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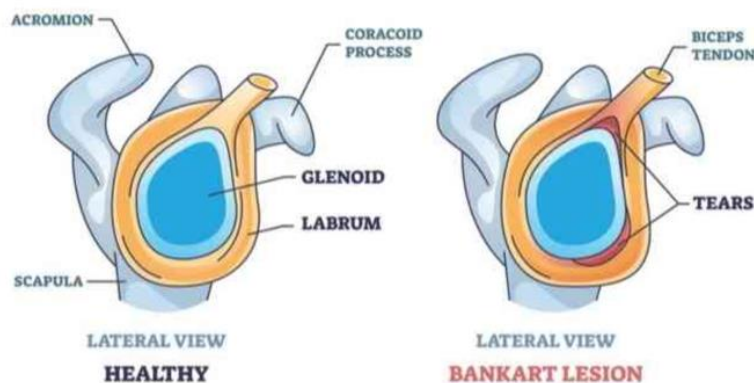
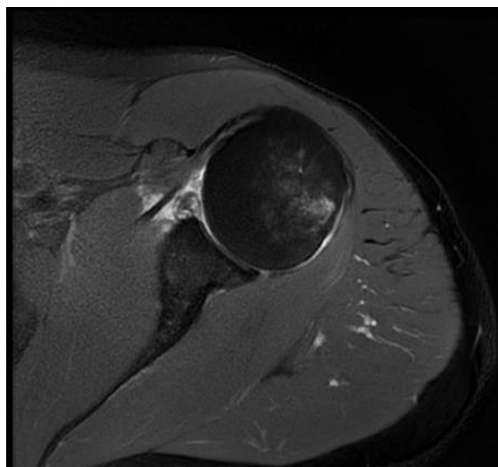
Personal • Precise • Proven • Shoulder to Finger

RECURRENT DISLOCATION / SHOULDER INSTABILITY

This leaflet provides general information to help you understand shoulder instability and the available treatment options.

Not everyone with shoulder instability needs surgery.

At the heart of my practice is **Shared Decision-Making**. Whether we pursue conservative management (Plan A) or surgical intervention (Plan B), the goal is to create a tailored treatment plan that aligns with your lifestyle, values, and functional goals.



This leaflet provides general information and does not replace individual medical advice.

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The Anatomy of the Shoulder Joint

The shoulder is one of the most complex joints in the body, relying on several structures working together:

How the Shoulder Works

Three main bones form the joint:

- Humerus (upper arm bone)
- Clavicle (collarbone)
- Scapula (shoulder blade)



The Labrum (Stabilising Ring)

A rim of rubbery tissue that deepens the shallow shoulder socket — like a "bumper" or suction cup that keeps the joint stable and prevents dislocation.

The Rotator Cuff

Four deep muscles keep the ball centred in the socket and let you lift and rotate your arm:

- Supraspinatus
- Infraspinatus
- Subscapularis
- Teres Minor

The Four Key Joints

- Glenohumeral Joint – the main ball-and-socket joint
- Acromioclavicular (AC) Joint – collarbone meets shoulder blade
- Subacromial Space – tunnel above the rotator cuff
- Scapulothoracic Joint – shoulder blade glides over rib cage

The "Cushioning" (Articular Cartilage)

A smooth, slippery coating on the ball and socket surfaces that lets the bones glide over each other without friction, for pain-free movement.

What Is Shoulder Instability?

After a dislocation, the soft tissues that normally stabilise the joint — including the labrum — can be stretched or torn and may not heal fully. This can leave the shoulder feeling unstable, and in some people it may dislocate again with minimal force.

Who Is at Risk?

Instability is more common in:

- Younger patients – especially under 20
- Men / Boys
- Contact and overhead sports
- Naturally flexible (hypermobile) joints

What Causes It?

After a shoulder dislocation:

- The stabilising tissues stretch or tear
- The labrum can be pulled off the socket
- Healing may be incomplete
- Recurrence risk is highest in the young

Symptoms and Examination

Symptoms

- Repeated dislocations or partial slips (subluxations)
- A feeling the shoulder may "give way"
- Reduced confidence using the arm overhead

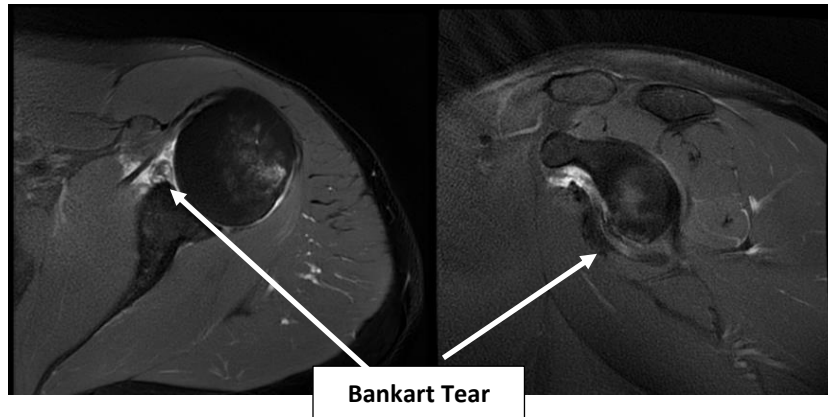
Diagnosis

- X-rays to check for bone injury
- MRI arthrogram for soft tissues; CT for bone loss

Examination

- Apprehension and stability tests
- Range of movement and strength
- Generalised joint laxity assessed

Example MRI images assessing the shoulder:



Treatment Options: A Shared Decision

I will discuss all available treatment options with you, explaining the benefits and risks of each. Your preferences, values, and lifestyle will be considered as we work together to create a treatment plan best suited to your needs — **this shared decision-making process ensures you are fully informed and involved in your care.**

Treatment Depends On

- Number of dislocations
- Your age and sport
- Bone loss and soft-tissue damage
- Response to rehabilitation

Good News

Many shoulders regain stability with rehabilitation alone — surgery is reserved for shoulders that keep dislocating or giving way.

Plan A — Non-Surgical

After a first dislocation

Sling: a short period of rest

Pain Control: regular painkillers or prescribed pain relief

Physiotherapy: restore movement, strength and control

Return: graded return to activity and sport

Plan B — Surgical

Considered when...

Recurrence: the shoulder keeps dislocating or feels unstable

Function: symptoms affect daily activities or sport

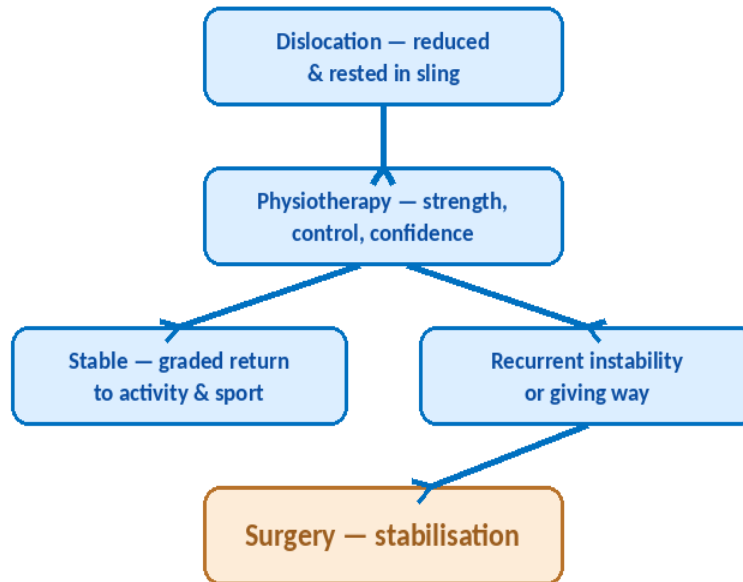
Rehab: non-surgical treatment has not been successful

Approach: keyhole or open stabilisation

Details: explained fully in a separate leaflet

The Procedure: stabilisation surgery **repairs or reinforces the damaged stabilising tissues**, by keyhole or open technique depending on the **damage and any bone loss**. A separate leaflet will be provided for the surgery.

Management Pathway



Red Flags — When to Seek Urgent Help

A dislocated shoulder that has not been put back in place, or numbness, tingling or a cold hand after a dislocation — attend emergency care immediately.

If you experience any of the above, contact the practice, your GP, NHS 111, or attend your nearest Emergency Department.

Important Things to Remember

- Not every unstable shoulder needs surgery
- Recurrence risk is highest in young, active patients
- Rehabilitation is the foundation of treatment
- Treatment decisions are individual

Questions You May Wish to Ask

- What treatments should I try first?
- How long should I try them for?
- What improvement can I expect?
- What happens if I don't have surgery?

Book or Enquire Directly at Each Site

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