



THUNDER BASIN ORTHOPAEDICS
— AND SPORTS MEDICINE —

Shoulder Instability

What is shoulder instability?

The shoulder joint is a very complex joint and is the most mobile joint in the body. The shoulder joint relies on the muscles, tendons, and ligaments to hold the joint together and stabilize the joint. The labrum is the tissue rim surrounding the cup of the shoulder joint and serves as a bumper to hold the ball in the socket. Shoulder instability can result from multiple reasons. One common reason for shoulder instability is a tear of the labrum. This type of injury is common in throwing athletes, swimmers, and volleyball players, but can occur from other injuries as well. Symptoms of a torn labrum typically result in pain, instability, and mechanical symptoms of the shoulder (catching or popping). Your orthopedic provider will determine if your type of shoulder instability can benefit from physical therapy or if you are a surgical candidate.

Surgical Techniques:

The labrum is repaired using an arthroscope (camera). Suture anchors are used with the camera to repair the labrum back to the bone (cup of the shoulder joint). This procedure is called a Bankart repair.

Pre-Operative Care:

- Medical clearance: this will be determined by your surgeon depending on your age and medical history. You may need routine blood work, tests, and/or an evaluation by your primary care provider depending on your age and medical history.
- Medications: stop taking all anti-inflammatory medications (NSAIDS) and OTC herbal supplements/vitamins 2 weeks prior to your surgery. These medications thin your blood and make it difficult for your surgeon to perform the surgery. All other medications will be reviewed by the surgical facility.

Post-Operative Care:

- Pain medication: you will typically be given a prescription anti-inflammatory medication for your baseline pain medication. You may also be given a stronger pain medication to take for breakthrough pain that the anti-inflammatory pain medication does not control.
 - Our goal at Thunder Basin Orthopaedics is to make you comfortable, but we do not expect you to be pain free.
- Dressing: leave bandage on for 72 hours after surgery, then may remove bandage and shower as normal. No soaking of the incision for 3 weeks after surgery. Leave steri-strips in place until they come off on their own.
- Ice: you may be given a cryocuff ice machine after surgery. Icing is very important to decrease swelling and pain after surgery. Leave ice on for 20 minutes at a time, and ice several times a day for the first week after surgery.
- Activity: Your shoulder will typically be immobilized in a brace after a Bankart repair. Your surgeon will inform you how long you will need to wear the brace, but it is typically 3-4 weeks. You will be required to wear the brace at all times to protect your shoulder. You can perform gentle range of motion of the elbow, wrist, and hand several times a day to avoid stiffness.
- Physical therapy: you will eventually go to physical therapy after your surgery, but typically not until you are 6 weeks out from surgery.

Please refer to our attached frequently asked questions list. If your question has not been answered, please call Thunder Basin Orthopaedics at (307) 682-6222 – Gillette or (307) 358-6200 – Douglas.

Please call us at the above number if you experience severe pain that is not relieved by your medicine or if you experience a temperature over 101 degrees F, redness/swelling in your thigh or calf.

