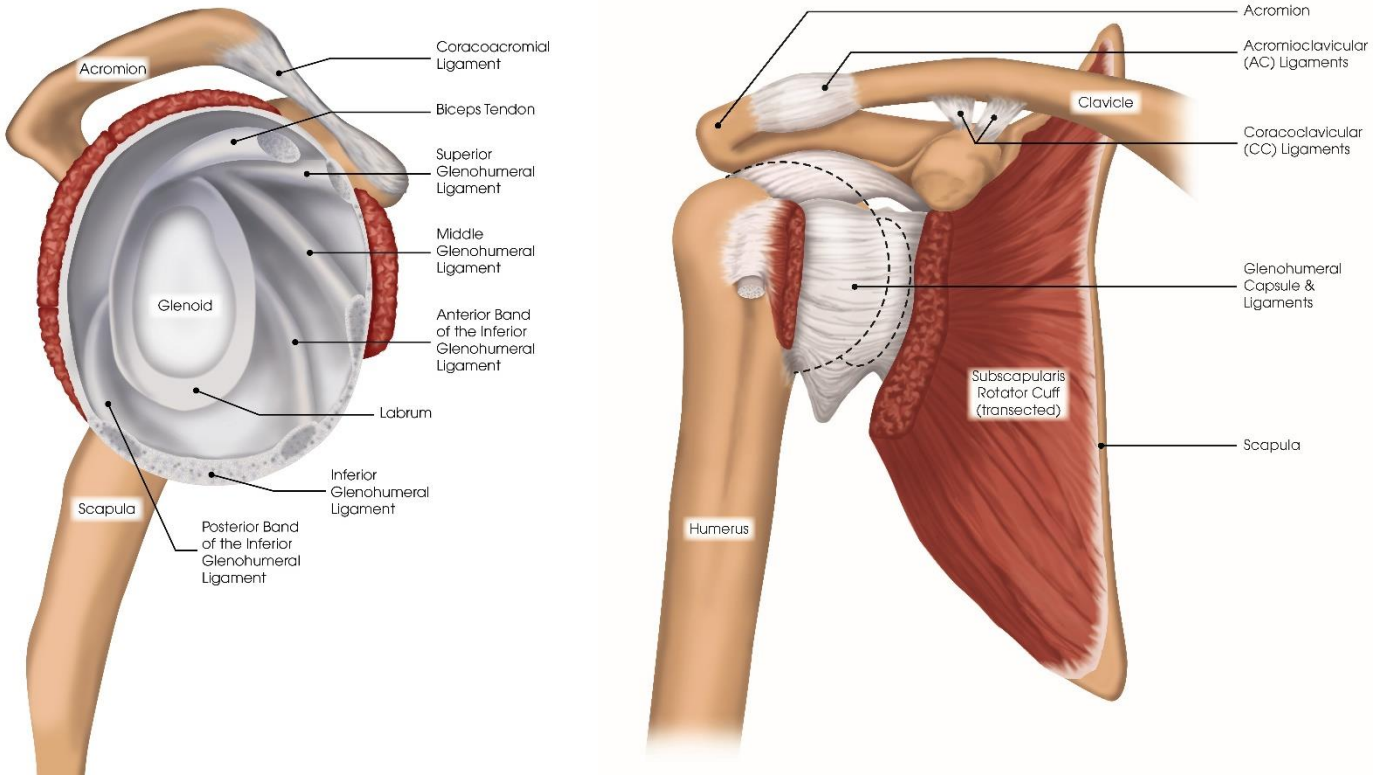
STEVEN CHUDIK MD
SHOULDER, KNEE & SPORTS MEDICINE

Multidirectional Shoulder Instability

Multidirectional shoulder instability typically occurs in patients (females more than males) with general ligamentous laxity (loose joints) participating in repetitive overhead shoulder activity such as throwing, hitting and swimming. It is generally believed that through injury or repetitive activity, these already lax ligaments undergo some further stretching that impairs the position-sensory function of the ligaments and the proper muscle recruitment to maintain shoulder joint stability with activity. The resulting decreased stability and increased motion of glenohumeral joint (shoulder joint) causes impingent of different structures in the shoulder and pain particularly with repetitive overhead activity. Gross instability such as dislocations are less common. With this type of multidirectional instability, the humerus may abnormally translate (move) and elevate to the glenoid.

Capsular and Ligamentous Anatomy of the shoulder



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Frequent Signs and Symptoms

- Pain in the shoulder with repetitive overhead activities, often without any significant injury.
- Pain when using the arm overhead or carrying heavy objects with the arm at the side
- Loss of shoulder function and pain when attempting to move the shoulder
- May affect both shoulders
- Feeling like your shoulder wants to slip out of place
- Tenderness and occasionally swelling
- Pain with moving the shoulder, especially when reaching overhead; pain with heavy lifting; pain that awakens you at night
- Loss of strength
- Numbness or paralysis in the upper arm and deltoid muscle from pinching, stretching, or pressure on the blood vessels or nerves
- Feeling and sound of crepitation ("crackling") when the injured area is touched or with shoulder motion

Etiology (Causes)

- Direct blow to the shoulder or backward force on an extended or outstretched arm or arm overhead (traumatic causes are not as common)
- Usually, microtraumatic or atraumatic onset
- Repetitive overhead motion such as associated with overhead hitting, throwing, or swimming
- Congenital abnormality (you are born with it), such as a shallow or malformed joint surface or a ligament disorder
- Some people can willfully produce a dislocation or sublux (partially shift) their shoulder.

Risk Factors

- Loose joints
- Female gender
- Sports that involve repetitive overhead activity, such as baseball, volleyball, swimming
- Previous shoulder dislocations or injuries
- Poor physical conditioning (strength and flexibility)
- Congenital abnormality (you are born with it), such as a shallow or malformed joint surface or a ligament disorder

Prevention

- Appropriately warm up and stretch before practice or competition.
- Maintain appropriate conditioning:
  - Shoulder strength
  - Flexibility and endurance
  - Cardiovascular fitness
- For participation in contact sports, wear protective shoulder pads.

Outcomes

With appropriate conservative treatment of physical therapy, many shoulders recover and resume activity. For those who fail to improve with conservative treatment, arthroscopic surgery can retighten the loose capsule and ligaments, restore functional stability and allow full return to activity for most patients.

Potential Complications

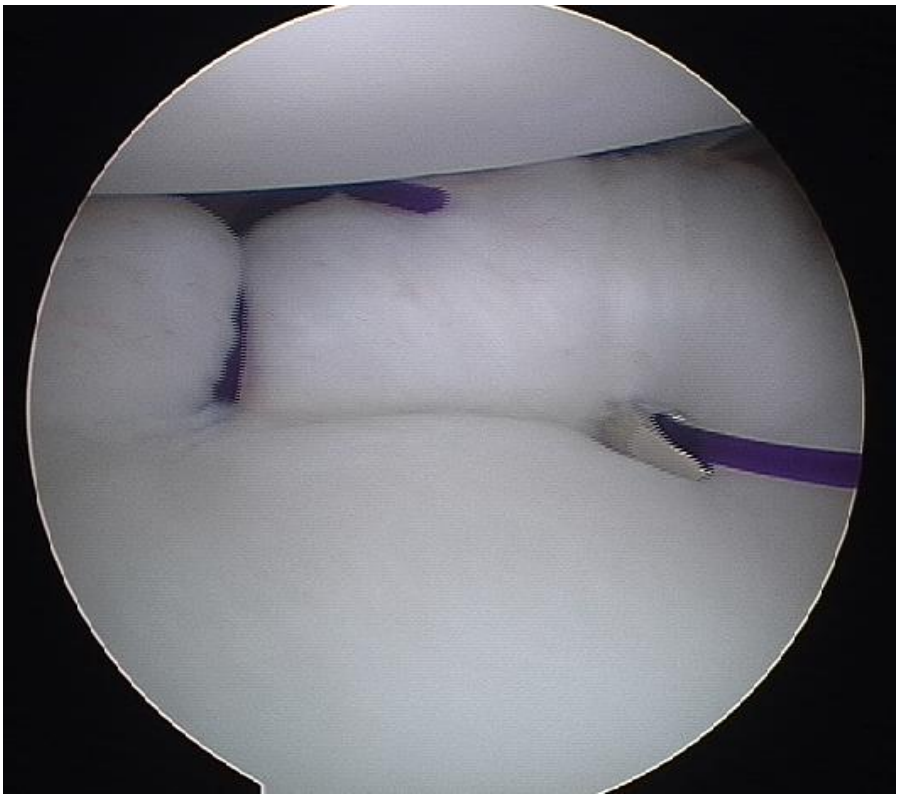
- Prolonged recovery, recurrent instability or stiffness and decreased shoulder range of motion following surgery.

Treatment Considerations

- Conservative treatment including rest from the aggravating activity and physical therapy to retrain the stabilizing function of the shoulder rotator cuff muscles can be successful; however, many patients continue to have symptoms and require an arthroscopic capsular plication. Arthroscopic pancapsular plication is an arthroscopic procedure to tighten the loose capsule and ligaments with sutures and restore stability to the shoulder. If arthroscopic surgery is performed, patients are immobilized in a sling for six weeks and require physical therapy for four to six months.

Possible Medications

- Nonsteroidal anti-inflammatory medications, such as aspirin and ibuprofen (do not take within 10 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.
- Strong pain relievers may be prescribed, as necessary. Use only as directed and only as much as you need.



Passing and tying absorbable (non-permanent) sutures to tighten capsule

Modalities (Cold Therapy)

Cold is used to relieve pain and reduce inflammation. Cold should be applied for 15-20 minutes every two to three hours for inflammation and pain and immediately after any activity that aggravates your symptoms. Use ice packs or an ice massage with a cloth between the ice and your skin to prevent burning /freezing your skin.

Notify My Office If Symptoms Worsen