



Pediatric and Adolescent Quarterly Update

3rd Quarter 2017

Shoulder Dislocation and Instability

by Drew E. Warnick, M.D.

The shoulder joint is the most mobile joint in your body. It is able to turn in many directions. This greater range of motion; however, can cause instability.

A shoulder dislocation occurs when the head of the humerus (upper arm bone) is forced out of the shoulder socket. Once a shoulder has dislocated, it is vulnerable to repeat dislocations. When the shoulder is loose and dislocates out of place repeatedly, it is called shoulder instability.

Anatomy

The head, or ball, of your humerus fits into a shallow socket in your shoulder blade called the glenoid. The rim of the socket (labrum) and strong connective tissues (ligaments) stabilize the shoulder joint and keep the head of the humerus centered in the glenoid socket. The muscles surrounding the shoulder are also contribute to the stability of the joint.

Cause

Severe injury is often the cause of an initial shoulder dislocation. When the head of the humerus dislocates, the rim of the socket (labrum) and the ligaments in the front of the shoulder are often torn. This is commonly called a Bankart tear. After a shoulder dislocation, a young adult has up to a 90% chance of having another dislocation. Repetitive dislocations can cause severe injury to the joint leading to chronic pain and arthritis.

Symptoms

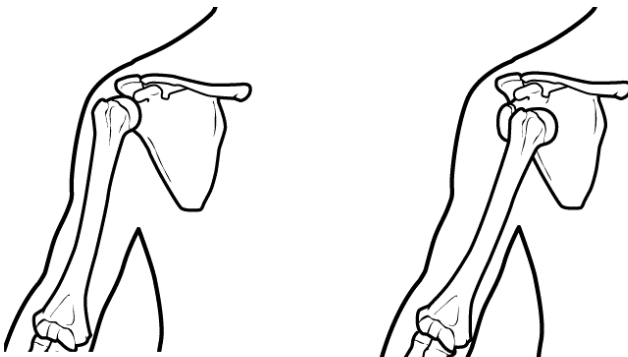
- Pain caused by shoulder injury
- Repeated shoulder dislocations
- Repeated instances of the shoulder giving out
- A persistent sensation of the shoulder feeling loose.

Physical Examination and History

After discussing your symptoms and medical history, your doctor will examine your shoulder. Specific tests help your doctor assess instability in your shoulder. Your doctor may also test for general looseness in your ligaments. For example, you may be asked to try to touch your thumb to the underside of your forearm.

Your doctor may order imaging tests to help confirm the diagnosis and identify any other problems. X-rays will show any injuries to the bones that make up your shoulder joint.

A magnetic resonance arthrogram (MRA) provides detailed images of soft tissues to help identify injuries to the labrum and ligaments surrounding your shoulder joint.



Left: Normal shoulder stability

Right: Head of the humerus dislocated to the front of the shoulder



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Treatment

Treatment options for shoulder instability include activity modification, anti-inflammatory medication, physical therapy, bracing and surgery. Shoulder instability treatment is based on symptoms of instability and imaging tests. Your doctor will decide the best course of treatment for the patient.

Medication- Taking anti-inflammatory medicine or NSAIDS (non-steroidal anti-inflammatory drugs) such as Motrin, Advil, Naproxen or Aleve as directed by your doctor may be helpful for pain.

Physical Therapy- Physical Therapy is useful for the strengthening the shoulder muscles. Strengthening shoulder muscles and working on shoulder control can increase stability.

Bracing- Braces are available to help prevent shoulder dislocations and are often worn during contact or collision sports.

Surgery— Arthroscopic surgery is often necessary to repair torn labrum and ligaments so that they are better able to hold the shoulder joint in place. This is done as an outpatient procedure, utilizing tiny instruments and through small incisions. After surgery, rehabilitation is needed.

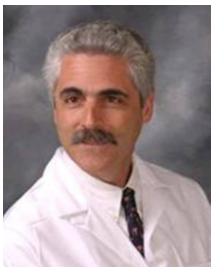
To schedule an appointment with our Pediatric Shoulder Specialist, Dr. Drew Warnick, please call our office.



Meet our team of Physicians

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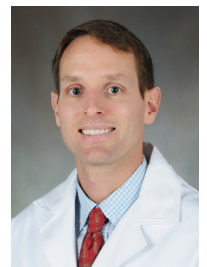
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