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## Shoulder Instability

### What is Glenohumeral Instability?

After being treated for an initial dislocation or subluxation of your shoulder, you may find that it feels like it's about to dislocate periodically. Or you may not have had an injury, but your shoulder feels extremely loose and causes pain. This feeling of "giving-way" is called glenohumeral instability or subluxation.

Glenohumeral instability refers to a condition in which the humeral head in the shoulder repeatedly slips out of the joint or seems to nearly slip out.

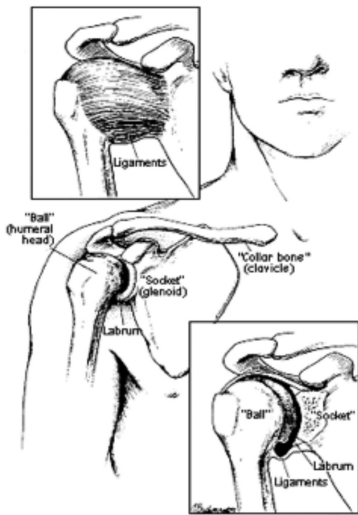
The shoulder blade and humerus, or upper arm, form the glenohumeral joint. This is what you would normally think of as your 'shoulder joint.' The glenohumeral joint is a ball-and-socket joint, consisting of the head of the humerus, or upper arm, and the glenoid fossa, which is formed by a slightly hollowed portion of the end of the shoulder blade. The head of the humerus maintains very little contact with the glenoid itself during movement. Instead, the shoulder relies on a group of ligaments, muscles and tendons to help keep the humerus in the proper place and to provide stability to the joint.

As the arm moves in any direction, these ligaments and muscles maintain the proper position of the humeral head in the socket. During forceful motion or injury, however, these tissues can be stretched or torn, and the head can "slip out" of the socket or dislocate. Your physician may also use the term "subluxate," meaning that it has only partially dislocated.

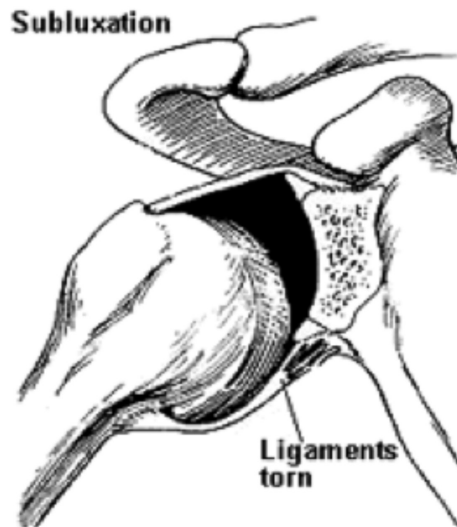
Dislocations are most commonly anterior, meaning that the head of the humerus slips forward out of the joint. An injury where the arm is turned outwards and away from the body, such as a fall sideways on the arm, can cause an anterior dislocation. Very occasionally a dislocation can be posterior, where the humeral head slips backwards out of the joint. This usually occurs from a different type of injury, in which the arm is struck while rotated inwards. Additionally, your shoulder can be extremely loose and cause pain without having an injury. This scenario may represent multidirectional instability.

### Causes of Glenohumeral Instability

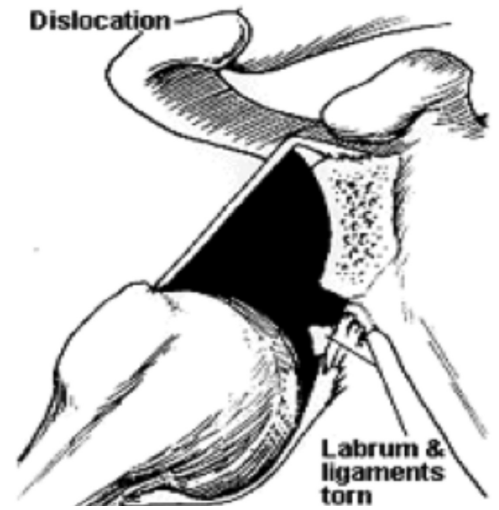
In glenohumeral instability, patients are unable to keep the humeral head centered in the glenoid socket. Unfortunately, once you've dislocated your shoulder, the chances are high that it will happen again, particularly if you are under age 30. That makes it all the more important that you follow Dr. Gudeman's healing and rehabilitation program carefully.



**Figure 1**



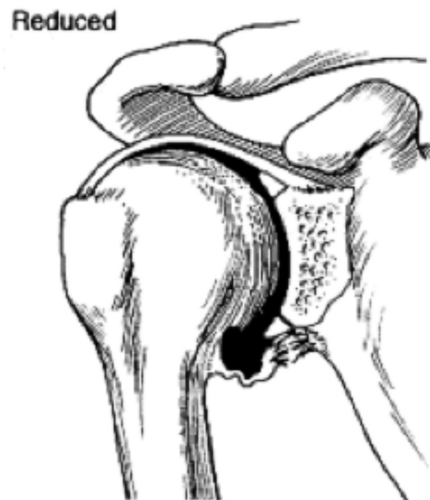
**Figure 2**



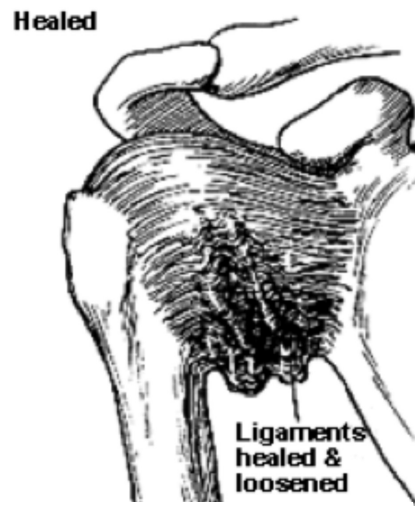
**Figure 3**

### Symptoms of Glenohumeral Instability

Patients with glenohumeral instability report that their shoulder continually slips out of the joint, especially when they throw an object or possibly bump into something. Dr. Gudeman will ask the patient if she/he can voluntarily make their shoulder dislocate, which is an obvious indicator of glenohumeral instability. He will then classify the instability as either acute or chronic, depending on the symptoms and how long you've had them. Instability is classified as chronic if it lasts for more than a few months. For some people, purposely dislocating their shoulder may be a source of amusement or entertainment. However, it only makes it more difficult to maintain stability when you need it and can contribute to a condition where the instability cannot be resolved.



**Figure 4**



**Figure 5**

### Treatments of Glenohumeral Instability

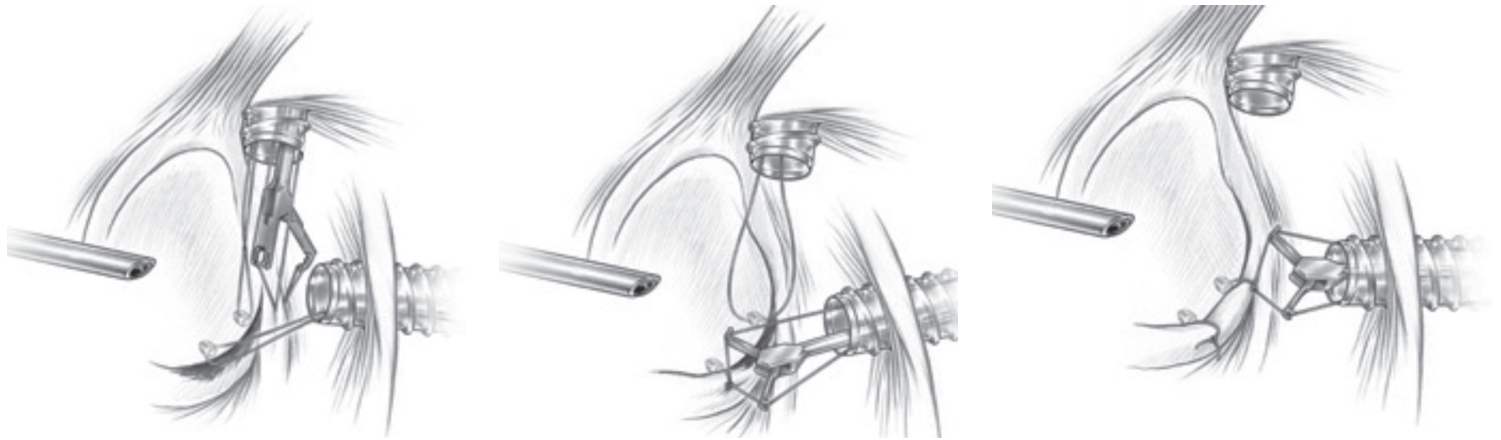
Dr. Gudeman can diagnose glenohumeral instability with a thorough patient history and clinic room exam.

Chronic instability is treated first by attempting to strengthen the muscles in the shoulder, to compensate for the loose ligaments. Dr. Gudeman, a physical therapist or certified athletic trainer can suggest exercises that will isolate these muscles. While exercise may be tried initially to try to prevent further dislocations, surgery may be necessary if the shoulder cannot be stabilized sufficiently.

There are many different surgical procedures to repair the instability of recurrent shoulder dislocations.

Because one common cause of instability is a tear in the ligaments that attach to the socket or glenoid, surgery is often done to repair this damage. By returning the ligaments to their original position, tensioning as close as possible and then letting them heal completely, the joint can be restored to a more stable condition. This surgery is known as a Bankart repair for the specific type of tear in the ligaments, or "Bankart lesions." The surgeon may make a small incision on the front of the shoulder, or may use an arthroscope, which is a small camera inserted through a much smaller incision. Surgical instruments can also be inserted through tiny incisions, and the camera used to visualize the structures while the repair is performed.

After surgery, a rehabilitation program designed to focus on shoulder motion and strength will be started.



### **Possible Complications of Surgery for Shoulder Instability**

Although surgery for instability is usually without any significant problems, there may occasionally be unforeseen complications associated with anesthesia, including respiratory or cardiac malfunction. The surgery itself may be complicated by infection, injury to nerves and blood vessels, fracture, weakness, stiffness or instability of the joint, pain, inability to return to full duties or the need for additional surgeries.

Improvement to the shoulder is determined not only by surgery but also by your general condition and rehabilitative effort. In many cases, the tendons and muscles of the shoulder have been weakened from prolonged misuse or degeneration, and strengthening them will require a gentle, steady process of changing habitual ways of moving your arm.

### **Informative Websites**

[www.orthoinfo.org](http://www.orthoinfo.org)  
[www.sportsmed.org](http://www.sportsmed.org)  
[www.aana.org](http://www.aana.org)

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optimal activity level for your  
lifestyle is my first priority.

- Scott Gudeman, MD



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