

Traumatic shoulder instability

Your physiotherapist has diagnosed you with traumatic shoulder instability. This booklet gives information on what this means, the common causes, the management options, and how physiotherapy can help. If you have any questions, please speak to your physiotherapist.

Traumatic shoulder instability

Traumatic shoulder instability is an injury to the shoulder joint when the ball of the joint is forced out of the socket (dislocation). Almost all (96%) shoulder dislocations happen due to an injury such as falling on an outstretched arm or a sports injury, which is why we call them 'traumatic'. Traumatic instability of the shoulder joint is more common in males than females, and about half happen to people 15-29 years old, but they can also happen to people over 80 years old.

Causes of traumatic shoulder instability

The shoulder joint is known as a ball and socket joint and it is shaped to have a large amount of movement. The shape and movement make it more at risk of dislocation. It is the most common joint in the body to dislocate.

It is possible to have one episode of traumatic shoulder instability and not injure any other structures in your shoulder (bones, ligaments, cartilage muscles).

Traumatic dislocation can lead to overstretching of a ligament (tissue that connects bones) at the front of the shoulder, which can pull cartilage (protective tissue) away from the edge of the socket. If the cartilage is detached in this way it is called a Bankhart lesion.

If you have this injury, there is a higher risk of dislocating the shoulder joint again, usually when your arm is out to the side and twisted backwards. This is because the ligaments and cartilage cannot provide stability to the joint and prevent dislocation when you move your arm in certain directions.

Contributory factors

Age: the younger you are, the more likely you are to dislocate again. People under 20 years old have a higher (more than 2 out of 3 (72%) chance of dislocating again.

Gender: Males are more likely to develop recurrent instability, particularly those under 20 years of age.

Previous dislocation: People who have previously dislocated are more likely to dislocate again.

Physical activity: People who engage in contact sports or occupations involving overhead activities are more likely to dislocate their shoulder joint.

How is traumatic shoulder instability managed?

A first dislocation needs assessment in an Emergency Department (A&E) if:

- your shoulder has not relocated by itself
- you are experiencing pins and needles or numbness in the arm
- you cannot lift the arm without help.

After the joint has been relocated, it is important you rest from strenuous activity in the first days after injury. You should follow physiotherapy exercise advice to stop the joint from becoming stiff.

A soft arm sling may be given to reduce movement and pain in your shoulder for the first 1-3 weeks. After this time a physiotherapist may guide you through an exercise plan to reduce pain, minimise the chance of recurrence, regain function, and return to normal activities (including sport).

Sometimes stabilisation surgery is needed to manage this condition. If you have had more than one dislocation, have a confirmed cartilage tear on MRI scan, and physiotherapy has not helped, you may need surgery.

How physiotherapy will help

Physiotherapists play a vital role in your recovery from shoulder instability. They will guide you through an exercise plan which is tailored to your needs. They can also give you a programme for before and after surgery, if needed. Manual therapy (such as massage or manipulation) is also sometimes used to treat stiff or painful shoulder joints.

How long will it take to get better?

This will depend on how bad the injury was, if you had surgery, and your desired end goal.

Regaining full movement, strength and control after a dislocation can take 8-12 weeks. Your physiotherapist will guide your rehabilitation and advise when you are safe to return to sports or usual activities.

If you need surgery, the recovery time will be different as you will need to spend 3 weeks in a specialist sling before you start rehabilitation. Recovery after surgery can take 6-9 months.

Do you need an X-ray or scan?

Most people will have an X-ray after a traumatic shoulder dislocation. This is useful to check the alignment of the joint and whether there is an injury (fracture) to the bones that make up the shoulder joint. Usually people have the X-ray when they come to the Emergency Department on the day of the injury.

If you have dislocated your shoulder more than once, we recommend an MRI scan which will show up the soft tissues (ligaments, cartilage, tendons and muscles). Sometimes an injury to the soft tissues of the shoulder joint can lead to recurrent instability. An MRI scan would be requested after seeing a specialist for an assessment and would not be carried out by the Emergency Department.

Are other options available?

Most people do not need extra treatment beyond physiotherapy after one dislocation. However, if you have dislocated your shoulder joint more than once, and an MRI scan shows there is an injury to soft tissues, you may be referred to an orthopaedic shoulder clinic. This is usually to discuss if surgery would improve the stability of the shoulder joint.

Exercise examples in pictures

Here are a few exercises that can be used in the **early stages** after this injury, which you can do 1-2 times a day. If you are not sure what exercises you should do, please speak to your physiotherapist and they can give you a tailored plan.

Pendulum swing



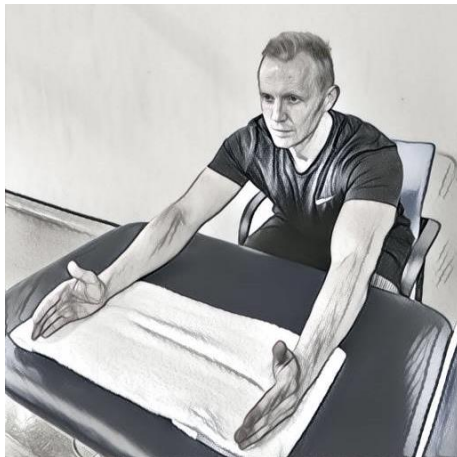
In a standing, lean forward and support your weight on your uninjured arm. Allow the injured arm to hang downwards. Rotate the arm in a circular motion, clockwise and then anticlockwise for a couple of minutes.

Isometrics



Standing with your elbow bent at a right angle, gently try to push the forearm inwards, into the opposite hand. Hold for ten seconds and relax. Repeat up to 10 times in a row.

Table slide



Sitting down in front of a surface, such as a table, with both forearms on a towel, palms facing each other.

Slide both forearms away from you until you feel a gentle stretch in your shoulder, and hold for 3 seconds. Repeat up to 10 times.

Useful sources of information?

NHS – dislocated shoulder,

web: www.nhs.uk/conditions/dislocated-shoulder/

Derby Shoulder Unit – Shoulder instability,

web: www.derbyshoulderunit.co.uk/physiotherapy/

Contact us

If you have any questions or concerns please contact the Physiotherapy Department, **tel:** 020 7188 5094, Monday to Friday, 8.30am-5pm

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit **web:** www.guysandstthomas.nhs.uk/leaflets

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline, **tel:** 020 7188 8748, Monday to Friday, 9am-5pm

Language and accessible support services

If you need an interpreter or information about your care in a different language or format, please get in touch, **tel:** 020 7188 8815, **email:** languagesupport@gstt.nhs.uk



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