

PATIENT
INFORMATION
LEAFLET

Non-Traumatic Shoulder Instability

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Bradford Teaching Hospitals NHS Foundation Trust
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Introduction

- The shoulder joint is a ball and socket joint which allows a lot of movement at the shoulder in order to reach in all directions.
- It is generally a very strong yet mobile joint but sometimes it can become loose and unstable.
- Non-traumatic shoulder instability is a term used to describe a shoulder joint that feels loose, wobbly and can be painful **without** a history of trauma.
- The ball moves excessively in the socket and may even sublux (the ball moves partially out of the socket) or dislocate (the ball comes fully out of the socket).

Causes of Non-Traumatic Shoulder Instability

- Type 2 shoulder instability is caused by a gradual stretching or loosening of the soft tissues over a period of time.
- Type 3 shoulder instability is sometimes related to being 'hypermobile' or 'double jointed'. The joint and soft tissues are normal in appearance and structure (not injured) but the muscles are not working well enough to keep the ball stable in the socket.
- The origin of the problem is often unclear and can be associated with anxiety, depression and other mental health conditions.

Symptoms of Non-Traumatic Shoulder Instability

The shoulder may feel loose or wobbly, may or may not cause pain and sometimes there is a loss of movement and strength.

Diagnosis of Non-Traumatic Shoulder Instability

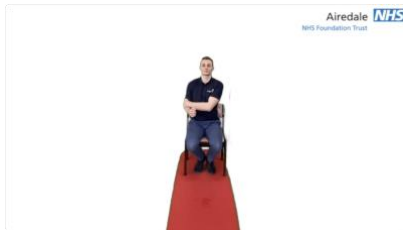
- The history of the problem, the type of symptoms experienced, and a physical examination is usually enough to be able to diagnose a non-traumatic shoulder instability problem.
- However, in some instances an X-Ray or scan may be used to help rule out any problems with the bones and soft tissues.
- A type 3 instability shoulder will have a normal X-Ray and scan pictures.

Self Management of Non-Traumatic Shoulder Instability

- **Rehabilitation.** Rehabilitation with an experienced therapist is the most important and effective way to manage the problem. An exercise programme will be designed to help improve how the muscles work around the shoulder and upper body. The exercises will strengthen the shoulder, make it move in a more natural and less guarded way and help speed up the reactions of the muscle system. This exercise programme can take over 6 months for significant benefits to be noticed. Any co-existing anxiety or emotional issues related to your shoulder problem may need exploring further by your therapist or GP.
- **Pain killers.** Various over the counter pain killers are available for the management of pain to help with your rehabilitation.
- **Activity Modification.** You may find it beneficial to avoid positions where your shoulder feels unstable or vulnerable until your rehabilitation starts to take effect. Overstretching and repetitive reaching can be uncomfortable so limit these activities for a short time until your muscles can manage these tasks with more ease.

Exercises for Non-Traumatic Shoulder Instability

Exercise 1: Shoulder Isometric Abduction



- Bend your elbow on the affected side.
- Reach across and grasp your elbow with the unaffected arm.
- With the affected arm, push outwards into the unaffected arm, hold and relax.

Exercise 2: Shoulder Isometric Internal Rotation



- Place a pillow/rolled up towel between your elbow and your body.
- Keep your arm by your side.
- Keep your elbow bent at 90 degrees.
- Put your palms against each other. Push inwards against your other palm as if trying to bring your hand to your stomach- resist with the other hand.

Exercise 3: Shoulder Isometric Lateral Rotation



- Place a pillow/ rolled up towel between your elbow and your body.
- Keep your arm by your side.
- Hold onto fist of the affected side with your other hand.
- Keep your elbow bent at 90 degrees.
- Push out against your opposite hand, holding with equal and opposite force with your other hand to not allow movement

Exercise 4: Shoulder Isometric Abduction – Tipping the Chair



- Stand next to a chair so that the backrest faces your affected side.
- Make a fist and push it into the backrest so you slightly lift the back legs of the chair.
- Hold then release

Exercise 5: Scapular Stability with Small Ball on the Wall



- Stand close to a wall.
- Place your hand on a small ball on the wall just below shoulder height.
- Hold your shoulder blade still.
- Make circles alternating from clockwise to anti-clockwise, up and down and side to side movements with your hand on the ball (rolling the ball).

What Next?

If you are still experiencing symptoms despite following the above advice, it is important you seek advice from your GP. Your GP may decide to refer you to the musculoskeletal clinic or to a physiotherapist.

Surgery

It is rare for surgery to be beneficial for shoulders that are unstable due to muscle activity problems. The muscle problem will still be present after surgery.