

Glenohumeral Joint Instability

Trauma occurring to the shoulder tends to be quite common. Injuries can range from a separated shoulder from falling onto the shoulder to that of a high-speed car accident where the shoulder blade (scapula) or the collarbone (clavicle) become fractured. One thing that you need to remember, at one point in time or another, most people will sustain some form of an injury to their shoulder.

As a result of trauma, the shoulder joint can become lax or unstable. This typically occurs in cases of ligament injury or after dislocation. It can also occur in people who are hypermobile (i.e. the joints tend to move more than they should).

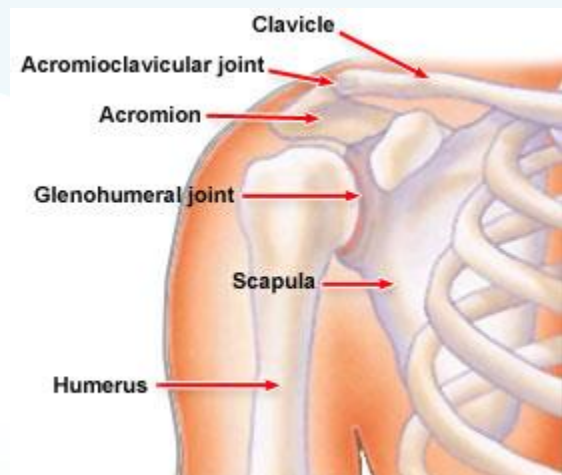
If a trauma has not occurred, then shoulder instability is usually a result of hypermobility. If people have naturally stretchy ligaments, it is possible the shoulder is not held in the socket as tightly as it should and this laxity in the ligaments might cause joint instability.

Glenohumeral Joint Instability Anatomy

Three bones make up the shoulder: the collarbone (clavicle), arm bone (humerus) and the shoulder blade (scapula). These bones are all held together by soft tissues, such as tendons, ligaments, joint capsules and muscles, to form a solid platform for the arm to be able to work.

Three joints make up the shoulder: the glenohumeral joint, sternoclavicular joint and the acromioclavicular joint. Shoulders also have a single articulation, which is the main relationship between the chest wall and the shoulder blade.

The main component of the shoulder is that of the glenohumeral joint. It is composed of a ball on a golf-tee-shaped joint. The bones in the shoulder are covered with multiple layers of soft tissue. The top layer, known as the deltoid muscle, is just beneath the skin's surface, which provides the shoulder with a rounded appearance. The deltoid muscle works to bring the arm over the head. Directly beneath the deltoid is a bursa, which is a fluid-filled sack.



How to Treat Glenohumeral Joint Instability:

1. Reduce the Dislocation

If the ball has slipped out of the socket, the first thing done is that of reducing the dislocation in the area. It has to be put back into its socket to allow it time to heal properly. To do this procedure, you have to be in the emergency room unless it has happened several times and you know how to relocate your own shoulder.

2. Pain Medication

Patients are often given a pain medication, such as through that of an IV. The medication can provide you with the time you need to rest, as well as the pain relief.

3. Therapy

Strengthening exercises and mobilization to the shoulder is very important at improving any restriction into one or more ranges, then stabilizing the joint. Once the joint is stable, strengthening can begin.



4. Surgery

Additional treatments later on down the line are based on the age of the patient, whether there are persistent problems occurring with the shoulder not being in the proper place. For those who are at least 25 years of age or younger, surgery is often required to correct the problem. Persistent instability in the joint often requires surgery to correct the problem. Surgery will work to repair any torn soft tissues.

Tips:

- Dislocations to this area are often attributed to that of a collision, fall or direct blow to the area.
- Forcefully bending or twisting the arm can cause it to become dislocated and unstable.
- Seizures and electric shocks can often cause posterior dislocations.
- Avoid lifting any heavy objects as this can place undue strain on the joints and ligaments.
- Scapula fractures tend to be attributed with an injury of some sort to the chest.
- Once you have dislocated your shoulder, you may be left with instability, which leaves the shoulder prone to dislocating again.
- Poor posture can also cause anterior instability, where the upper arm (humerus) wants to drop forwards. Correcting posture by stabilizing the posterior shoulder and spinal muscles can correct this problem.