


Orthopaedic and Sports Injuries Services "OASIS"

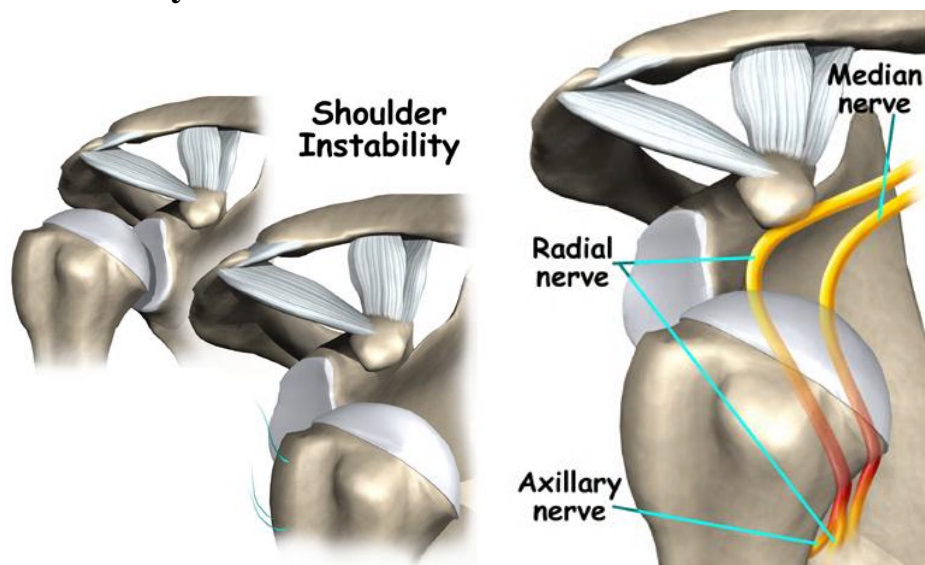
Munawar Shah FRCS, FRCS Tr & Orth

Consultant Trauma & Orthopaedic Surgeon

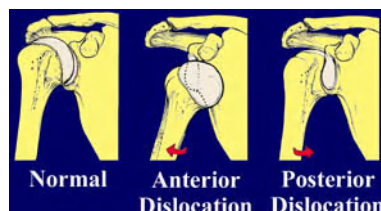
Little Aston Spire Hospital
 Little Aston Hall Dr
 Sutton Coldfield, B74 3UP
 01215807406
 01922656972
la.oasis@live.co.uk
<http://littleastonoasis.com>



Instability



A dislocation occurs when the shoulder ball and socket joint is twisted apart. Usually the head of the humerus dislocates forwards but it can dislocate in other directions.



A subluxation occurs if the head only partially slips out and then slips back in. Shoulder instability develops in two different ways: traumatic onset (related to a sudden injury) or atraumatic onset (not related to a sudden injury). Understanding the differences is essential in choosing the best course of treatment. As a rule, the patient with atraumatic onset instability has general laxity (looseness) in the joint that

eventually causes the shoulder to become unstable, whereas traumatic onset instability begins when an injury causes a shoulder to develop recurrent (repeated) dislocations. Atraumatic shoulder instability, also called multidirectional instability (MDI), is described as laxity of the shoulder's glenohumeral joint in multiple directions.

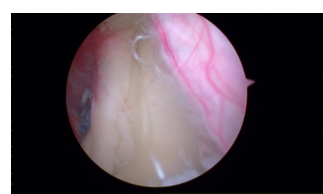
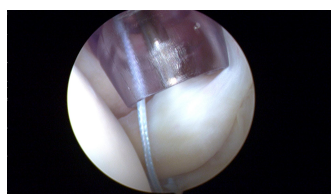
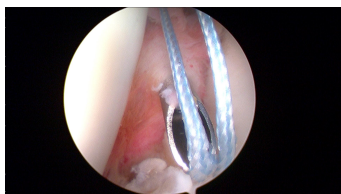


Traumatic dislocations occur in the fit and healthy more commonly and are anterior dislocations with disruption of the rim.

When the shoulder dislocates, it should be reduced as soon as possible. Considerable damage to the joint surfaces can occur while the head is out of place. With each further dislocation more damage can happen.



Once a patient has had a further dislocation they are highly likely to go on to get more instability. We at OASIS recommend that patients with recurrent dislocations have surgery to reattach torn ligaments and to repair bankart lesions.



The ligaments are repaired arthroscopically the arthroscope is a camera that can be placed in the shoulder joint to allow the surgeon to see the structures inside. While watching, the surgeon can place stitches in the torn ligaments and then reattach them back to the bone using mini-anchors inserted into the bone. In some patients, the ligaments are too badly damaged for arthroscopic repair and then an open repair using conventional surgical techniques is recommended where bone blocks are used (Laterjet Procedure). The benefits of arthroscopy include reduced scarring; little pain; early discharge; better range of movement and reduced risk of infection. Whether surgery is open or arthroscopic the patient is kept in a sling for 2 to 3 weeks as per the surgeons instructions. Elbow, wrist and hand exercises are started immediately to prevent secondary stiffness.

Gentle range of movement exercises are started from 3 weeks. At six weeks, active movement against resistance is started. More athletic activities can restart after 3 months.

**If you are interested in making an appointment to discuss a treatment,
Please call us on telephone 01215807406**

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