

Shoulder Instability and Labral Pathology

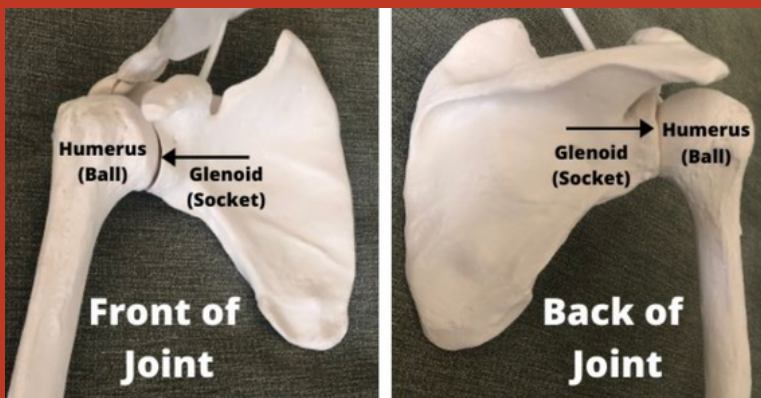
PREVALENCE (3)

- 1-2% of people experience a dislocation in their lifetime
- More common in young athletic population
- 72% of shoulder dislocations occurred in men
- "Instability event"
 - Dislocation vs subluxation
 - 85% subluxation, 15% dislocation
- Most common in contact sports
 - Football, basketball



RELEVANT ANATOMY (3,15)

- Glenohumeral joint
 - "Ball and socket" joint
- Very mobile
 - Inherently less stable
- Labrum: fibrocartilage ring
 - Deepens the glenoid and provides stability to the joint
 - Reduces traction and shear forces
- Shoulder capsule
 - Series of ligaments that surrounds the joint
 - End range places tension on the ligaments and can serve as a primary restraint
- The rotator cuff
 - Provides "dynamic stability"



JOINT ARTHROKINEMATICS

- Roll and glide
 - Ex. bringing arm overhead= superior spin, inferior glide of humeral head
- End range creates more humeral translation within the joint
- Near end range there is more tension on the capsule
- Motion is controlled by:
 - Rotator cuff, capsule, ligaments

Shoulder Arthrokinematics in the Dip

