UK HealthCare
Orthopaedic Surgery & Sports Medicine

Multidirectional shoulder instability

Description

Multidirectional Shoulder Instability is characterized by displacement of the shoulder joint in which the upper arm (humerus) is displaced from the socket of the joint (glenoid). The displacement may go toward the front, behind, or below the socket.

The shoulder joint is much like a golf ball and tee in which the ball of the upper arm or humerus is much bigger than the socket or glenoid. This allows the shoulder to have more motion than any other joint, but is also less stable than any other joint. Displacement of the shoulder joint can result due to a stretched or torn rotator cuff, stabilizing ligaments, and/or capsule. These structures all provide joint stability and if they are lax or torn, then the shoulder will become less stable. Shoulder laxity can be caused by overuse (sports or laborer), cartilage abnormalities acquired from birth, or some combination of both.

Common signs and symptoms

- Pain around the shoulder, often at the outer portion of the upper arm or deep inside the shoulder
- Pain that is worse with reaching overhead or lifting.
- Feels like shoulder wants to “slip out of place”
- Loss of strength
- Feeling or sound of “grinding or crackling” with shoulder motion
- Commonly both shoulders are affected
- May have shoulder deformity and occasional swelling
- Loss of shoulder function or pain with motion
- May be able to willfully reproduce displacement

Causes

- Direct blow or injury to the shoulder.
- Repetitive over-head motion such as throwing or swimming.
- Congenital abnormality: born with a shallow or malformed joint surface.
- Sudden or powerful muscle contraction or twisting

Risk of further injury

- Contact sports such as football, weightlifting, and boxing
- Throwing sports such as baseball, tennis, or volleyball
- Heavy labor
- Previous injury to the stabilizing structures
- Poor physical conditioning especially strength

Initial treatment:
Consists of immobilization by a sling, medications, and ice to relieve pain; strengthening exercises of the shoulder (specifically the rotator cuff muscles); rest; and modification of the activity that initially caused the problem. These can all be carried out at home for acute cases, although referral to a physician and continue follow up care with a physical therapist or athletic trainer may be recommended.

Surgery is rarely the first course of treatment, unless there is shoulder displacement that is unable to be reduced without surgery. Surgery may be recommended for individuals who continually dislocate. Gradual return to activity is allowed after symptoms are resolved and the shoulder is strong enough to remain stable during activity.

Medication
Nonsteroidal anti-inflammatory medications such as aspirin and ibuprofen (do not take within 7 days before surgery), or other minor pain relievers such as acetaminophen, are often recommended. Take these as directed by your physician. Contact your physician immediately if any bleeding, stomach upset, or signs of an allergic reaction occur. Topical ointments may be of benefit. Pain relievers may be prescribed as necessary by your physician. Use only as directed and only as much as you need.

Heat and cold

- Cold is used to relieve pain and reduce inflammation for acute and chronic cases. Cold should be applied for 10 to 15 minutes every 2 to 3 hours for inflammation and pain and immediately after any activity that aggravates your symptoms. Use ice packs or an ice massage. Cold should be applied for the first 72 hours after initial injury.
- Heat may be used before performing stretching and strengthening activities prescribed by your physician, physical therapist, or athletic trainer. Use a heat pack or a warm soak. **Do not use** heat if inflammation (swelling) is present.

Please call **859-323-5533** with questions or for more information.