SHOULDER INSTABILITY

CAUSES OF INSTABILITY

TRAUMATIC INSTABILITY

Specifically injury to capsule or labrum
Associated with Bankart Lesion
Associated with Hill-Sachs Lesion
Associated with Posterior Labral Tear
Associated with Shoulder Trauma
Associated with Neural Stretch Injury
Associated with Rotator Cuff Tear
Associated with Osteoarthritis

Non-traumatic Instability

Associated with fall on shoulder or arm forced in abducted externally rotated position
Associated with force applied to arm in a forward elevated adducted position such as with bench pressing, or when an offensive lineman gets jammed and with seizures.

- Has a 94% success rate in patients without a significant bony injury

Labrum is repaired using suture anchors and capsule is selectively tightened

Specific injury causes instability

Usually associated with dislocation but may be only subluxation

Unidirectional (dislocates in only one direction)

Associated with Bankart Lesion (Torn Labrum)

Treated with Surgery especially when recurrent

Nonspecific injury or overuse

Can be multidirectional (dislocates out the front and back of the shoulder)

No specific injury visualized on MRI or arthroscopy

Treated with physical therapy

Suture capsulorrhaphy (tightening of capsule arthroscopically) reserved for patients who fail physical therapy

TREATMENT OF TRAUMATIC INSTABILITY

Arthroscopic Suture Capsulorrhaphy

Responds to avulsion injuries of capsule and labrum

Suture Anchor

Anterior Labral Repair

• Can have posterior labral tear,
  posterior glenoid fractures and reverse Hill Sachs lesion

Shouldear Instability

Associated with Labral Lesion

Treated with Surgery especially when recurrent

POSTOPERATIVE REHABILITATION AFTER SHOULDER STABILIZATION

Stages 1-4

- No external rotation greater than 30 degrees and stress return of forward elevation
- No abduction/external rotation

Sling for the first 4 weeks

May do pendulum exercises

Isometric rotator cuff and scapular stabilizer strengthening

Restore full active forward elevation

No abduction external rotation stretching

May do scapular stabilizer strengthening and IR/ER rotator cuff strengthening

No abduction external rotation stretching

Continue internal and external rotator cu strengthening and scapular stabilizer strengthening.

No strengthening exercises above 90 degrees of forward elevation

May start supraspinatus strengthening if scapulohumeral rhythm restored

May start throwing rehabilitation

May return to sports except high collision sports such as football, wrestling, basketball and rugby which is started at 6 months

May start bench pressing but no heavy bench pressing until 6 months

SHOULDER INSTABILITY

ANTERIOR INSTABILITY

Normal Bankart Lesion

Normal Hill-Sachs Lesion

POSTERIOR INSTABILITY

Associated with fall on shoulder in abducted externally rotated position

Can result from bench pressing, or athletic injury

Association can be determined only if the anterior capsule is selectively tightened

Associated with traumatic injury

Associated with Bankart Lesion (Torn Labrum)

Treated with Surgery especially when recurrent

Risks of Surgery include stiffness, recurrent instability and prolonged rehabilitation

Risk of recurrent dislocation

Risk of success dislocation

Empty glenoid

Anterior, medially and inferiorly positioned humerus

Bankart Lesion

• Can cause Bankart lesion,
  Hill-Sachs impaction fracture,
  glenoid fracture (Bony Bankart), and
  glenoid impaction injury

• Associated injuries can be neurologic stretch injury,
  rotator cuff tear (in patients over 40), and
  osteoarthritis from recurrent instability

Hill-Sachs Lesion

Risks of Surgery include stiffness, recurrent instability and prolonged rehabilitation

Risk of recurrent dislocation

Risk of success dislocation

SHOULDER INSTABILITY