

THE DISLOCATED SHOULDER: INSTABILITY

Shoulder instability or dislocation of the shoulder is when the shoulder comes out of joint causing pain and dysfunction of the shoulder.

It can come partially out of joint and spontaneously relocate (Figure 1) or be totally dislocated often requiring manipulation to put it back into alignment (with or without anaesthesia)(Figure 2).

Instability can be 'acute' in which the shoulder only dislocates once due to some type of external force as a result of a specific incident (such as sport) and doesn't occur again. It can be recurring where after the initial dislocation it continues to come out joint at various times.

Shift over edge of glenoid, spontaneously relocates

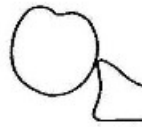


Figure 1. Subluxation

Shift over edge of glenoid doesn't spontaneously relocate



Figure 2. Dislocation

People with shoulder instability experience 'clicking or clunking' of the shoulder or a feeling that it is 'not right'.

With certain movements they may exhibit 'apprehension' where they feel that the shoulder is going to dislocate.

For accurate diagnosis an orthopaedic shoulder specialist should be consulted and treatment may require "keyhole" surgery.

Injury that does require surgical intervention often involves damage to the soft tissue of the shoulder called the labrum (arrow, Figure 3) which helps keep the two main bones of the shoulder, the humeral head and glenoid, stay in alignment.

Stabilisation involves arthroscopic reattachment of the labrum to the rim of the glenoid using a fixation device (Figure 4).



Figure 3. Detachment of the labrum (arrow) following shoulder dislocation

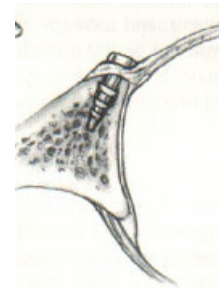


Figure 4. Reattachment of labrum

Post operatively a sling is required to be worn for at least 4 weeks to enable healing of the reattached tissue and a restricted exercise program is implemented (Figure 5).



Figure 5