What is the treatment?
Treatment involves both surgical and non-surgical options. If you have suffered a recent dislocation, X-rays may be obtained to make sure the shoulder has returned to the correct position. An MRI may also be obtained to evaluate the labrum, shoulder joint and rotator cuff tendons.

Studies have shown that patients who have an unstable shoulder or who have dislocated their shoulder at a younger age are much more likely to continue to have problems with instability without surgical treatment. As the body ages, tissue tightens. Therefore, patients of an older age with instability are more likely to be successful with non-surgical treatment. However, older patients who dislocate are more likely to also do other damage to the shoulder, such as tear the rotator cuff or fracture the humerus or glenoid.

Non-surgical treatment:
1. Rotator cuff strengthening exercises strengthen the muscles and tendons surrounding the shoulder joint and act as secondary stabilizers. They also decrease inflammation in the rotator ruff tendons. These exercises can be done at home, at a gym or with a physical therapist (**see figure 4)**.
2. Anti-inflammatory medications help decrease inflammation and treat pain.
3. Shoulder bracing can be effective for athletes who have recurrent shoulder dislocations.

Surgical treatment: Shoulder surgery is almost always done via arthroscopy (surgery guided by video imaging as opposed to open surgery), but in patients with recurrent instability, open surgery may be recommended. Surgery stabilizes defects in the labrum, capsule and surrounding ligaments. Stabilization occurs with placement of a small anchor into the glenoid. A suture is attached to the anchor and used to secure the labrum, capsule and ligaments to the glenoid.

Surgical photos are available at www.pamf.org/sports/staff/king.html.

What are the exercises?
Rehabilitation exercises focus on strengthening the shoulder, specifically the rotator cuff and upper back. Rotator cuff strengthening exercises include internal rotation, external rotation and supraspinatus. Exercises can be done with therabands, hand weights or cable pulleys at a gym that are adjusted to the appropriate height.
Each exercise should be done without pain for three sets of 20 repetitions. If the patient is unable to do 20 reps, then the weight or resistance should be decreased.
See Fig 4-16.

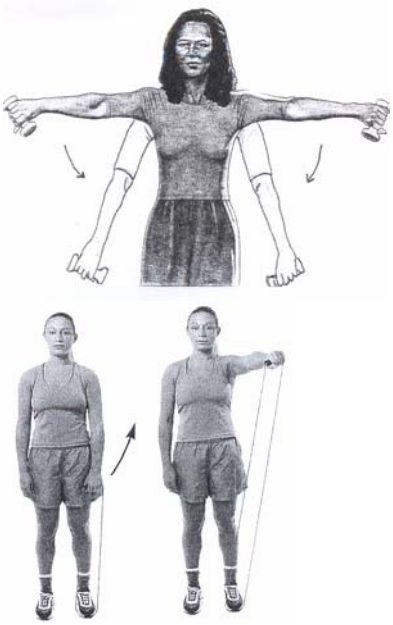

Fig 4: Supraspinatus exercises with hand weights and therabands. Always have your thumb pointing to the floor, your arm out 45 degrees, and keep your arm below shoulder height.