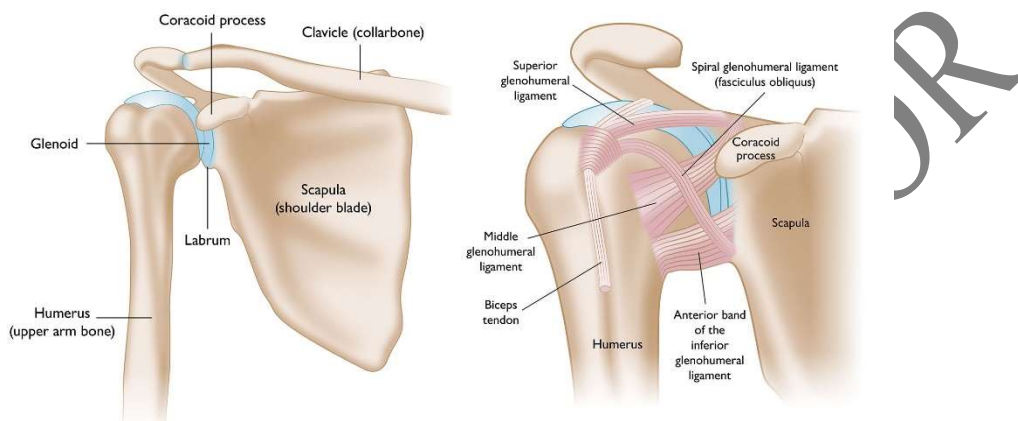


## Shoulder Instability

### What is shoulder instability?

Shoulder instability occurs when the shoulder joint is unable to maintain its normal position, leading to frequent dislocations or a feeling of the shoulder "giving way." This instability can result from trauma, repetitive stress, or inherent joint looseness, and it may involve the shoulder's ligaments, tendons, or labrum (the cartilage ring that surrounds the shoulder socket).



### What can cause shoulder instability?

**Traumatic Injury:** Such as a fall or accident that forces the shoulder out of its socket.

**Repetitive Overuse:** Common in athletes involved in overhead sports like baseball or volleyball.

**Congenital Factors:** Some individuals are born with naturally loose joints or hypermobility.

**Previous Dislocations:** A history of shoulder dislocations can weaken the supporting structures and lead to recurrent instability.

### Symptoms

**Pain:** Often felt in the shoulder or upper arm, particularly with movement.

**Dislocations:** The shoulder may pop out of place, sometimes spontaneously or with minimal effort.

**Weakness:** Difficulty in performing overhead activities or lifting objects.

### Clinical Examination

**Physical Examination:** Includes tests to assess shoulder movement, strength, and stability.

**Imaging Studies:** X-rays to check for bone damage and MRIs or CT scans to evaluate soft tissues like ligaments and the labrum.

## **Treatment Options**

### Non-Surgical Treatments:

**Physiotherapy:** Focuses on strengthening the muscles around the shoulder and improving stability through targeted exercises.

**Activity Modification:** Avoiding movements or activities that exacerbate the instability.

**Sling:** Use of a sling to provide temporary support and reduce the risk of dislocations.

### Surgical Treatments:

**Arthroscopic Surgery:** Minimally invasive procedure to repair torn ligaments or the labrum and tighten loose structures. It involves small incisions and the use of a camera and specialized instruments.

**Open Surgery:** May be required for more severe cases to repair or reconstruct damaged tissues and stabilize the shoulder joint.

## **Post-Surgery**

**Rehabilitation:** After a period of immobilisation in a sling you will commence physiotherapy to restore shoulder strength, range of motion, and function. Rehabilitation is crucial for optimal recovery and long-term stability. Reintroduction of activities should be gradual and will be guided by Dr Taylor to prevent re-injury.

## **Expected Outcomes**

Most patients experience a significant reduction in dislocations and improved shoulder stability. As well as an increased ability to perform daily activities and return to sports or other physical activities.

DR FRASER TAYLOR