

**Shoulder Dislocations or Instability**

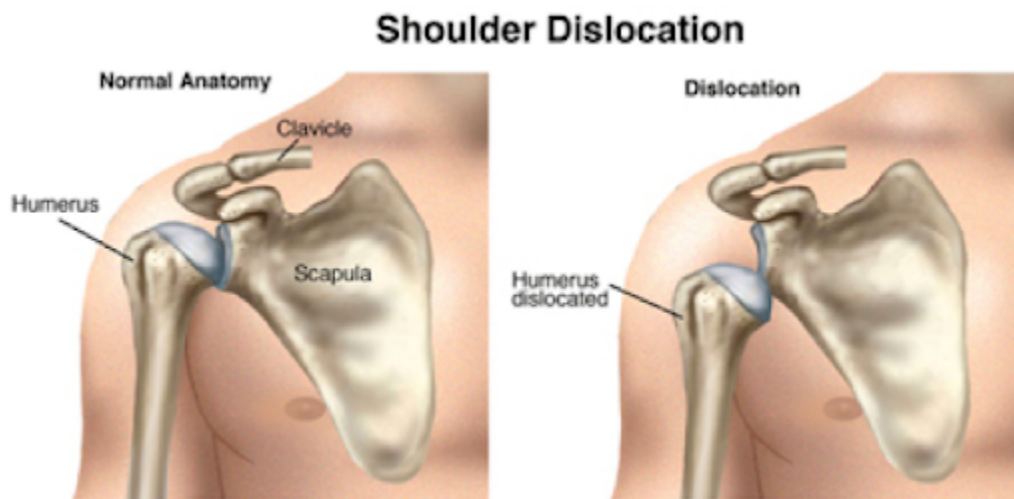
**Common Questions**



**More information can be found on**  
**Dr. Stetson's website at [www.sportsmedicinedr.com](http://www.sportsmedicinedr.com)**

**What is a dislocated shoulder?**

The shoulder joint is the body's most mobile joint. It can turn in many directions and helps you lift your arm, rotate it, and to reach up over your head. The greater range of motion can also cause the shoulder to slip out of the socket or dislocate. This occurs when the upper arm bone is forced out of the shoulder socket as result of a sudden injury or from overuse and is referred to as a shoulder dislocation or shoulder instability.



**What is a partial dislocation of the shoulder?**

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A partial dislocation of the shoulder is also called a subluxation when the ball slips out of the shoulder socket only part way and then goes back into the socket. A complete dislocation occurs when the ball stays stuck out of the socket and this usually requires going to the emergency room to have it put back into place.

### **What causes a dislocated shoulder?**

Most shoulder dislocations occur secondary to a severe injury or trauma to the shoulder such as fall or a direct blow to the shoulder. When the head of the humerus or arm bone dislocates, the socket bone and the ligaments are usually torn. The arm bone then gets stuck on the rim of the socket and will not go back in on its own. This usually requires a trip to the emergency room of your local hospital to have it put back in place.



### **What are the symptoms of a dislocated shoulder?**

A dislocated shoulder is very painful as all of the muscles, ligaments and tendons are stretched which causes pain. Once the shoulder is relocated, the pain typically subsides. Other symptoms of a dislocated shoulder include a deformity of the shoulder, swelling, numbness, weakness and loss of motion of the shoulder.



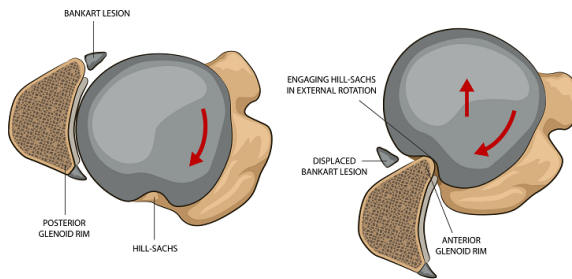
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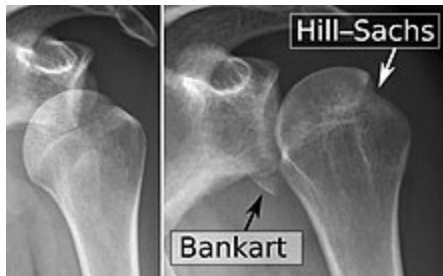
#### Why won't a dislocated shoulder go back into place?

A dislocated shoulder often gets stuck on the front part of the shoulder socket and will not go back into place. The ball then gets a dent or fracture in it and this is called a Hill Sachs lesion.



#### What is a Hill Sachs Lesion?

A dislocated shoulder gets a fracture or dent into the head as it remains dislocated and this is called a Hill Sachs lesion. It can be small or big, depending on the force of the dislocation and how long the ball stays out of the socket.



#### Does the shoulder always dislocate out the front?

Most shoulder dislocations occur out the front and this is referred to as an anterior dislocation. The ball gets stuck outside the socket and cannot go back in unless it is reduced by a healthcare professional. Sometimes the shoulder will relocate on its own after a few minutes. If it does not, it needs to be put back in place as soon as possible to prevent further damage.

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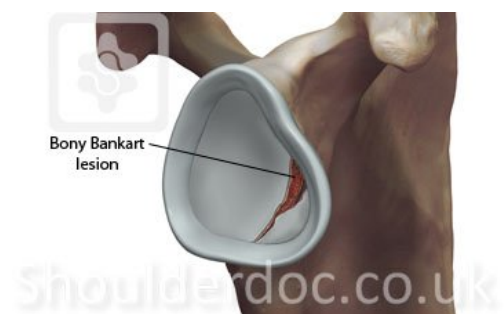
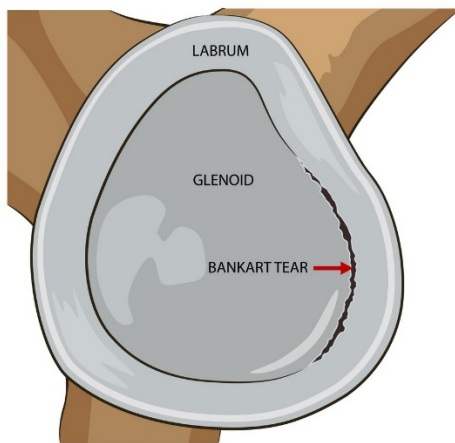
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#### Anterior Dislocation



#### What is a Bankart lesion of the shoulder?

When the head of the humerus dislocates out the front of the shoulder, the socket or glenoid and the ligaments in the front of the shoulder tear. The rim around the glenoid is referred to as the labrum which serves as the attachment of the ligaments around the shoulder. When the shoulder dislocates out the front, the labrum and the ligaments tear and this commonly called a Bankart lesion. Sometimes a piece of bone can also tear along with the ligaments and labrum and this is called a bony Bankart lesion.



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### After tearing the ligaments of the shoulder, do these ligaments heal?

The ligaments of the shoulder do heal after a dislocation but unfortunately they heal in the wrong position. This increases the risk of the shoulder coming out of the socket again. A severe dislocation can lead to continued dislocations or frequent episodes where the shoulder can sublux or partially dislocate.

### What is the risk of my shoulder dislocating again?

The younger you are, the more you are at risk for the shoulder dislocating again. It also depends upon your activity level and what activities you are enjoying doing. Younger people tend to be more active and after one dislocation, they have a very high risk of it coming out again. As we get older, the risk of another dislocation does get less with time but never completely goes away.

### What if I have dislocated my shoulder multiple times?

Each time you dislocate your shoulder, you damage the ligaments in the shoulder even more. After multiple dislocations of the shoulder joint, the ligaments and the bone socket can be so damaged that surgery gets more and more difficult with a decreased chance of it being successful.

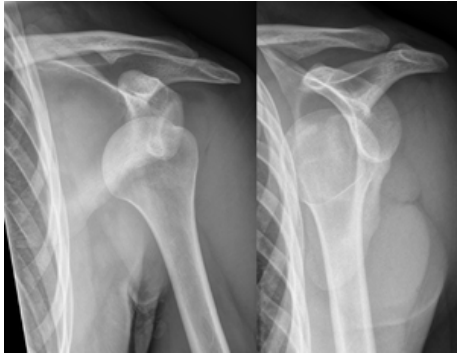
### How is a dislocated shoulder diagnosed?

If you feel you have dislocated your shoulder and it remains out of the socket, you need to seek medical attention right away so the shoulder can be reduced back into the socket. X-rays are usually necessary to verify if the shoulder has come out the front or the back and also to make sure that there is not a fracture of the arm bone.

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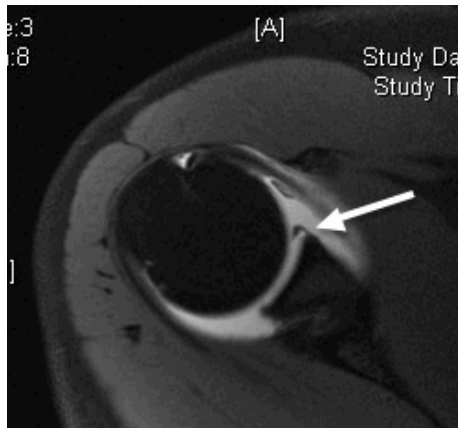
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### **If I have dislocated my shoulder, do I need an MRI?**

After a shoulder has been dislocated and the relocated back into the socket, it is important to determine the extent of the damage to the ligaments of the shoulder and also to determine if there has been any bone damage to the socket. Tearing of the ligaments is called a Bankart lesion and when there is bone involvement, it is called a bony Bankart lesion. The best way to diagnose these ligaments tears is an MRI with a dye called an MR arthrogram. This gives the best detail to the injured ligaments and can help determine whether surgery is necessary and if so, what type of surgery.



### **What are the non-surgical ways to treat a shoulder dislocation?**

After a shoulder dislocation and the relocation, the shoulder is placed into a sling for one to two weeks to rest the shoulder. After the pain and swelling go down, physical therapy and rehabilitation exercises are prescribed in order to help regain motion and strength inside the shoulder.

### **What does physical therapy do for a dislocated shoulder?**

Physical therapy will help rehabilitate the muscles around the shoulder and help regain motion and strength. It will not retighten the ligaments which have been damaged but by strengthening the

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muscles surrounding the socket, it may help prevent future dislocations but not always. If the shoulder remains unstable despite doing physical therapy, surgery may be the best option to prevent further dislocations.

#### **Will a brace prevent my shoulder from dislocating again?**

A brace can sometimes be helpful to prevent the shoulder from dislocating again. These types of braces are often used in athletes who have suffered a shoulder dislocation during their season and do not want to have surgery during their season. The braces do restrict motion of the shoulder and can be uncomfortable and so may not be suited for everyone.

#### **What is the purpose of the surgery for my dislocated shoulder?**

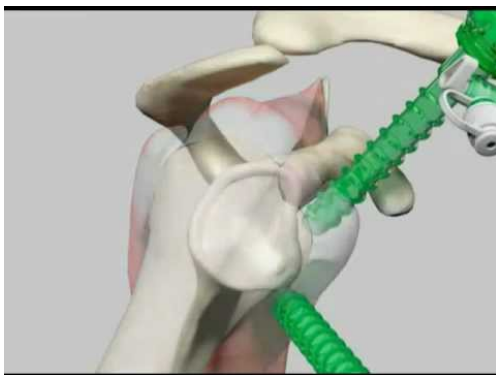
The purpose of the surgery is to make sure that the shoulder will stay stable in the shoulder socket and that you will not have to worry about it dislocating again. Most patients can go back to full activities following surgery after adequate rehabilitation after surgery.

#### **What are the surgical ways to treat a shoulder dislocation?**

The surgery to repair the ligaments of the shoulder can be done open or what is called arthroscopically. Twenty-five years ago, most patients were treated with open surgery. This prevented future dislocations but the surgery also tended to reduce the range of motion of the shoulder leaving patients with restrictions in how their shoulders move. Nowadays, most dislocating shoulders are treated with arthroscopic surgery.

#### **How is arthroscopic surgery done to treat a dislocated shoulder?**

Arthroscopic surgery is less invasive than open surgery as it is done with very small incisions less than two centimeters in size. Special instruments are used including an arthroscope which is like a telescope with a light at the end. This allows the surgeon to visualize inside the shoulder joint without having to make a big incision. Special anchors or screws are used which have stitches or sutures attached to them. These sutures are woven through the damaged ligaments to repair them back to where they belong.

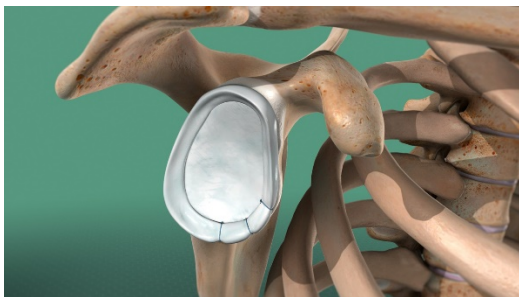
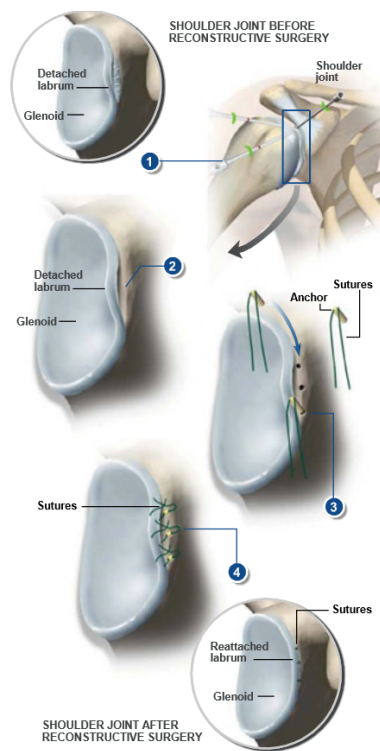
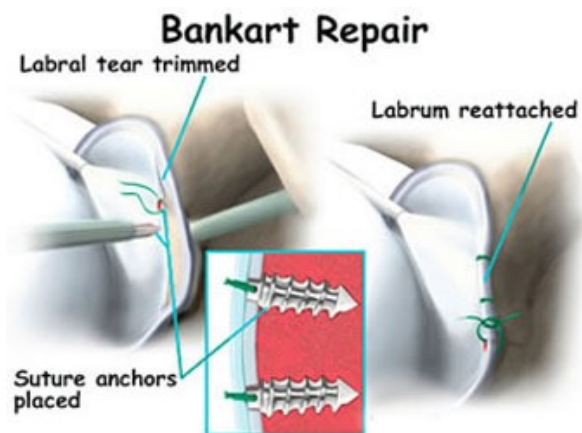




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#### Is open surgery ever recommended for a dislocating shoulder?

Yes. If you have had multiple dislocations of your shoulder and have also significant bone damage to the ball or socket, open surgery may be the best option for your shoulder. This type of surgery can give you a stable shoulder but there is an increased risk of loss of motion of the shoulder.

#### Is physical therapy necessary after shoulder surgery for a dislocating shoulder?

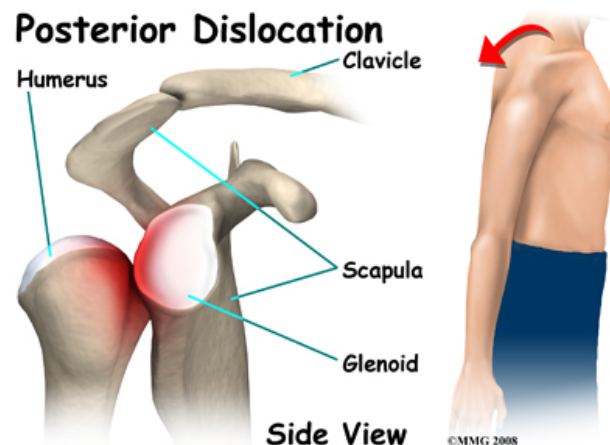
Yes, physical therapy to regain motion and then strength after surgery to repair the torn ligaments of a dislocating shoulder is recommended. Most patients will do formal physical therapy with a therapist twice per week for the first two to three months after surgery and then do a home program on their own after that.

#### What are the chances of the surgery being successful for my dislocating shoulder?

Arthroscopic shoulder surgery is very successful in repairing the ligaments and preventing future dislocations. It also means that most patients can return to an active lifestyle with a very small risk of future dislocations. However, it does not completely eliminate the risk of redislocation or retearing of the ligaments if you remain active.

#### Does the shoulder ever dislocate out the back or posteriorly?

Yes, the shoulder can also dislocate out the back and this is called a posterior dislocation. This is much less common but when it does occur, it is treated in a similar fashion as an anterior dislocation.



#### What else can tear in my shoulder after a shoulder dislocation?

As we get older, a shoulder dislocation does not tear the ligaments of the shoulder joint but rather there is a higher risk of the rotator cuff muscles and tendons to be torn. An MRI can make the diagnosis after a dislocation to determine whether the ligaments are torn or rather there is a rotator cuff tear.

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#### **What if I have any other questions?**

If you have any other questions, more information can be found on Dr. Stetson's website at [www.sportsmedicinedr.com](http://www.sportsmedicinedr.com) or just call Dr. Stetson's office, we are always happy to answer any questions you may have.

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