

CAUSES OF INSTABILITY

Traumatic Instability

- 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

Non-traumatic Instability

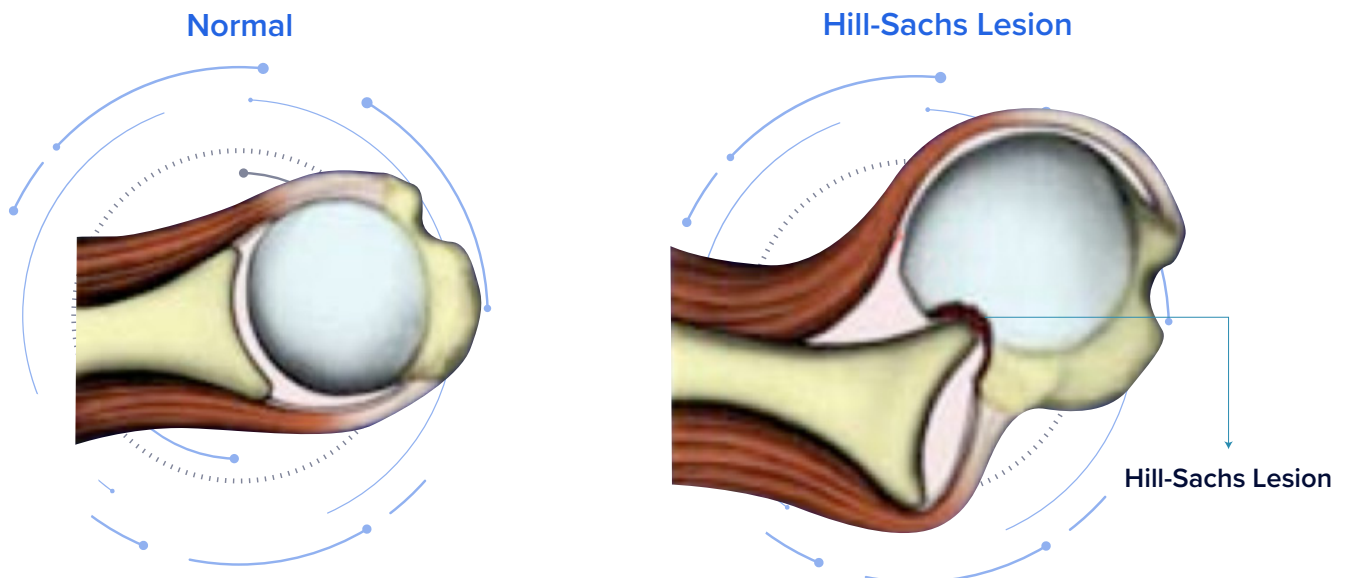
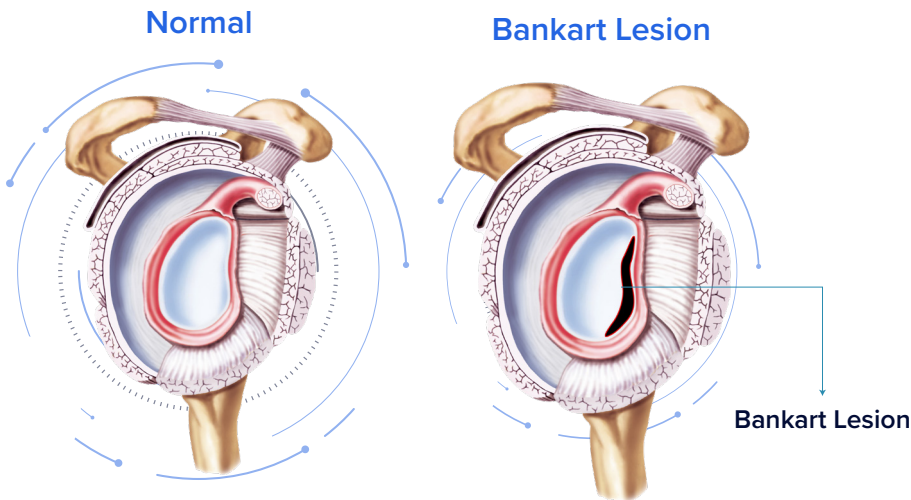
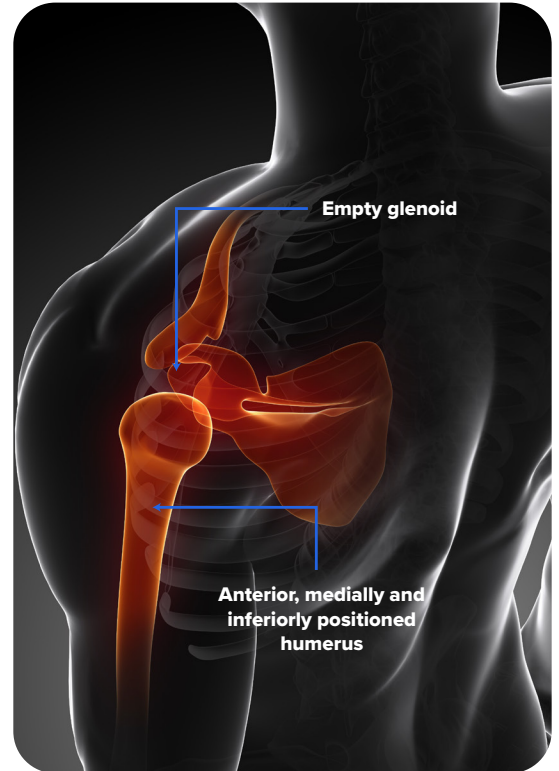
- Nonspecific injury or overuse
- Can be multidirectional (*dislocates out the front and back of the shoulder*)
- No specific injury visualized on MRI or arthroscopy
- Treated with physical therapy
- Suture capsulorrhaphy (*tightening of capsule arthroscopically*) reserved for patients who fail physical therapy

TRAUMATIC INSTABILITY

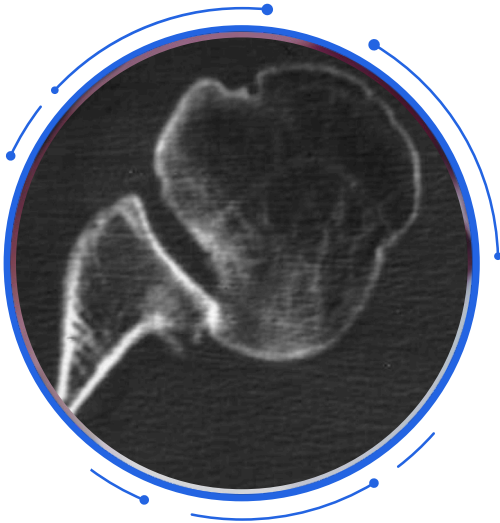
ANTERIOR INSTABILITY

Associated with fall on shoulder or arm forced in abducted externally rotated position

- 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



POSTERIOR INSTABILITY



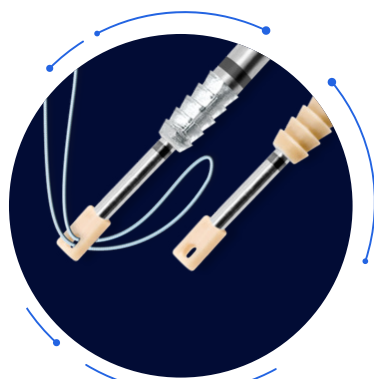
Associated with force applied to arm in a forward elevated adducted position such as with bench pressing, or when an offensive lineman gets jammed and with seizures.

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

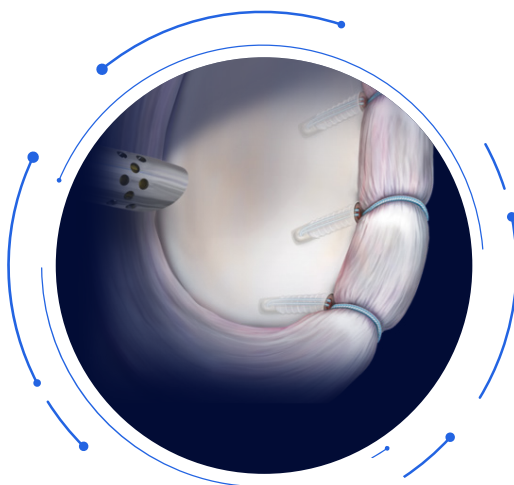
TREATMENT OF TRAUMATIC INSTABILITY

ARTHROSCOPIC SUTURE CAPSULORRHAPHY

- Has a **94%** success rate in patients without a significant bony injury
- Labrum is repaired using suture anchors and capsule is selectively tightened

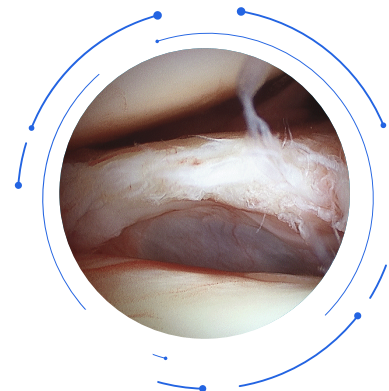


Suture Anchor



Anterior Labral Repair

Anterior Labral Tear



POSTOPERATIVE REHABILITATION AFTER SHOULDER STABILIZATION

Weeks 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

Weeks 4-8

- Restore full active forward elevation
- No abduction external rotation stretching
- May do scapular stabilizer strengthening and IR/ER rotator cuff strengthening

Weeks 8-12

- 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

4+ Months

- 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

Risks of Surgery

include stiffness, recurrent instability and prolonged rehabilitation

Risk of recurrent dislocation

includes osteoarthritis