

Shoulder Instability



Anatomy

The muscles and ligaments of the shoulder work in concert to provide stability when you move your shoulder. The bony surfaces of the shoulder joint are analogous to a golf ball resting on a tee. This alone is not sufficient to maintain a stable joint. Therefore, the shoulder relies on two types of stabilizers to achieve stability.

One type, the rotator cuff muscles, stabilize the shoulder while it is moving and are referred to as dynamic stabilizers. In a healthy shoulder these muscles and tendons move the shoulder while keeping the joint surfaces in close contact. Referring back to the golf ball analogy, the rotator cuff acts to pull the golf ball tight against the tee, putting the two surfaces in close contact as the shoulder moves.

The second type of shoulder stabilizer, the ligaments and joint capsule, are referred to as the static stabilizers. When the shoulder is stretched to the end of the normal range of motion these tissues act as a counter force and prevent the joint from stretching further. However, there is a limit to the amount of force a ligament can withstand. If that limit is reached the ligament can be either stretched or torn.

The joint capsule also plays a role as a static stabilizer. It is most commonly injured in people who participate in repetitive overhead motion sports such as swimming or throwing. The required movements of these activities repeatedly force the shoulder capsule to stretch at the end range of motion. Over time, these tissues lose their elasticity and become



Stretched Capsule



Torn Capsule



Torn Labrum



Glenoid Fracture

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Symptoms for a shoulder injury are diverse in presentation and severity. The following should only be thought of as a generalization of the symptoms associated with this injury.

stretched to the point that they are ineffective as static stabilizers.

Symptoms

Shoulder instability may result in any of the following symptoms:

- A sense that the shoulder is “coming out of the socket” in certain positions
- Generalized weakness of the shoulder
- Pain when performing specific activities
- Painful clicking and popping
- Occasional numbness and tingling in the effected extremity

Diagnosis

In order to determine the cause of your symptoms, your doctor will ask you questions and conduct a physical examination. An X-ray can help confirm or eliminate a specific diagnosis. After your doctor has conducted the examination, they may recommend that you undergo more diagnostic tests such as an MRI (magnetic resonance imaging) scan. An MRI allows your physician to clearly see the muscles, tendons, ligaments and bursa of the shoulder. The MRI scan aides your Orthopedic Surgeon in formulating a treatment plan tailored to your needs.

Treatment

The treatment for shoulder instability largely depends on the degree of laxity and the effect that it has on the patient’s activities of daily living. In mild to moderate cases, physical therapy may be sufficient. By achieving strength within the rotator cuff and surrounding musculature, the shoulder joint can maintain an optimal position during movement and achieve stability.

In moderate to severe cases physical therapy may not be sufficient. In these instances, surgical intervention provides the best outcome. There are two surgical approaches to repairing an unstable shoulder. In specific cases, the repair can be done arthroscopically. Other cases may warrant a larger incision so your Orthopedic Surgeon can gain direct access to repair the damaged tissues. The decision of which technique is most appropriate depends on the type of instability, the severity of the injury and what your physician feels will yield the best outcome. Your Orthopedic Surgeon will discuss the treatment plan most appropriate for you and your lifestyle.

For additional educational materials regarding this topic please visit our website, www.summitortho.com and click on the “Patient Education” quick link at the bottom of the page.

Ice is a convenient and inexpensive treatment option for shoulder pain. Placing a bag of ice directly on the shoulder for twenty minutes prevents inflammation and swelling from occurring inside the shoulder.

Important Definitions

Subluxation: occurs when the shoulder feels as if it is coming out of the socket, but immediately returns to its normal position.

Dislocation: occurs when the shoulder completely comes out of the socket. Medical treatment must be sought immediately to help reduce the shoulder into the proper position.



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