

SHOULDER

Shoulder Instability

Shoulder instability happens when the ball of the shoulder joint (the humeral head) moves too far out of its socket (the glenoid). This can cause the shoulder to feel like it is slipping, popping out, or giving way. The shoulder is the most mobile joint in the body, which is part of what makes it prone to instability.

Types of shoulder instability

- Traumatic instability — occurs after a fall, collision, or sports injury, and often involves a full dislocation. Common in contact sports or overhead activities.
- Atraumatic (non-traumatic) instability — develops gradually without a single injury, often related to loose ligaments or muscle weakness, and may affect both shoulders.
- Multidirectional instability — instability in more than one direction (front, back, or down), often associated with generalized joint looseness.

Common symptoms

- A feeling that the shoulder may slip out of place
- Pain, especially with certain movements
- Weakness or decreased performance
- Clicking, catching, or popping
- A history of dislocation or subluxation (partial dislocation)

What causes it

- Injury or trauma
- Repetitive overhead activity (throwing, swimming, volleyball)
- Loose or stretched ligaments
- Weakness or poor coordination of the shoulder muscles
- Structural injuries, such as labral tears or bone loss

How it's diagnosed

Diagnosis typically starts with a medical history and physical exam. X-rays check alignment and rule out bone injury, and an MRI or MRI arthrogram is used to evaluate soft tissues like the labrum.

Treatment options

Non-surgical treatment is the first line for many patients, and includes physical therapy to strengthen the shoulder and scapular muscles, activity modification, anti-inflammatory medication, and bracing for some athletes. Many patients improve with consistent rehabilitation.

Surgery may be recommended if instability keeps recurring, there is significant structural damage, or symptoms persist despite physical therapy. Surgery aims to tighten ligaments, repair torn tissue, or restore stability.

Recovery and outlook

Many patients return to full activity with proper treatment. Recovery time depends on the type of instability, whether surgery is needed, and your sport or activity level. Following a rehabilitation program is key to preventing recurrence.

When to seek care

Contact our office if your shoulder dislocates, you feel repeated slipping or instability, or pain and weakness interfere with daily activities or sports.

Key takeaway

Shoulder instability is treatable, and early care improves outcomes. Strengthening and proper movement control are often the foundation of recovery.