patient

Shoulder Instability

WHAT IS SHOULDER INSTABILITY ?

Shoulder instability is a term used to describe excessive shoulder mobility or 'laxity', often brought about by traumatic events such as shoulder dislocation, but sometimes merely hereditary in nature. The shoulder joint becomes too loose, resulting in subluxation (partial dislocation) or complete, ongoing dislocations. Particularly common in females, the shoulder joint may return quickly to its normal position or may remain dislocated, requiring medical intervention.

Instability may be a result of traumatic dislocation or a consequence of generalised joint laxity which may be hereditary. The latter is common in young individuals, particularly females.



Shoulder Subluxation is particularly common in young females. In this case, the shoulder has subluxated downward, pulling the overlying skin tight (right) compared with the same shoulder in normal position (left)

ANATOMY

The shoulder is a 'ball and socket' type joint formed by the head of the humerus (arm bone) and the glenoid cavity of the scapula (shoulder blade). The shoulder is very mobile making it particularly susceptible to injury. It is dependent on coordinated muscle activity, rather than ligaments for stability. In all types of shoulder instability, it is common to find a loose joint capsule. The capsule is a thin layer of connective tissue that surrounds the shoulder joint. It is reinforced by the thickenings of connective tissue that form ligaments.

The muscles which control powerful movements of the shoulder are found in the back and chest regions. Four much smaller muscles, supraspinatus, infraspinatus, teres minor and subscapularis, collectively known as the rotator cuff, act together to hold the head of the humerus in its socket as the much larger muscles exert their influence. In a shoulder with a loosened capsule, the stabilising role of the rotator cuff is vital.

These muscles are supraspinatus, infraspinatus, teres minor and subscapularis. In a shoulder with a loosened capsule and weak ligaments, the role of the stabilising muscles is vital.

INSTABILITY WITHOUT TRAUMA

Hypermobility or excessive laxity of the shoulder may result from shoulder trauma, muscle imbalance or hereditary factors.

This problem is common in young females with generalised joint laxity (tested by attempting to place your thumb against your forearm). Instability of this nature in the shoulder means that the "ball" in the shoulder joint (the head of humerus), moves around in the socket with less restriction than normal and in particular, may ride upwards or forwards pinching the overlying tendons. The muscles around the shoulder may work overtime in an attempt to provide some stability (which is generally ineffective) resulting in spasm, neck pain and headaches. Repetitive overhead sports (such as swimming, tennis, volleyball, water polo and baseball) and general overhead activities (such as hanging clothes on the line, painting and sleeping with the arms above the head) are highly likely to aggravate the hypermobile shoulder.

SIGNS OF INSTABILITY

- Repetitive Subluxation or Dislocation.
- Pain in the shoulder and neck.
- Overactivity of the muscles between the neck and the shoulder (trapezius muscles).
- Headaches.
- Reluctance to move the arm into positions where it feels like the shoulder will “pop out”.

REHABILITATION OF AN UNSTABLE SHOULDER

Treatment aims to restore strength, endurance, proprioception (control and awareness) and co-ordination to the muscles around the shoulder.

A person who has instability will require an individualised rehabilitation program. Stretching and strengthening aims to achieve balance and control of all shoulder muscles, preventing further dislocation and subluxation and secondary complications such as impingement of the rotator cuff tendon.

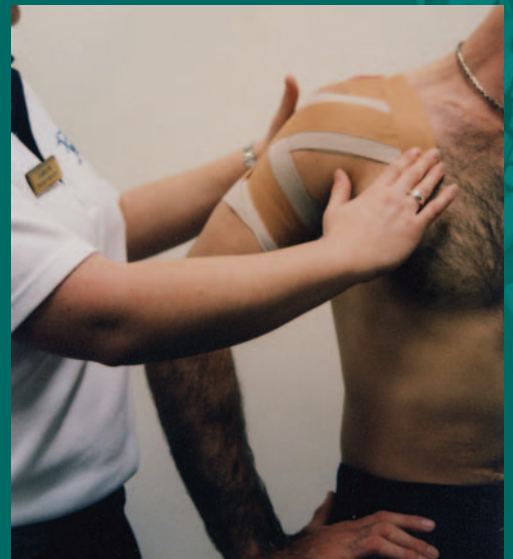
Patients must allow at least six weeks before significant gains in stability may be achieved.

SURGERY

Generally, people who have an unstable shoulder should attempt an exercise rehabilitation program before considering surgery unless the shoulder has dislocated on multiple occasions or is highly unstable. Surgery is regularly performed on people who do not have success with conservative rehabilitation and recurrently dislocate or sublux. The type of surgery depends on the individual cause of instability and the surgeon's choice of procedure. All patients who undergo surgery will require an accompanying strengthening rehabilitation program.

COMPLICATIONS OF SHOULDER INSTABILITY

- Impingement syndrome - the tendons and other soft tissues around the shoulder become squashed between bones (the ball of the shoulder joint and the overlying acromion) as the arm is lifted above the head, damaging the tendon. This may be a consequence of persistent laxity in the shoulder.
- Tendinitis - the tendons around the shoulder may work ineffectively and become overused resulting in tendinitis.
- Muscle spasm and pain are a common feature as the muscles are required to work overtime to maintain shoulder control.
- Headaches occur when overused muscles between the neck and the shoulder become fatigued.



Strapping is used in the treatment of the unstable shoulder to provide support to the joint capsule and rotator cuff

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