

Management of Recurrent Shoulder Instability

Introduction

The shoulder joint (glenohumeral joint) constitutes of the glenoid bone (socket) and the humeral head (ball). What is peculiar about the shoulder joint is a shallow glenoid (socket) and a large humeral head (ball), on one hand, it allows a good range of motion but on the other hand, it is the most unstable joint in the body and it is the most commonly dislocated joint in our body. The stability of the shoulder joint is constituted by both bony and soft tissue constrain (e.g. glenoid labrum, joint capsule, ligament and rotator cuff). During shoulder dislocation, both the soft tissue and bony constrain could be injured. One of the major complications of shoulder dislocation would be recurrence. The recurrence rate would be higher for young patients who are active in contact sports.

Symptoms

The shoulder joint usually dislocated with contact injury with the shoulder in abducted, extended and externally rotated position. Anterior shoulder dislocation is the most common type of shoulder dislocation. For patients with recurrent shoulder instability, the shoulder may dislocate more and more easily as the dislocation episodes increase.

Evaluation

The attending physician will perform a clinical examination for the patient; looking for direction of instability. He will also examine for associated nerve or vascular injury and associated rotator cuff injury. Magnetic resonance imaging of shoulder would help to evaluate the severity of soft tissue (e.g. labrum, glenohumeral ligament) injury. Computed tomography of shoulder would help to evaluate the severity of bony injury.

Treatment

The aim of treatment of recurrent shoulder instability is to prevent recurrence and restoration of shoulder function. Conservative treatment would be advocated for patients with advance age with sedentary lifestyle. Operative treatment would be advocated for young active patients who want to restore shoulder stability. For operative treatment, the aim is to repair the injured soft tissue constrain of shoulder joint. It could be done by either open surgery or arthroscopic surgery. The recurrence rate after surgical treatment is usually less than 10%. And the rehabilitation period is ~ 4-6 months. You are recommended to seek help from Orthopaedics surgeon to discuss about the definitive care of recurrent shoulder instability.