



Southport and
Ormskirk Hospital
NHS Trust

PATIENT INFORMATION

SHOULDER INSTABILITY

**REHABILITATION
EXERCISE BOOKLET**

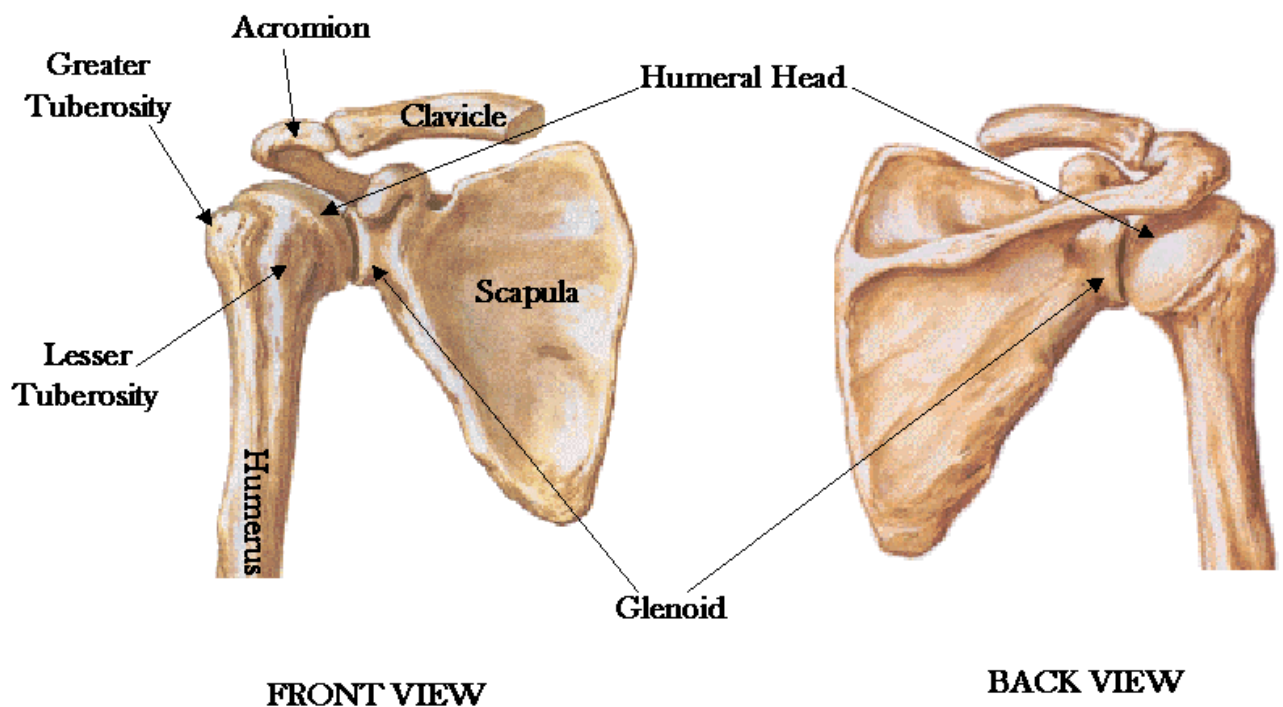
A resource for GPs and patients

INFORMATION

The aim of this booklet is to provide you with information about shoulder pain to help you with self-management.

THE SHOULDER

The shoulder is made up of the clavicle (collar bone), humerus (arm bone) and scapula (shoulder blade). It's main function is to allow the arm to move so that you can reach for things and pick them up. The shoulder joint is very mobile which means that it relies heavily on muscles for stability and support.



WHAT IS SHOULDER INSTABILITY?

The shoulder is the most flexible joint in your body. It helps you to lift your arm, to rotate it, and to reach up over your head. It is able to turn in many directions. With this greater range of motion, however, it can be vulnerable to instability.

The shoulder is a ball and socket joint. The socket is very shallow to allow for a large range of movement. The soft tissues (muscle, tendon and capsule) hold the ball on the socket through movement. Shoulder instability is used to refer to the inability to maintain the humeral head (ball) in the glenoid fossa (socket).

Shoulder instability occurs when the ball of the joint is forced out of the shoulder socket. This usually happens as a result of a sudden injury this is known as a traumatic instability but can happen without an injury if a person is unusually flexible. This is known as atraumatic instability.

Shoulder dislocations can be partial, with the ball of the upper arm coming just partially out of the socket. This is called a subluxation. A complete dislocation means the ball comes all the way out of the socket.

Sometimes it is not clear-cut as to whether it is purely a traumatic or an atraumatic instability problem. The two situations can overlap to some extent.

Once a shoulder has dislocated, it is vulnerable to repeat episodes. When the shoulder is loose and slips out of place repeatedly, it is called chronic or recurrent shoulder instability.

WHAT ARE THE SYMPTOMS OF SHOULDER INSTABILITY

Patients with shoulder instability often complain of an uncomfortable sensation that their shoulder may be about to shift out of place, this is what is known as "apprehension." The first signs and symptoms of instability can be shoulder pain or ache after, during or following certain activities. Patients will often report loss of power or weakness during movement (often overhead activities), as well as clicking, clunking or popping sensations. Commonly pain is caused by shoulder injury or repeated dislocations.

WHAT TESTS MAY BE DONE?

The main way we find out about chronic shoulder instability is through what you tell us and by examining your shoulder. However, sometimes an X-ray will be done along with an MRI scan will be ordered, to see if there is any damage to the rim of cartilage and bone.

WHAT ARE YOUR TREATMENT OPTIONS?

Treatment options are often dependent on the type of instability group you are in.

Traumatic instability- Surgery is often necessary to repair torn or stretched ligaments so that they are better able to hold the shoulder joint in place.

Atraumatic instability You will be probably sent for a course of physiotherapy. Surgery is not recommended unless an extended, appropriate course of physiotherapy has been given and has been unsuccessful. Surgery is not always a

helpful option and can make some people in this category worse.

Chronic shoulder instability is often first treated with nonsurgical options mainly through Physiotherapy. If these options do not relieve the pain and instability, surgery may be needed.

Nonsurgical Treatment

It often takes several months of nonsurgical treatment before you can tell how well it is working. Nonsurgical treatment typically includes:

Activity modification: You must make some changes in your lifestyle and avoid activities that aggravate your symptoms.

Physiotherapy: Strengthening shoulder muscles and working on shoulder control can increase stability. Your physiotherapist will design an exercise program for your shoulder.

Surgical Treatment

Surgery is often necessary to repair torn or stretched ligaments so that they are better able to hold the shoulder joint in place.

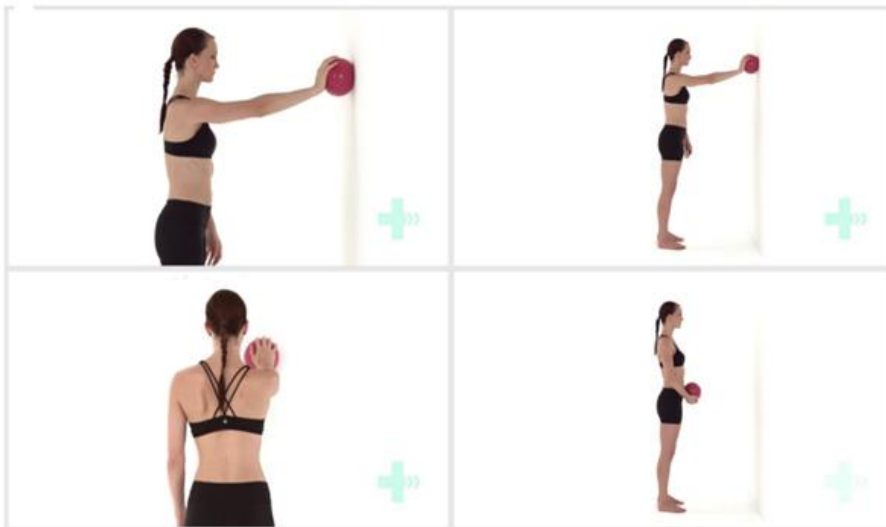
Arthroscopy (keyhole surgery). Soft tissues in the shoulder can be repaired using tiny instruments through small incisions. This is usually a same-day procedure. Arthroscopy is a minimally invasive surgery. We will look inside the shoulder with a tiny camera and perform the surgery with special small instruments.

Open Surgery: Some patients may need an open surgical procedure. This involves making a larger incision over the shoulder and performing the repair under direct visualisation. In more severe cases where there is significant bone loss in the ball and socket joint a bone graft procedure may need to be performed known as a Latarjet procedure

Psychological Support

Feeling stressed and worried with your pain is normal, but stress and tension can sometimes make your symptoms worse. The natural chemicals connected with tiredness, stress, anxiety or depression are very similar to the chemicals used to communicate danger or damage. These chemicals can increase your pain sensitivity. It is important to seek support with your mental and physical wellbeing so speak to a health professional if you need advice.

Exercise can help to recondition your tissues and reduce pain sensitivity.



Place a ball against a wall, holding it firmly with the palm of your affected arm.

Push through the heel of your hand into the ball, keeping your shoulder blade strong.

The purpose of this exercise is to improve the control at your shoulder blade, so you must facilitate this by pushing your hand firmly into the ball.



Kneel down with your hands under your shoulders and knees under your hips.

Lift your knees off the floor and straighten your legs so that you are in a press up position.

Maintain a straight line from the top of your head to your heels.

With your core strong and your arms straight, drive the heels of your hands into the floor so that your shoulder blades flatten firmly against your back.

Your back should not round as you do this.

Hold this position.

Relax your shoulder blades and then repeat, ensuring you keep your arms straight throughout.



Lie on your front with your arm to be exercised over the edge of the bed, holding a ball in your hand. Bend your elbow, lifting the arm up towards the ceiling. Keeping your elbow at 90 degrees, rotate the forearm up and down throwing and catching the ball against the floor. Repeat for 1 minute.

During your contact with us, it is important that you are happy with your care and treatment. Please speak to a member of staff and/or the ward/department Sister/Charge Nurse if you have questions or concerns.

MATRON

A Matron is also available during the hours of 9am to 5pm Monday to Friday. During these periods, ward/department staff can contact Matron to arrange to meet with you. Out of hours, a Senior Nurse can be contacted via the ward/department to deal with any concerns you may have.

INFECTION CONTROL REQUEST

Preventing infections is a crucial part of our patients' care. To ensure that our standards remain high our staff have regular infection prevention and control training and their practice is monitored in the workplace. We ask patients and visitors to assist us in preventing infections by cleaning their hands at regular intervals and informing staff of areas within the hospital that appear soiled.

As a patient there may be times that you are unsure whether a staff member has cleaned their hands; if in doubt please ask the staff member and they will be only too happy to put your mind at ease by cleaning their hands so that you can see them.

SPECIAL INSTRUCTIONS

ANY CONDITION SPECIFIC DANGER SIGNALS TO LOOK OUT FOR:

CONTACT INFORMATION IF YOU ARE WORRIED ABOUT YOUR CONDITION

- Your own GP
- Physiotherapy Dept, Ormskirk Hospital – 01695 656268
- Physiotherapy Dept, Southport hospital – 01704 704476

OTHER USEFUL TELEPHONE NUMBERS/CONTACTS:

NHS 111

Stop Smoking Helpline (Sefton) – 0300 100 1000

Stop Smoking Helpline (West Lancashire) – 0800 328 6297

**Please call 01704 704714 if you need
this leaflet in an alternative format**

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Please remember to complete the **attached** *Friends and Family Test*.

Alternatively, you can complete the *Friends and Family Test* on-line by going to: southportandormskirk.nhs.uk/FFT

Thank you

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