

Shoulder Instability



The shoulder joint consists of a ball-shaped humeral head that sits within a shallow socket. The shoulder socket is surrounded by a labrum which is a soft tissue structure that helps to deepen the shoulder socket and thus improve the stability of the shoulder joint. Certain types of injuries or other conditions can cause the shoulder to be unstable. The most common direction of instability occurs when the shoulder comes out of the front of the shoulder socket. However, other directions of shoulder instability do exist. Treatment of shoulder instability is different based on patient age, activity, and specifics regarding the nature of their instability. For example, the younger patient going back to a contact sport after traumatic shoulder dislocation has a very high rate of having a second dislocation event and thus this is taken into account when determining best treatment options. When discussing treatment, the initial diagnosis is crucial. We discuss the nature of the shoulder instability as well as understand what each patient is hoping to get back to. We utilize imaging studies such as X-rays and MRI in order to understand which structures are damaged and to what extent. Once we review the imaging I have a discussion with patients regarding the potential for recurrent injury and how to address structures that may have been injured.

In many situations, the shoulder can be stabilized with immobilization and physical therapy to strengthen the shoulder and improve its function. However, there are certain situations in patients that may do best with surgical stabilization. For example, in those going back to a contact sport or who have had recurrent shoulder instability events, a stabilization procedure may be the best option. For this, there are different types of procedures to stabilize the shoulder depending on the pathology identified. In those with isolated labral injury, an arthroscopic labral repair may be performed with the potential for further stabilization procedures done arthroscopically. In those that have damaged the socket to a considerable extent, a bone augmentation procedure may be recommended in order to improve the stability of the shoulder. For this, I perform both open as well as arthroscopic bone transplantation procedures. New advances in arthroscopic skills and techniques have allowed me to now transplant bone to the front of the shoulder socket with a greater degree of precision and decreased risk profile as compared to a procedure previously done openly.

Following surgery, patients are typically in a sling for the first 6 weeks and are transitioning out of the sling after this to work on strengthening and range of motion. Typical return to sport is 4 to 6 months depending on the surgery and the type of support returning to.