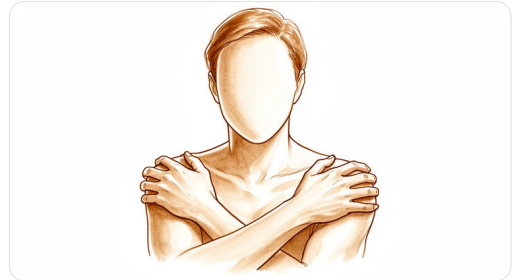


Shoulder Clicking, Popping and Instability



Clicking, popping or a sense of the shoulder slipping can signal instability worth assessing.

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What you're feeling

You may notice clicking, popping, or a sense of instability in your shoulder. These sensations often accompany recurrent anterior shoulder dislocation, where the ball slips out of the socket at the front. In some cases, this is accompanied by a specific ligament tear called a posterior humeral avulsion of the glenohumeral ligament (PHAGL) lesion. This type of injury occurs in approximately 6.2% of these cases. You might feel a sudden shift or catch when moving your arm, particularly during overhead activities or when reaching behind your back.

Pain and discomfort can also stem from posterior shoulder dislocation, where the ball slips backward. This is less common and can be difficult to diagnose correctly. You might experience pain in the back of the shoulder, especially after trauma or specific movements. In rare instances, this dislocation happens alongside a fracture of the back part of the shoulder blade (posterior acromion fracture). If you have had dislocations on both sides, you may have reverse Hill-Sachs lesions, which are indentations on the ball of the joint. These cases are uncommon and require careful attention to ensure you get the right treatment for a good recovery.

Daily tasks may become challenging. Reaching for items on high shelves, tucking in a shirt, or fastening a bra behind your back can trigger pain or instability. You might find it difficult to sleep on the affected side, leading to disrupted rest. After activity, the shoulder may feel sore or weak. If you have multidirectional instability, where the shoulder moves too much in several directions, you might feel a general looseness rather than a specific pop. Your doctor will evaluate these symptoms to determine the best path forward, whether that involves nonoperative management or surgery. For initial posterior instability events, many team physicians prefer nonoperative care during the season to help you return to function safely.

What's actually happening

Your shoulder is a ball-and-socket joint. The ball sits in a shallow socket lined with a soft tissue rim called the labrum. This labrum acts like a gasket, helping to keep the joint stable. The joint capsule is a sleeve of tissue that

wraps around the shoulder to hold everything in place. When you experience clicking or popping, it often means these stabilizing structures are not working as they should.

In many cases, the labrum tears or stretches. This can happen after a dislocation or from wear and tear. If the labrum is damaged, the ball may slip out of place more easily. This creates a feeling of instability or looseness. You might hear a click when the shoulder moves because the tissues are shifting over the bone in an abnormal way.

Sometimes, the bone itself changes shape. A dent in the ball of the shoulder, known as a Hill-Sachs lesion, can occur when the shoulder dislocates. If this dent is large, it can catch on the edge of the socket, causing the shoulder to pop out again. This is why your doctor looks closely at your X-rays and MRI scans. They are checking for these bony changes to understand why your shoulder feels unstable.

In some people, the joint capsule is naturally loose. This can be linked to conditions like Ehlers-Danlos syndrome, where the connective tissues are more stretchy. In these cases, the shoulder can move in multiple directions beyond the normal range. This multidirectional instability often causes clicking and a sense that the shoulder might slip out.

Your doctor relies on a thorough physical exam to determine what is going on. The exam helps identify which tissues are loose or torn. Imaging results support this, but the physical findings are key. Understanding the specific cause of your instability helps your doctor choose the right treatment. Whether it is a torn labrum, a bony defect, or loose ligaments, identifying the root cause is the first step toward fixing the problem and stopping the clicking.

What we can do about it

Start with self-care and physical therapy. For first-time posterior instability events, team physicians strongly favor nonoperative management during the season. This approach lets you stay active while your shoulder heals. Your doctor may recommend kinesio taping as an extra support measure. This taping helps stabilize the joint during your rehabilitation exercises. It is especially useful if you have had recurrent dislocations before.

Give this conservative plan enough time to work. Most initial episodes improve with rest, ice, and guided movement. Your physiotherapist will focus on strengthening the muscles around your shoulder blade and arm. These muscles act as natural stabilizers for your joint. Consistent exercise helps reduce the feeling of looseness or clicking. If you are in pain, over-the-counter anti-inflammatories can help manage swelling and discomfort. These medications do not fix the underlying structural issue, but they make daily life more comfortable while you heal.

If symptoms persist or worsen, it is time to seek specialist input. A thorough clinical exam is the most important factor in deciding if surgery is needed. Your doctor will look for signs of bone loss or specific injury patterns, such as Hill-Sachs lesions. These are small dents in the bone that can cause the shoulder to slip out again. If nonoperative care fails to control your instability, your doctor may discuss surgical options. Procedures like arthroscopic Bankart repair or open capsular shift can restore stability. In cases with significant bone loss, bone grafts may be used to rebuild the joint surface. For severe, end-stage instability, joint replacement or fusion are viable options to relieve pain and restore function. Your doctor will tailor the plan to your specific anatomy and

activity level. Early recognition of complex issues, such as bilateral dislocations or rare ligament tears, leads to better outcomes. Do not ignore persistent instability. Proper assessment ensures you get the right treatment for your long-term shoulder health.

What to expect

Your shoulder's stability depends on a careful assessment of your specific injury. A thorough clinical exam is the most important factor in deciding whether you need surgery. Imaging results like MRIs are less critical than your physical examination. Your doctor will look for bone loss or specific lesion types to guide your treatment plan.

If you have an initial posterior instability event, especially if you are an athlete in season, nonoperative management is strongly favored. This approach often allows you to return to activity without immediate surgery. For recurrent dislocations, conservative measures like kinesio taping can support your rehabilitation. These tools help stabilize the joint while your tissues heal.

Surgery becomes necessary when the shoulder remains unstable or when significant bone loss is present. Outcomes vary based on the type of instability. For anterior instability, isolated repairs may have high recurrence rates if specific bone lesions are present. In these cases, additional bone augmentation or different surgical techniques may be required to ensure long-term stability. For posterior instability, procedures using local bone blocks often provide good stabilization, particularly in traumatic cases without prior surgery.

Recovery is a gradual process. You can expect your shoulder to feel stiff and weak initially. Over weeks to months, physical therapy will help restore strength and range of motion. Return-to-play rates are generally similar between open and arthroscopic approaches for contact athletes. However, some patients may experience persistent symptoms or dissatisfaction. Age, the type of labral lesion, and the location of the injury are key factors in predicting recurrence over the long term.

In severe, end-stage cases where the joint is extensively damaged, options like total shoulder replacement or joint fusion may be considered. These are viable paths to relieve pain and restore function when other treatments fail. Your doctor will tailor the plan to your anatomy and goals. Honest communication about your expectations helps ensure a successful outcome.

When to see someone

Ask for a specialist review if you experience persistent pain that does not improve with rest. Seek care if you notice weakness, a feeling of instability, or if your shoulder locks or gives way. Symptoms that interfere with your sleep or work also warrant attention. See your GP if you have a sudden worsening of these issues. Your doctor will perform a thorough clinical exam to determine the best path forward. This exam is the most important factor in deciding if surgery is needed. Do not wait for symptoms to resolve on their own if they affect your daily life.