

# ROBERT PETTIT, MD

*Restoring Function. Maximizing Performance.*

ORTHOPAEDIC SPORTS MEDICINE · BEACON ORTHOPAEDICS & SPORTS MEDICINE

CINCINNATI, OH · FORT THOMAS, KY

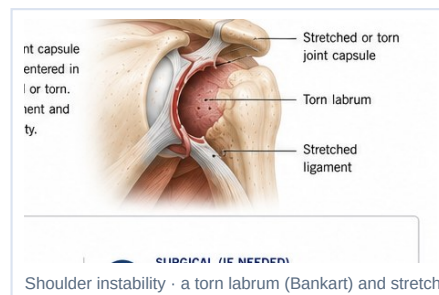
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FELLOWSHIP-TRAINED · BOARD CERTIFIED (ABOS) · MAKO ROBOTICS CERTIFIED · CINCINNATI REDS TEAM PHYSICIAN

## SHOULDER CONDITION

# Shoulder Instability

*Recurrent Shoulder Dislocation / Subluxation — Patient Condition Guide*



## OVERVIEW

Shoulder instability occurs when the ball of the shoulder joint slips partially (subluxation) or fully (dislocation) out of the socket. It is common in contact athletes and swimmers, and often begins with a traumatic first dislocation that damages the labrum and ligaments.

## ANATOMY

Shoulder stability depends on the labrum (a cartilage rim that deepens the socket), the surrounding capsule and ligaments, and the rotator cuff muscles. Injury to any of these structures — most often the labrum — increases the risk of repeat dislocation.

## SYMPTOMS

- A sensation the shoulder is "loose" or about to slip out
- Pain and apprehension with the arm in certain positions, especially overhead and rotated
- Weakness or a dead-arm feeling after an episode
- Recurrent dislocation or subluxation episodes

## DIAGNOSIS

Exam includes apprehension and relocation testing to reproduce the sense of instability. MRI (often with contrast) evaluates the labrum, ligaments, and any bone loss on the socket or humeral head, which affects treatment choice.

## TREATMENT OPTIONS

A first-time dislocation in an older, lower-demand patient may be treated with bracing and physical therapy. Younger athletes, recurrent dislocators, or patients with significant bone loss are typically treated surgically — most often arthroscopic labral repair, or a Latarjet procedure when bone loss is substantial.

## RECOVERY TIMELINE

- Weeks 0–6: sling immobilization with limited passive motion
- Weeks 6–12: progressive active motion
- Months 3–5: strengthening
- Months 5–6+: return to contact and overhead sport

## FAQS

### Q Will my shoulder dislocate again?

Recurrence risk is higher in younger, more active patients after a first dislocation, which is why surgery is often discussed earlier in this group.

### Q What's the difference between labral repair and Latarjet?

Labral repair reattaches the torn cartilage rim; Latarjet adds bone and soft tissue to the socket for patients with significant bone loss and higher-risk instability.



#### SCAN FOR THE LATEST VERSION ONLINE

[robertpettitmd.com/handouts/shoulder-instability.pdf](https://robertpettitmd.com/handouts/shoulder-instability.pdf)

*This handout is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.*

## HOME EXERCISE PROGRAM

## Shoulder Instability: Exercises &amp; Strengthening

*Stability comes from the rotator cuff and shoulder-blade muscles. Build strength progressively — slow lowering phases train the control that protects the joint.*

**Why eccentric strengthening?** Tendons heal and get stronger when they are loaded slowly while lengthening — the “eccentric” (lowering) phase of an exercise. Take 3–4 seconds on every lowering movement. A mild ache (up to 3–4/10) during eccentric work is acceptable and even expected; sharp pain, or pain that worsens into the next day, means reduce the load. Tendon programs work over 6–12 weeks of consistency — stick with it.

*Stop and call the office at (513) 354-3700 if any exercise causes sharp pain, swelling, numbness, or symptoms that worsen into the next day. This general program does not replace an individualized plan from Dr. Pettit or your physical therapist.*

**Isometric External Rotation**

**5-second pushes × 10, daily**

Elbow at your side bent 90°, press the back of the wrist into a wall or door frame without moving. Build tension gradually.

**Band External Rotation** **ECCENTRIC**

**3 sets of 10–15, every other day**

Elbow bent 90° and tucked at your side, rotate the forearm outward against the band, then return slowly — take 3–4 seconds on the way back (the eccentric phase).

**Band Rows**

**3 sets of 10–15, every other day**

Pull the band toward your waist, squeezing the shoulder blades together, then release slowly with control.

**Scapular Squeezes**

**10-second holds × 10, 3 times daily**

Sit or stand tall and squeeze the shoulder blades together and slightly down, as if pinching a pencil between them. Do not shrug.



## Wall Push-Plus

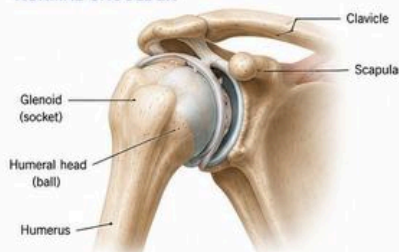
**2 sets of 12, every other day**

Push-up position against the wall: at the top, push the shoulder blades apart, reaching the wall away from you.

## SHOULDER INSTABILITY

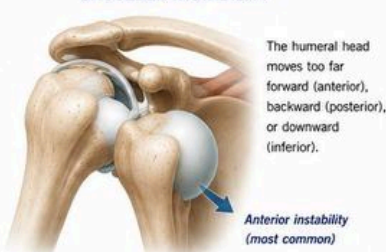
Shoulder instability occurs when the ball (humeral head) does not stay securely centered in the socket (glenoid). This can cause the shoulder to slip out (dislocate) partially or completely and may lead to pain, weakness, and recurrence.

### NORMAL SHOULDER



The humeral head is centered in the glenoid and held in place by strong ligaments, labrum, and the joint capsule.

### SHOULDER INSTABILITY



The ligaments or labrum are stretched or torn, allowing the ball to move out of its normal position.

### DIRECTIONS OF INSTABILITY



### RISK FACTORS



### IMAGING EXAMPLE

MRI arthrogram of anterior instability



The MRI shows a tear of the anterior-inferior labrum (Bankart lesion), which is common with anterior instability.

### COMMON CAUSES

- Trauma or a direct blow
- Fall on an outstretched arm
- Overuse in sports (throwing, contact sports, weightlifting)
- Loose or stretched ligaments
- Previous dislocation

### COMMON SYMPTOMS

- Pain in the shoulder
- Feeling of the shoulder slipping or giving way
- Recurrent dislocations
- Weakness
- Clicking or popping
- Decreased range of motion



### WHAT HAPPENS

The labrum, ligaments, or joint capsule that normally keep the ball centered in the socket become stretched or torn. This allows too much movement and can lead to repeated instability.



### TREATMENT OPTIONS



#### NON-SURGICAL

- Rest and activity modification
- Physical therapy (strengthening and stabilization)
- Anti-inflammatory medications
- Bracing (in some cases)



#### SURGICAL (IF NEEDED)

- Arthroscopic stabilization (labral repair)
- Capsulorrhaphy (tightening of the capsule)
- Remplissage or Latarjet procedure in selected cases
- Surgery is often recommended for recurrent instability, athletes, or failed non-surgical care

**i** Early diagnosis and proper treatment are important to prevent recurrent dislocations and long-term damage to the shoulder joint.

For patient education; your anatomy may differ.