



# Traumatic Instability

## *Understanding your shoulder injury and its repair*

**Your upper arm bone popped out of the socket of your shoulder blade. When this happened, it tore your ligaments (stretchy bands) off of the bones. The ligaments attach to the bones and help hold your shoulder in place and help it move. This booklet gives tips about exercises you can do to help repair your shoulder. It also explains some treatment options, surgery, if it is needed, and what you should do after surgery to help repair your shoulder.**

Your upper arm bone (humerus) popped out of (dislocated from) the socket of your shoulder blade, tearing the ligaments off of the bones. The socket may also have been injured. Your shoulder will hopefully heal by itself but possibly without the stability it had before your injury. When you raise your arm, such as to throw a ball, it may dislocate again partly because the ligaments may have not healed strongly enough. This booklet will help you understand your treatment choices, surgical repair, and how you can work toward full recovery of your shoulder.

### **Non-Surgical Treatment**

You have several choices for caring for your shoulder. You can limit your activities so that you don't lift your arm up and back far enough to dislocate it again. You may feel that this instability is not a problem for you. You can also choose physical therapy and try exercises to strengthen your rotator cuff and deltoid muscles.

### **Surgical Repair**

You may want to have your shoulder surgically repaired, so you do not have to be so careful with it. Repair is done by sewing the ligaments back to the bone and repairing the socket. The goal is to give you a stable, smooth, pain-free and strong shoulder. The extent of your shoulder damage, your age, and the effort you put into using it again will determine how well your shoulder recovers.

Once you have decided on surgery, you will meet members of your surgical team: doctors, physician assistants, physical therapists and the anesthesiology team. The Patient Care Coordinator will decide with you the best date for your surgery. Your surgeon manages this team and all aspects of your care.



***Since surgery for traumatic instability is not an emergency, take the time to get in the best possible condition for your surgery.***

## Before Surgery

Talk with your doctor about the expected improvement of your shoulder after surgery compared to possible risks. The risks include:

- Infection
- Injury to nerves, blood vessels and some blood loss
- Muscle weakness
- Stiffness of the shoulder joint
- Pain
- A re-tear of the ligaments and need for more surgery.

Since surgery for traumatic instability is not an emergency, take time to get in the best possible condition for your surgery:

- Stop smoking as smoking decreases your ability to heal.
- Get over any cold, flu, or infection.
- Tell your doctor everything about your health. Be sure to include allergies, reactions to medicines, and medicines you take. Some medicines may affect your surgery. For example, aspirin and anti-inflammatory medicines can affect blood clotting.
- Plan how to manage your daily life after surgery. You will be unable to use your shoulder for many activities for 6 weeks. Right after surgery, your arm will be less useful than it is now. For example, you will not be able to drive for 6 weeks.
- Talk with your doctor about your risks for surgery, such as smoking, your age, and diabetes.

## After Surgery

To repair your ligaments, an incision (cut) is made in the skin creases in the lower front of your shoulder. After surgery, you will have a gauze bandage taped to your shoulder. A small piece of rubber tubing may be in your incision to drain out fluid that collects. Your arm will be in a sling for 1-2 days to keep you from raising it or rotating it outward. If the sling is uncomfortable, tell your doctor or nurse right away.

Tight stockings (ted hose) and squeezing devices may be put on your legs during surgery to help prevent blood clots. You will also need to be up and walking after surgery.

If you have a shoulder nerve block, you will not feel pain for the first 12 to 18 hours after surgery. With other types of anesthesia, your shoulder will probably be painful after the anesthesia used during surgery has worn off. Then medicine given into your vein

(IV) may be used to prevent pain. However, pain medicine pills are usually enough to control your pain.

## Exercising Your Shoulder

You will need to exercise your shoulder after surgery to prevent stiffness and keep up your muscle strength. Exercising is very important for good recovery. Your doctor or physical therapist will tell you when you can move on to the next level of exercises listed on pages 3-6. Your physical therapist will show you how to do the exercises, but it is up to you to work on them every day.

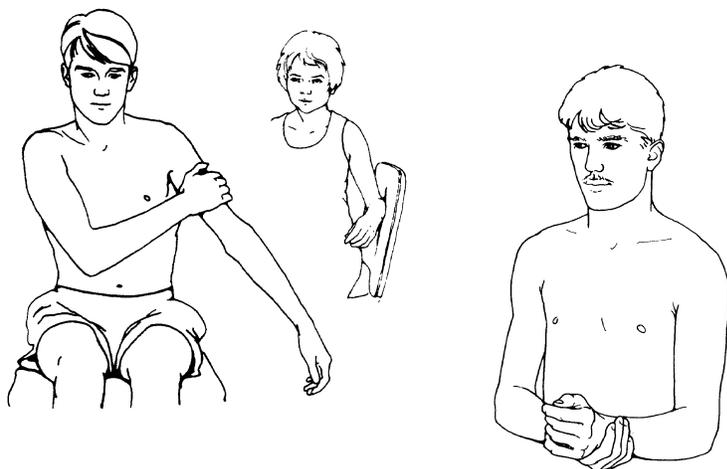
### *Right After Surgery*

Right after surgery, with your arm in the sling, you need to do the following isometric exercises, which use your muscles without moving your shoulder.

- Squeeze a ball, sponge, or putty at least 200 times a day.
- Push against something that will not move. Push your wrist and your elbow outward. Do not move your shoulder while doing these pushes. Do 10 repeats 5 times a day.
- Tell your physical therapist or our staff if doing your exercises causes you pain or trouble.

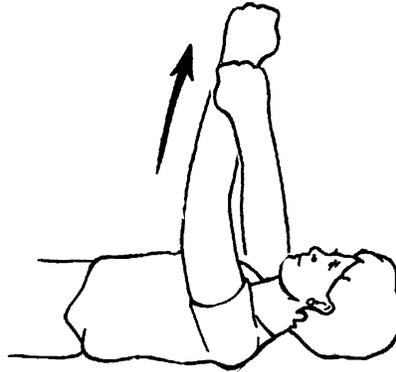
Your doctor or physical therapist will tell you when you can start these range-of-motion exercises. This set of exercises may be referred to as the “0/90” program. You remove your sling to do them.

***You will need to exercise your shoulder after surgery to prevent stiffness and keep up your muscle strength. Exercising is important for good recovery.***

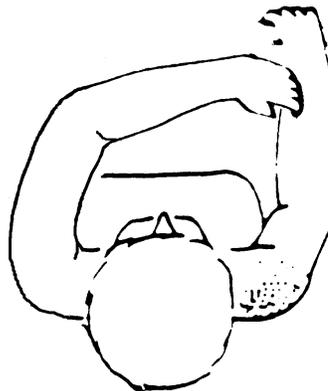


*Your doctor or physical therapist will tell you when you can start the range of motion exercises.*

**Raised Arm (forward elevation):** Lie on your back. With the hand of your other arm, grasp the wrist or elbow of your operated shoulder. Slowly pull your arm up toward the ceiling, and **stop when your arm points straight ahead.** When your arm is stretched as close to this point as possible, but not to the point of pain, hold it for a count of 10. Lower it down and raise it again 5 times.



**External Rotation (external rotation):** Do this exercise lying flat on your back. Hold your operated side elbow against or close to your side and bend your elbow 90 degrees as if it were in the sling. Push your lower arm to straight ahead, keeping your elbow at your side. Push your operated side hand with your other hand or with a stick across your chest. Relax as you slowly push your lower arm to point in front of you hold it for a count to 10. Slowly bring it back toward your stomach and push your lower arm to straight in front of you 5 times.



**Elbow Straightening:** Holding your arm at your side, straighten it.

One week after surgery, a physical therapist at the Exercise Training Center at UWMC - Roosevelt will see you briefly to check your exercises and range of motion.

If you live far away, be sure to call the Exercise Training Center after one week and discuss your progress with a physical therapist. The phone number is (206) 548-2888.

### ***Three Weeks After Surgery:***

Your surgeon will see you 3 weeks after surgery and decide what your exercise plan is for the next three weeks. If your shoulder is healing well, you may not need to wear the sling all day long. Continue the isometric exercises on page 3. Continue the overhead reach exercise. Continue external rotation so your arm rotates outward as described by your doctor.

Continue the external rotation exercise and add the use of rubber tubing to strengthen your muscles at the same time.

### ***6 Weeks After Surgery:***

At 6 weeks, you can begin using your arm for light activities, which might include driving. Talk to your doctor or physical therapist before you start. Be sure not to let your arm get back and up into a position that was unstable before surgery. **Do not try to check it to see how far you can lift your arm.**

You can also begin gentle, controlled activities that use your shoulder, such as easy swimming and using a rowing machine. Do not do these unless your shoulder feels comfortable and is without pain. Your physical therapist will work with you to gradually increase your shoulder's range of motion, strength, and coordination.

### ***3 - 6 Months After Surgery:***

It will be at least 3 – 6 months before you can return to contact sports or heavy work. Do not lift over 10 pounds for the first 6 months after surgery. You will need to have very good muscle strength and coordination, before you can fully use your arm and shoulder.

***Talk to your doctor or physical therapist before you start. Be sure not to let your arm get back and up into a position that was unstable before surgery. Do not try to check it to see how far you can lift your arm.***

---

## Notes

### Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. The UWMC clinic staff are also available to help at any time—

Orthopaedic  
Resident Doctor:  
(206) 598-6190

Elizabeth Crouch,  
Physician Assistant:  
(206) 598-5875

Sarah Jackins  
Physical Therapist:  
(206) 598-2888

Bone and Joint  
Patient Care  
Coordinator:  
(206) 598-6922

Your Surgeon:  
(206) 598-6190



UNIVERSITY OF WASHINGTON  
MEDICAL CENTER

**Bone and Joint Center**

Box 354740  
1959 NE Pacific St. Seattle, WA 98195  
(206) 598-4288