CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Shoulder Instability

The labrum is a soft cartilage rim that deepens the shallow shoulder socket. When it tears — often during a dislocation — the joint loses its key restraint and starts to feel unstable.

Kieran Hirpara 4.0

What you're feeling

You may feel pain in the front or back of your shoulder. This pain often signals larger tissue damage inside the joint. You might notice that certain movements trigger sharp discomfort. Reaching behind your back to fasten a bra can be difficult. Tucking in your shirt may also cause pain. These daily tasks become challenging when the shoulder is unstable.

Your symptoms can flare up at night. You might wake up with a sore shoulder. Pain often worsens after activity. It may also be present when you first wake up in the morning. Sleeping on the affected side can be particularly uncomfortable. You might feel a sense of looseness or instability. However, shoulder laxity does not always mean something is wrong. It must be distinguished from true instability.

In some cases, you may have ambiguous pain during motion without a full dislocation. This is known as microinstability. It is common in young patients. You might not feel the shoulder slip out of place. Instead, you feel pain or a vague sense of unease. This condition can be hard to diagnose. You might also experience extra-articular symptoms that feel like impingement. This is called minor shoulder instability.

If you have recurrent posterior instability, the diagnosis can be difficult. The pain may be deep and hard to pinpoint. You might struggle with specific overhead movements. Despite the challenges, modern treatments can help. Your surgeon will look for specific signs to guide your care. Proper evaluation of bone loss is critical for determining your surgical options. This helps ensure the best possible outcome for your recovery.

What's actually happening

Your shoulder is a ball-and-socket joint designed for wide movement. The ball sits in a shallow socket lined with a soft tissue sleeve called the joint capsule. This capsule acts like a gasket, keeping the joint stable while you move. In shoulder instability, this stabilizing structure is stretched, torn, or loose. The ball may slip partially out of place (subluxation) or pop out completely (dislocation). This mechanical failure allows the ball to move abnormally, causing the pain and catching sensations you feel.

The problem often involves specific tissues that hold the joint together. The labrum is a ring of cartilage that deepens the socket. When it tears, the seal breaks. The rotator cuff muscles and tendons also play a key role in

keeping the ball centered. Tears in these tendons, particularly the subscapularis, can significantly alter how your shoulder moves under load. Even small changes in how your shoulder bones move can lead to increased stress on these tissues. Over time, this abnormal motion can cause further wear and tear.

Your surgeon evaluates these changes to determine the best path forward. Modern techniques, such as arthroscopy (keyhole surgery), allow for precise repair of these soft tissues. For some patients, especially those with significant bone loss or recurrent dislocations, a procedure like the Latarjet may be recommended. This surgery uses a small piece of bone to rebuild the socket, providing durable protection against future instability. While surgery can stabilize the joint, it may not fully restore the exact movement quality of an uninjured shoulder. The goal is to stop the slipping and allow you to return to your daily activities with confidence.

What we can do about it

Your journey begins with self-management and physiotherapy. This approach is often the first step, especially if your risk of the shoulder slipping out again is low. Your surgeon may recommend this path if you prefer to avoid surgery or if your clinical exam suggests a stable outcome without an operation. Physiotherapy focuses on strengthening the muscles around your shoulder to improve stability and function. You will work on exercises that help you regain control of the joint. This conservative care aims to reduce pain and prevent future dislocations. However, be aware that nonoperative treatment can carry substantial societal costs due to time away from work or sports. It may also be less reliable for certain types of instability, such as posterior shoulder issues. You should give this approach a fair trial, but understand that it might not stop recurrent events in everyone.

If pain persists, medical management can help you stay active while you heal. Your surgeon may suggest pain medication or anti-inflammatories to manage discomfort and swelling. These medications do not fix the underlying structural problem, but they can make daily activities and therapy more comfortable. In some cases, injections may be considered to reduce inflammation in the joint. While specific injection types like cortisone or hyaluronic acid are sometimes used in broader orthopaedic care, the evidence for shoulder instability focuses heavily on whether conservative care works. The goal here is symptom relief, not structural repair. You should discuss with your surgeon what is appropriate for your specific case, as the primary focus remains on restoring stability through movement and strength rather than just masking pain.

Surgery is considered when conservative care has reached its limit or if you are at high risk for recurrence. This is particularly true for adolescents and young adults under 40 years of age with a first-time anterior shoulder dislocation, where surgery is more effective than conservative options in preventing recurrent instability. Your surgeon will evaluate you thoroughly, as a clinical exam is the most important factor in deciding if surgery is right for you. Imaging, such as MRI or CT scans, helps assess bone loss and soft tissue damage. If your shoulder continues to slip despite therapy, or if you have significant bone loss, surgical stabilization may be recommended. The operation aims to restore joint stability while minimizing loss of motion. This decision should be based on clinical indication, not just a desire to return to sports faster.

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

What to expect

Your outlook depends largely on whether your shoulder instability is caused by a specific injury or develops without a clear trigger. If you have had a first-time traumatic dislocation, the risk of it happening again is significant. In patients under 40, roughly one-third experience recurrent instability after their initial doctor visit. Without treatment, surgery can reduce these recurrence rates compared to non-surgical care over a 10-year period.

If you undergo surgery for anterior shoulder instability, you can expect a long-term benefit in stability and function, even if you are considered high-risk. However, outcomes vary. In some series, recurrent instability after primary arthroscopic repair was 30% at mid-term follow-up. Other studies show lower recurrence rates, such as 18% after eight years with certain techniques. For posterior shoulder instability, modern arthroscopic management offers reliable and lasting recovery, with emerging data showing durable protection against recurrence and sustained athletic participation.

If you have severe bone loss or recurrent instability requiring complex reconstruction, your surgeon may refer you to a high-volume specialist. Procedures like the Latarjet repair have long-term benefits that appear durable. Even 33 to 35 years after this repair, joint degeneration follows the natural history of shoulder dislocation rather than the surgery itself. For those needing total shoulder replacement due to prior instability, function often continues to improve compared to preoperative values.

It is important to note that not all cases settle easily. Failure of primary stabilization is often linked to uncorrected anatomical issues. Your surgeon will assess your specific risks, such as bone loss or the frequency of your dislocations, to tailor your treatment. While many patients achieve stable shoulders and return to activity, some may experience persistent symptoms or require further intervention. Long-term data remains crucial for understanding the full picture of recovery and potential complications.

When to see someone

See your GP if you have persistent shoulder pain that does not improve with rest. Ask for a specialist review if you feel weakness, instability, or if your shoulder locks or gives way. These symptoms may interfere with your sleep or work. Seek care if you experience a sudden worsening of your condition. A thorough clinical exam is the most important factor in determining if you need surgery. Proper evaluation of bone loss also helps decide on surgical indications. Your surgeon will use this information to guide your treatment plan and optimize your prognosis.

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au