



## CAPE COD SPORTS MEDICINE INC.

### ORTHOPEDIC SURGEON

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## SHOULDER INSTABILITY

In this article, we will discuss shoulder pain related to instability. If you have dull, aching shoulder pain with the feeling that the shoulder is going to pop out of its' socket in certain positions, you may have instability. Starting spring sports without an adequate winter training and conditioning program can lead to instability. Also excessive weight while weight-training, before the muscles are adequately built up can cause looseness of the shoulder. Finally, some people are just genetically prone to have loose joints or be "double-jointed", which is a risk factor for instability.

Instability is different from Impingement Syndrome discussed previously in that with Instability there is a provocative position which gives the sensation the shoulder is sliding out of its' socket. This is usually associated with a sharp pain. Occasionally the entire arm may "go dead" with numbness and tingling. On occasion the shoulder actually dislocates and requires reduction either by oneself or an emergency department physician. Previous dislocations in young individuals predisposes to instability and has a high risk of further dislocation. Traditionally, gymnast, baseball pitchers, swimmers and younger athletes have loose shoulders.

Treatment for instability is aimed at conditioning and strengthening the Rotator Cuff muscles, a group of four strong muscles which encircle the upper arm and is responsible for all its movements. Formal Physical Therapy is utilized to aid in the program. A special elastic band called Theraband is used for strengthening. Gradually strengthening is increased while maintaining the shoulder stable within its' socket.

Ice to reduce inflammation and relieve pain, followed in three days by heat to relax aching muscles and increase the blood flow (with its' reparative proteins) to the shoulder is always indicated. Over the counter pain relievers such as aspirin, tylenol, ibuprofen or naproxen can help reduce pain and inflammation. Occasionally surgical intervention is required for repeated shoulder dislocations. These same-day surgical procedures can generally be performed arthroscopically through three tiny 1/2 inch incisions with special instrumentation. Surgery does allow an individual to return to his previous level of sporting activity after rehabilitation. It is best to be evaluated by an orthopedic surgeon early for this condition as recent studies have shown better success with timely intervention.

