

# **FOOTBALL STRESSES SHOULDER INSTABILITY**

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Many NFL teams will lose one of their important players or stars this season due to a shoulder dislocation. Last year, the Jaguars lost outside linebacker Mark Williams in the Tampa Bay game to such an injury. Television viewers watched as an on-the-field reduction was performed to reduce the pain level and restore normal function to his shoulder joint. For Mark, it meant the end of his season and arthroscopic surgery to repair the damaged structure.

The surgery was necessary to assure Mark could continue his NFL career. This illustrates why, for many athletes and not just professionals, shoulder dislocations become a frequent problem.

The shoulder joint is notable for its mobility, but not its stability. The shoulder is really a joint that more closely resembles a cup and saucer, rather than a true ball and socket joint. The bony articular contact in the shoulder is minimal and the capsular ligaments are lax in all but the extremes of shoulder motion, allowing the shoulder to have the most motion of any of our joints.

Control of the joint is provided primarily by the dynamic action of muscles. When forces driving the shoulder towards the limits of its normal range of motion exceed the restraining strength of the shoulder muscle and capsular ligaments, the humeral head or ball may displace from the joint. What this means is that when you push your shoulder too hard, you get a glenohumeral dislocation, or, more commonly called a dislocation.

The majority of shoulder dislocations occur when the ball comes out of the front of the joint. However, occasionally an athlete will fall onto his outstretched arm, causing the shoulder to dislocate out the back. When the shoulder dislocates, it often tears the capsular structures in the front of the joint and occasionally can dent the ball. If these tears do not heal properly, the shoulder will become unstable and will dislocate with less of a force, often something as simple as rolling over in bed or raising one's arm to perform an overhead function.

Following an initial dislocation, it is usually advisable to immobilize the arm in a shoulder sling for 2-6 weeks, followed by a period of rehabilitation to strengthen the joint. Athletes will not usually be able to return to competition for 4-6 weeks. For a shoulder that has been dislocated several times, the chance of the ligaments healing is reduced.

In these cases, the shoulder is often placed in a sling just long enough to become comfortable, and as soon as rehab has provided adequate strength, the player may return to action. However, off-season surgery is recommended to repair the tear and to prevent the shoulder from recurrently dislocating.

In the 1980's, arthroscopy significantly advanced the treatment of knee and shoulder disorders. It is now possible to repair shoulders, which are unstable and recurrently dislocate, arthroscopically. For females and non-contact athletes, often this is the best type of repair, as it enables them to have a very cosmetic and an earlier return to their normal activity. However, in contact athletes such as football players, wrestlers and hockey players, open or regular surgical reconstruction may be preferable, as it may provide a stronger repair.

Most of the time these reconstructions are done in the off-season, to allow the player to benefit of full rehabilitation before returning to full contact and full play the following season.