

Anterior Shoulder Instability

Nicholas G. Weiss, MD • St. Croix Orthopaedics, P.A.

Shoulder instability, a condition where the ball of the shoulder slips out of the socket, can be a debilitating problem for athletes and non-athletes alike. This article will introduce the important concepts necessary to understand shoulder instability and its treatment.

The shoulder is a ball and socket joint with anatomy that allows a wide range of motion. This anatomy, however, can lead to instability of the shoulder when injured. Instability is classified by the direction in which the ball slips out of the socket. Posterior instability occurs when the ball slips towards the back of the shoulder. Multidirectional instability occurs when the ball glides in multiple directions. Both multidirectional instability and posterior instability respond well to physical therapy and rarely require surgery. Anterior instability happens when the ball slips out the front of the shoulder socket.

Anterior shoulder instability usually occurs as a result of injury, either chronic overuse and stretch of the ligaments or, more commonly, an acute injury where the ball is forced out of the socket. The risk of repeated episodes of instability is higher in patients who are younger at the time of their first shoulder dislocation, particularly those involved in contact sports. In patients 30 years of age or older, rotator cuff tears are more of a concern than recurrent instability. Initial treatment typically is conservative, working with a physical therapist to regain motion and enhance strength of the muscles around the shoulder to assist with stability. Depending on the position or sport, athletes in season can return to play once adequate motion and strength are achieved, often with a special shoulder brace to keep the shoulder out of unstable positions.

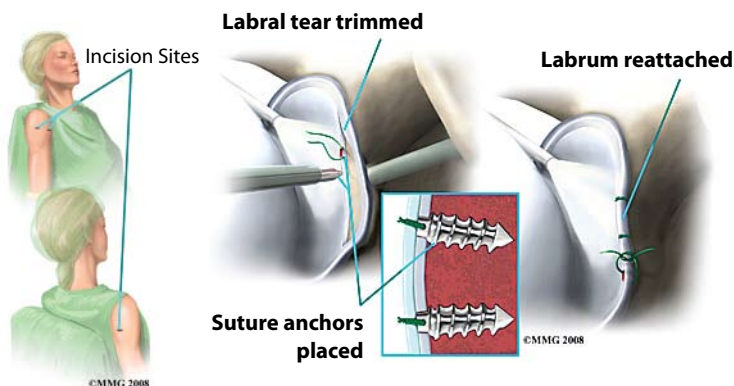
If recurrent anterior dislocations occur or the shoulder

continues to feel unstable, surgery can successfully restore stability and function. With anterior instability, the soft tissue bumper that deepens the socket (called the “labrum”) has torn off the front portion of the bony socket allowing the ball to slip out the front. This torn labrum is called the “Bankart lesion.” A “Bankart repair” restores stability by reattaching this labrum, restoring the physical bumper and tightening the torn tissue in the front of the shoulder. With advances in arthroscopy, this surgery is performed through three small puncture wounds with great success. At times, bony injuries to the socket, the ball or both may require an open surgical approach to address these issues in addition to the labrum repair. After surgery, patients are kept in a protective sling for 6 weeks and guided through a progression of exercises and activities by their physical therapist and surgeon. Return to sports is typically allowed at 6 months. Throwers may take a bit longer to regain their pre-injury form. With current techniques, arthroscopic Bankart repair is successful in restoring stability to the shoulder in greater than 95% of cases.

Anterior shoulder instability can be a debilitating problem. Fortunately, many patients respond well to physical therapy to restore functional stability. Those patients that experience recurrent instability symptoms despite non-operative measures can expect good results with an arthroscopic stabilization procedure. □

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Bankart Lesion



Nicholas G. Weiss, MD, joined St. Croix Orthopaedics in 2003. He attended the University of St. Thomas in St. Paul and graduated from the Medical College of Wisconsin in 1997. After completing his orthopaedic surgery residency at the Mayo Clinic, he received fellowship training in sports medicine and arthroscopy at the University of Wisconsin Medical School. Dr. Weiss is board certified in orthopaedic surgery and is a member of the American Academy of Orthopaedic Surgeons.