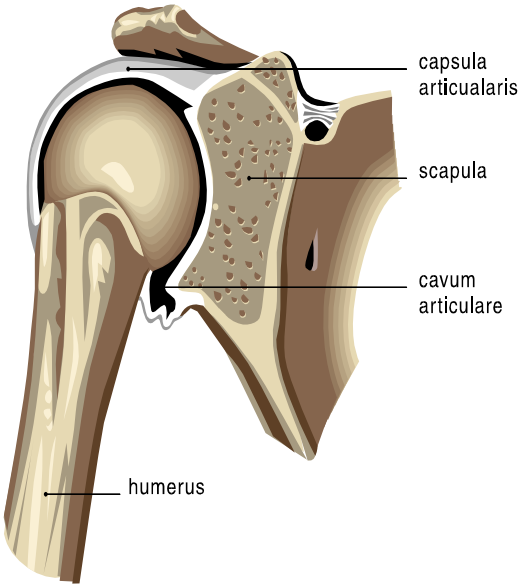
SHOULDER INSTABILITY

What is it?



Shoulder instability means that the shoulder joint is too loose and is able to slide around too much in the socket. In some cases, the unstable shoulder actually slips out of the socket. If the shoulder slips completely out of the socket, it has become dislocated. If not treated, it can lead to early arthritis.

Signs and Symptoms of this Condition

- History of a dislocation of the shoulder that required medical personnel to manually "reduce" the shoulder joint (put the shoulder back in normal alignment – put the ball of the humerus back into the socket).
- Frequent subluxations (mild dislocations in which the shoulder "pops out and then back in on its own".
- Some people may feel apprehension (feeling that the shoulder may dislocate) in certain positions.
- This may often result in shoulder impingement symptoms (see separate handout or webpage).
- Crepitus (crackling, popping, grinding sound and feeling) when moving the arm.

Causes

- Dislocation from a fall on an outstretched arm or tackling with an outstretched arm.
- Some people have natural laxity or instability in their joints.
- In some cases, shoulder instability can happen without a previous dislocation. People who do repeated shoulder motions may gradually stretch out the joint capsule. This is especially common in athletes such as baseball pitchers, volleyball players, and swimmers. If the joint capsule gets stretched out and the shoulder muscles become weak, the ball of the humerus begins to slip around too much within the shoulder. Eventually this can cause irritation and pain in the shoulder

What Can I do to Prevent Shoulder Instability?

- Appropriately warm up and stretch before practice or competition.
- Allow time for adequate rest and recovery between practices and competition.
-
- Maintain appropriate conditioning:
    - Cardiovascular fitness

- Shoulder flexibility
- Muscle strength and endurance (Focus on strengthening of the rotator cuff and scapularmuscles).

➢ Use proper technique when landing/falling and tackling in contact sports.

♦ Prognosis

➢ Studies have shown that young people that are active in sports (especially contact sports) have a very high percentage of recurrence after shoulder dislocation. This recurrence rate is 90% or higher. Surgery is often recommended for athletes that fall in this category.
➢ Individuals in their 30's and older and those not inclined to participate in competitive sports stand a better chance of avoiding future dislocations.
➢ If you undergo reconstructive shoulder surgery to restore stability, you will undergo a supervised rehabilitation program with your physical therapist.

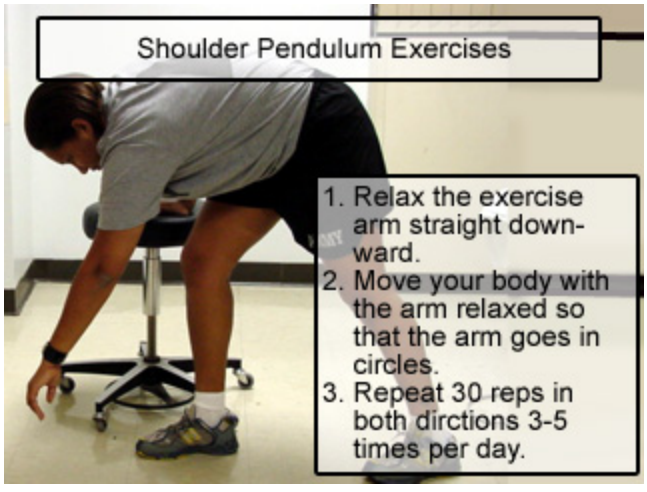
♦ Non-Operative Treatment

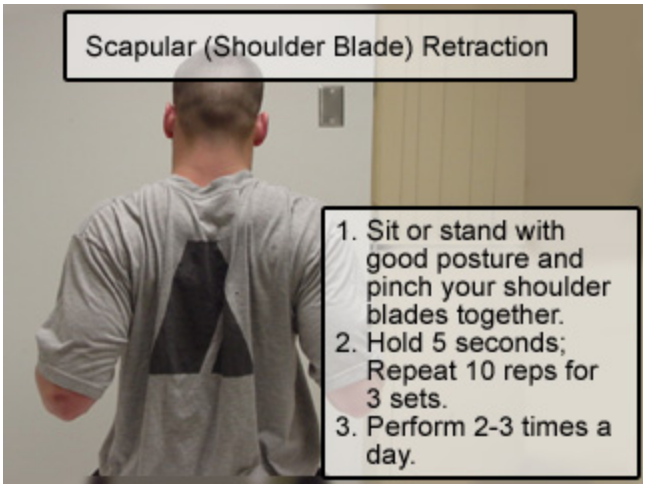
➢ **Acute**:
- Sling or shoulder immobilizer for the duration prescribed by your health care provider.
- Ice over the shoulder 15-20 minutes 1-2 times per day.
- Anti-inflammatory medication (aspirin, ibuprofen, etc) may be helpful in reducing both pain and inflammation.
- Progress into pendulum and range of motion exercises. **See Below**
- Rotator cuff exercises and scapular (shoulder blade) muscle exercises.

See Below These should be performed PAINFREE.
- Gradual return to full activity.

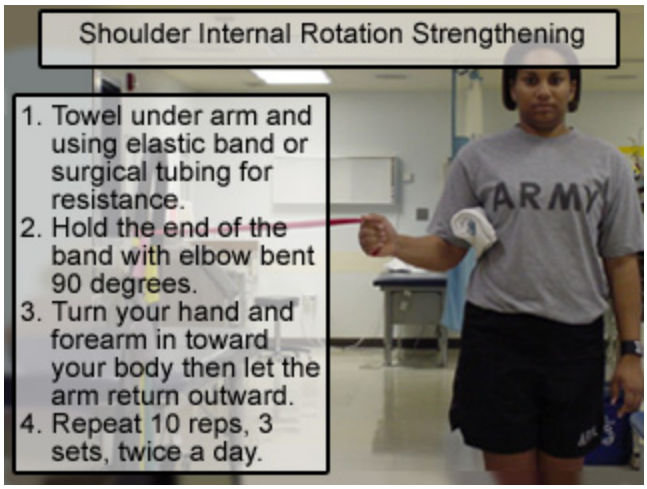
➢ **Chronic**:
- Rotator cuff exercises and scapular (shoulder blade) muscle exercises.

See Below These should be performed PAINFREE.
- Shoulder dynamic stability training (proprioceptive training)
- Gradual return to full activity.



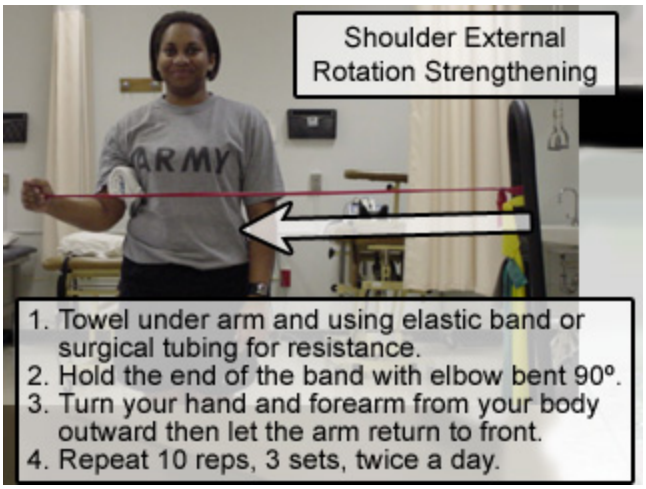


Shoulder Internal Rotation Strengthening



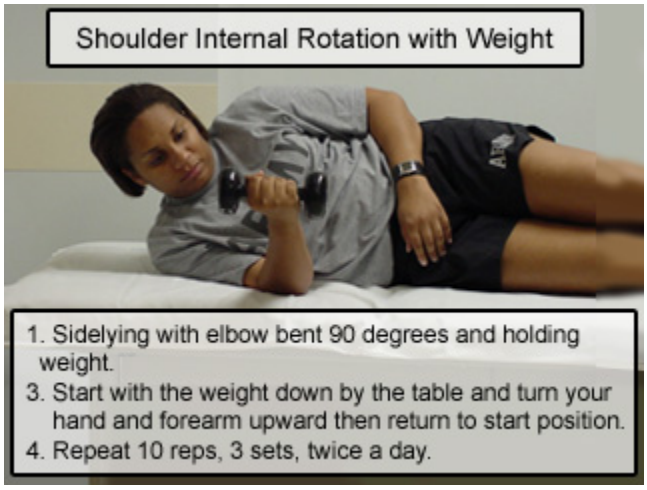
1. Towel under arm and using elastic band or surgical tubing for resistance.
2. Hold the end of the band with elbow bent 90 degrees.
3. Turn your hand and forearm in toward your body then let the arm return outward.
4. Repeat 10 reps, 3 sets, twice a day.

Shoulder External Rotation Strengthening



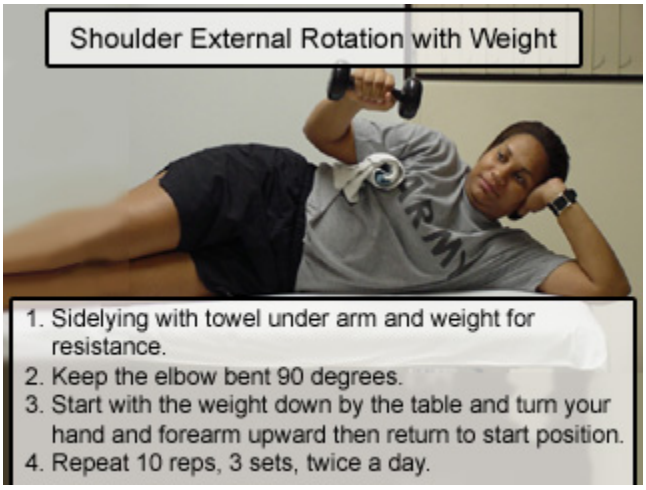
1. Towel under arm and using elastic band or surgical tubing for resistance.
2. Hold the end of the band with elbow bent 90º.
3. Turn your hand and forearm from your body outward then let the arm return to front.
4. Repeat 10 reps, 3 sets, twice a day.

Shoulder Internal Rotation with Weight



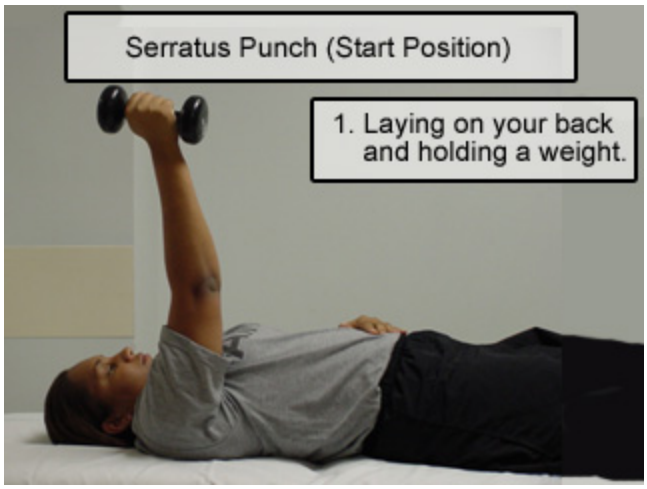
1. Sidelying with elbow bent 90 degrees and holding weight.
3. Start with the weight down by the table and turn your hand and forearm upward then return to start position.
4. Repeat 10 reps, 3 sets, twice a day.

Shoulder External Rotation with Weight



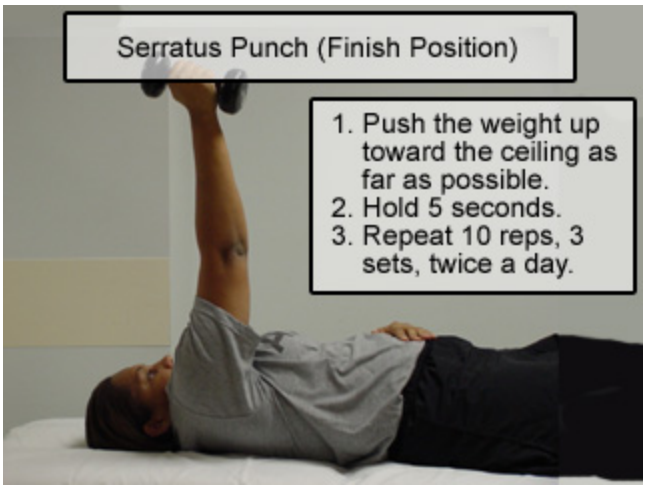
1. Sidelying with towel under arm and weight for resistance.
2. Keep the elbow bent 90 degrees.
3. Start with the weight down by the table and turn your hand and forearm upward then return to start position.
4. Repeat 10 reps, 3 sets, twice a day.

Serratus Punch (Start Position)



1. Laying on your back and holding a weight.

Serratus Punch (Finish Position)



1. Push the weight up toward the ceiling as far as possible.
2. Hold 5 seconds.
3. Repeat 10 reps, 3 sets, twice a day.