

Shoulder Instability



PATIENT INFORMATION GUIDE

Croydon Health Services 
NHS Trust

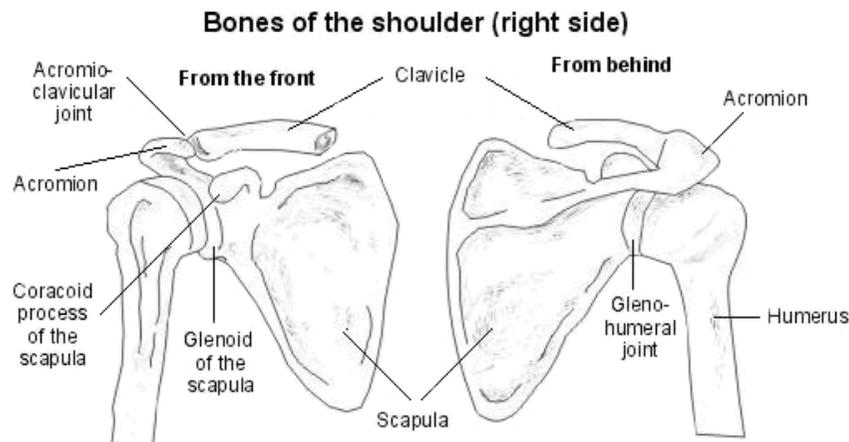
Information:

The aim of this booklet is to provide you with information about shoulder dislocation to help you with self management.



The Shoulder:

The shoulder is made up of the clavicle (collar bone), humerus (arm bone) and scapula (shoulder blade). It's main function is to allow the arm to move so that you reach for things and pick them up. The shoulder joint is very mobile which means that it is not as stable as other joints. This means that it relies heavily on muscles for stability and support.



Useful Websites:

[.https://www.shoulderdoc.co.uk/news/view/600](https://www.shoulderdoc.co.uk/news/view/600)

Physiotherapy Outpatients Department

Croydon University Hospital
Woodcroft wing
530 London Road
Croydon, CR7 7YE

Purley War Memorial Hospital
856 Brighton Road
Purley
CR8 2YL

Telephone Number: 0208 401 3000

How long will this take?

Recovery timeframes vary from person to person but you should expect to see some improvement within the first few weeks of starting physiotherapy and self-management. It can take a few months to regain full function and return to some sports.

Do's and Don'ts:

- Don't be scared to move your arm through its available range.
- Don't not force your arm into a position that is uncomfortable.
- Do ensure that you have a good posture when performing exercise and daily activities.
- Do exercise regularly in a pain free range.

Surgery:

If there is significant structural injury to your shoulder, you may require surgery to repair this before you continue with the rehabilitation process. You can discuss any concerns you have regarding this with your physiotherapist.

Definition:

Shoulder instability means that your shoulder can 'dislocate' or 'subluxate' during active movement or exercise. **Dislocate** means that the top of your arm comes out of the shoulder joint. **Subluxate** means the joint moves more than it should do in normal circumstances but doesn't actually come out of joint.

People who have increased movement in some of their joints (**hypermobility**) may find that their shoulder does this more than normal. This means that it is more important to have good strength and control around your shoulder

There are several types of shoulder instability:

- **Traumatic:** When there is a significant external force which pulls the shoulder out of joint, such as a sporting injury or a car accident.
- **Non traumatic:** When there is a no specific injury or trauma, but there may be structural changes in your shoulder which predispose you to instability.
- **Habitual:** When you have 'abnormal muscle patterning' which reduces shoulder control and influences the way the joint moves.

Management:

It is important for you to strengthen your shoulder muscles and restore full range of movement without experiencing pain. Treatment depends on the type of instability and the extent of tissue injury that has occurred. Traumatic shoulder dislocations need to be relocated by an orthopaedic specialist and may require surgery to repair any injured shoulder tissues.

What can physiotherapy do?

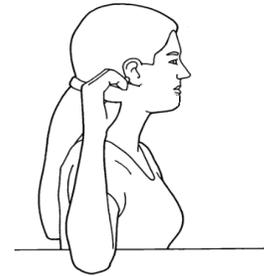
Your physiotherapist will carry out an assessment of your shoulder movement and strength. They will help to advise you about the best way to improve your shoulder function and manage your symptoms.

What can you do?

The things that you do for yourself are more important than what they can do to you, so it's important that you take a lead role in managing your symptoms and progressing your exercises with our guidance.

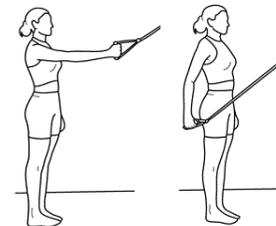


Phase 2 Exercises:



Shoulder rotation:

Sit with your elbow supported on a table. Hold a small weight in your hand. Keep the elbow still and slowly move your hand down and up. Repeat 3-6 times little and often throughout the day. Increase the weight to make it harder.



Shoulder pull downs:

Tie a piece of theraband to the top of a closed door. Slowly pull the band down to your side. Repeat 8-10 times little and often throughout the day.

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Proprioception and Control:

Gently circle the ball on the wall. Try drawing letters and shapes. Repeat 8-10 times little and often throughout the day.



Superman:

On all fours with your wrists directly under shoulders and neck relaxed.

Gently lift each arm in front, hold for 5 seconds and slowly relax. Repeat 8-10 times little and

Phase 1 Exercises:

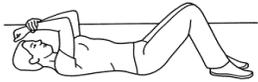


Posture:

Try to relax your neck and shoulders. Open your chest and gently pull your shoulder blades down and in towards your back pockets.

Range of movement:

Lie on your back. Raise the arm above your head, using the unaffected arm to help if you need to. Do not push into pain. Repeat 8-10 times little and often throughout the day.



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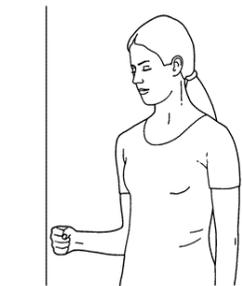


Wall press:

Place your hands on the wall shoulder width apart. Gently perform a press up on the wall. Repeat 8-10 times little and often throughout the day.

Static strengthening:

Place a rolled up towel under your affected armpit. Stand with your upper arm by your side with your elbow at a right angle. Place the back of your hand against a wall. Gently push the back of your hand against the wall, hold 10-20 seconds, slowly relax. Repeat 3-6 times little and often throughout the day.



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Load Modification:

This involves reducing activities which are particularly painful to allow your symptoms to settle down and reduce irritation on your shoulder tissues.

Pain Medication:

Medication can help to reduce pain sensitivity and allow you to continue with daily activities as well as physiotherapy. Anti-inflammatory medication (e.g. Ibuprofen) can be useful in the early stages. **As with any medication please consult your GP first.**

Ice or Heat:

This can reduce pain sensitivity in the short term. Try ice in the early stages and heat packs in the late stages. Apply for a maximum of 15 minutes.

Exercise:

Exercise can help to strengthen your shoulder tissues and improve your general shoulder function. It takes time and effort but helps to manage your symptoms in the long term. Please see example exercises in the next section. Ask your physiotherapist for guidance if you are unsure.