BONY INSTABILITY

Overview

The glenohumeral joint is a complex ball and socket type joint that allows movement in a wide range of directions. In addition to the surrounding muscles, ligament capsule of the shoulder joint and the cartilage rim to which these ligaments attached, the bony socket also plays an important part in the stability of the joint.

Instability

When the humerus head is forced out of the socket during a dislocation, a bony defect can occur on the edge of the glenoid or an impaction fracture can occur on the side of the humeral head. This will render the shoulder more unstable and will lead to repeated dislocations.

Classification

Classification of bony instability is determined by the position and size of the defect in the glenoid and the head as well as the direction in which the head dislocates on the glenoid.

Treatment

Surgical repair is usually necessary in these cases to limit further dislocations and the subsequent occurrence of degenerative arthritis. Both open and arthroscopic techniques can be employed for bony stabilisation and is determined by the preference of the surgeon and the type of defect present.

After the operation

The arm is kept in a sling until it is safe to be removed. Exercises of the upper limb are initiated shortly after the operation to improve range of motion and muscle power. Function of the operated limb is gradually regained depending on the patient's circumstances. Competitive sports people and physical workers are gradually guided into optimum recovery over a period of 5 to 6 months.