

Recurring shoulder instability injuries likely among young athletes playing contact sports

August 1 2012

Summer is a peak season for many sports, and with that comes sport-related injuries. Among those injuries is shoulder joint dislocation. According to a literature review in the August 2012 issue of the *Journal of the American Academy of Orthopaedic Surgeons*, most incidences of shoulder joint instability are the result of traumatic contact injuries like force or falling on an outstretched arm; a direct blow to the shoulder area; forceful throwing, lifting or hitting; or contact with another player.

By the Numbers

- In 45 percent of shoulder joint instability injuries, young athletes lost more than 10 days from sport.
- Young male athletes are at greatest risk of shoulder joint instability injuries and recurrences.
- In one study, the rate of athletes reinjuring their shoulder was higher in patients younger than 23 years of age (72 percent) than patients older than 30 years of age (27 percent).
- Young athletes between the ages of 15 to 20 years of age who were treated nonsurgically had an injury recurrence rate of 87 percent.
- Arthritis of the shoulder occurred in up to 40 percent of athletes with recurring shoulder instability injuries.

In [young athletes](#), traumatic anterior (front) [shoulder dislocation](#) injuries have shown high incidences of the sudden tearing of the labrum (the

tissue rim surrounding the shoulder socket) and [ligaments](#) from the bone of the socket. Symptoms of shoulder joint dislocation include: pain, often severe; instability and weakness in the shoulder area; inability to move the shoulder; swelling; bruising; abnormal contouring of the shoulder; and [numbness](#) and tingling around the shoulder or in the arm or fingers.

Nonsurgical Management

- Nonsurgical management consists of brief shoulder [immobilization](#) and early rehabilitation, with return to sport only when the athlete achieves full pain-free motion.
- Motion-restricting braces or sleeves that prevent extreme overhead motion may be helpful in preventing recurring injuries among non-throwing athletes, but can potentially limit function and level of play.
- Although rehabilitation may help some athletes return to sport within three weeks after an initial injury, there is a greater risk of shoulder joint instability recurring with early return to sport.

Surgical Management

- Recurrent shoulder joint instability or an inability to safely perform sport-specific drills despite rehabilitation, activity modification, or bracing are indications that surgical management options need to be considered.
- Early surgical stabilization removes the athlete from the competitive season and provides definitive management of [shoulder joint](#) instability, typically with unrestricted return to sport in six to nine months.
- Athletes with bone loss, recurrent instability, an instability event that occurs at the end of the season, or an inability to perform

sport-specific drills are candidates for surgical stabilization.

How to Minimize the Chances of Shoulder Dislocation

- Strength – The shoulder relies on strong tendons and muscles to keep it stable. Keeping these muscles strong can relieve shoulder pain and prevent further injury.
- Flexibility – Stretching the shoulder muscles is important for restoring range of motion and preventing injury. Gently stretching after strengthening exercises can help reduce muscle soreness and keep muscles long and flexible.

Team physicians and orthopaedic surgeons must be aware of the causes of the condition and its natural history, and should take different factors into consideration when treating an athlete with a shoulder injury that occurs.

As with all return-to-competition decisions, a team approach that includes the athlete, his or her parents/family, athletic training staff, the team physician, and coaching staff is recommended. Despite the different opinions and expertise of team members, the goal should always be in the best interest of the [athlete](#) and to achieve a stable shoulder with return of full range of motion and strength. If surgical management is preferred, successful preoperative rehabilitation also is essential to successful postoperative surgical outcomes.

Read about how Katharine Glaudemans and Marilyn Luehrmann overcame their [shoulder instability](#) injuries on www.anationinmotion.org. Glaudemans struggled with shoulder dislocations since childhood and Luehrman was traumatically injured, dislocating the head of her humerus bone from her [shoulder](#) socket, during a fall while exercising.

Patient interview opportunities are available.

Provided by American Academy of Orthopaedic Surgeons

Citation: Recurring shoulder instability injuries likely among young athletes playing contact sports (2012, August 1) retrieved 25 April 2024 from

<https://medicalxpress.com/news/2012-08-recurring-shoulder-instability-injuries-young.html>

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