

Shoulder instability/subluxation

What is shoulder instability/subluxation?

The shoulder joint is a ball and socket-type joint formed by the scapula bone (shoulder blade), which acts as the socket, and the head of the humerus (upper arm bone), which acts as the ball. Shoulder instability/subluxation occurs when the head of the humerus (the ball) does not move properly against the surface of the scapula called the glenoid fossa (socket). Shoulder instability/subluxation can have several causes, including genetic factors, falling on an outstretched arm, poor throwing technique, excessive overhead activities (throwing, tennis, swimming) and previous shoulder injuries.

Who is at risk?

- Children/adolescents who participate in sports requiring repetitive and often a high volume of overhead activities (baseball, volleyball, tennis, swimming, gymnastics, etc.).
- Children/adolescents who have a poor throwing technique.
- Children/adolescents who fall on an outstretched arm, either in front or to the side.
- Children/adolescents who have a family history of shoulder instability.
- Children/adolescents who have excessive motion in other joints (hypermobility).

What are the symptoms?

- Constant pain that worsens with overhead or lifting movements.
- Non-specific/global shoulder pain or pain in a specific area.
- Dull/achy or sharp/stabbing pain in the shoulder.
- Pain can be accompanied by popping or grinding with shoulder movement.
- Decreased range of motion in the affected shoulder.
- Muscle weakness in the affected arm.

NOTE: Patient may NOT have swelling or bruising in the affected arm.

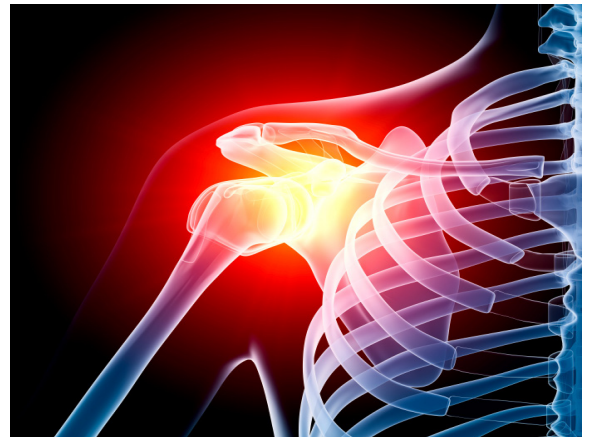
What are treatment options?

Conservative/non-surgical treatment:

- Rest from activities that cause pain or “relative rest.”
- Ice the area for swelling/pain for 10-20 minutes, once an hour as needed.
- A period of immobilization, if recommended by the child’s/adolescent’s physician.
- If condition does not improve, a referral to physical therapy to address pain, range of motion, flexibility, instability, rotator cuff strengthening, bracing/taping and sport training will usually improve symptoms.

Surgical treatment:

- In repeated episodes of instability/subluxations, surgical repair of the ligaments (connects bone to bone) and the rotator cuff muscles might be needed.



What is the time frame for return to activity/sport?

The return to activity/sport is dependent on the frequency of the instability/subluxation and if surgery was needed. Estimated time frame is three to six months before returning to activity/sport.

What are the long-term side effects of having a shoulder dislocation?

- Increased potential for arthritis in adulthood.
- May continue having instability/subluxations and possible dislocations.
- Potential of not being able to return to same level of activity.