

Healthier Communities,  
Outstanding Care



Sherwood Forest Hospitals  
NHS Foundation Trust

# Anterior shoulder instability

**Information for patients**

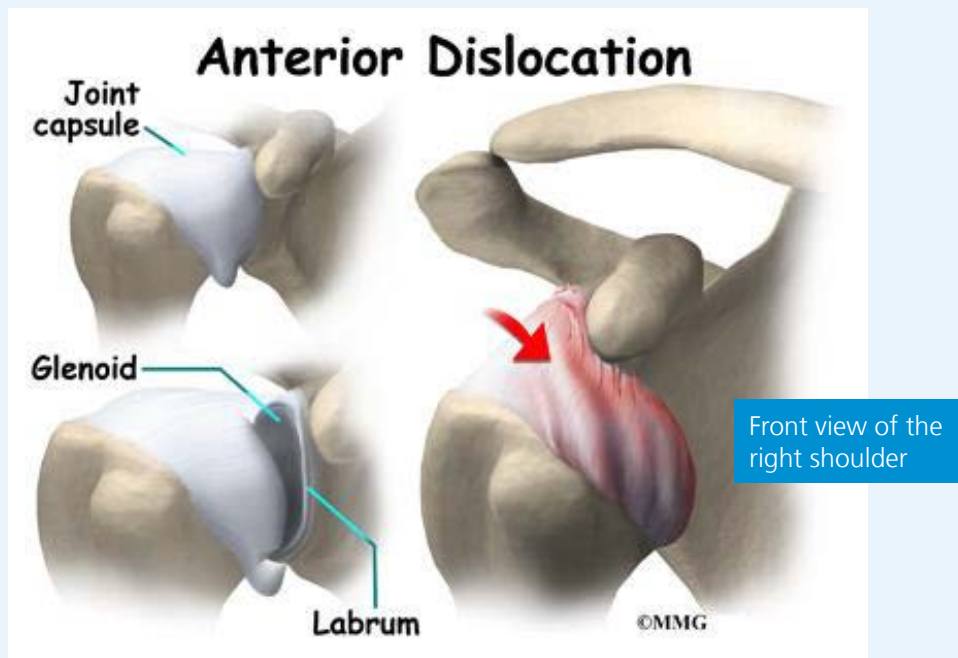
This booklet contains information about your shoulder injury. It will help you to understand what the injury means and how we plan to help you recover with physiotherapy rehabilitation.

# Anterior shoulder instability – what is the problem?

Your shoulder is the most mobile joint in your body and therefore relies on strong muscles to move and stabilise it. The most important muscles for this purpose are your rotator cuff muscles. These muscles originate from your shoulder blade and their tendons form a hood covering the ball of your shoulder joint. Underneath this lies a joint capsule, which attaches to the humerus (arm bone) and the labrum (lip) of the socket of your shoulder joint. This capsule is strengthened at the front by three ligaments.

Some injuries to the shoulder can dislocate it forwards. This is quite common, especially amongst young people who play 'contact' sports. When the shoulder is dislocated the joint capsule and ligaments are stretched and can be torn away from the front of your shoulder joint.

These 'soft tissues' will heal and physiotherapy will help you understand how to allow these tissues to heal correctly and progress you back to your usual activities and lifestyle.



# After your injury

Physiotherapy will help you make a full recovery. Your physiotherapist will advise and help you to settle your pain and protect your shoulder whilst it heals and guide you through your rehabilitation journey.

It is important to manage your pain following your injury. In the first few days following your injury ice packs can be a nice way of helping to reduce the pain and swelling in your shoulder. We would suggest using an ice pack on your shoulder for about 15 minutes every 3 or 4 hours during the day. If your shoulder pain is not well controlled, we would recommend you seek advice from your GP as this will help you make a full recovery.

Following your injury, we recommend that you use a sling to rest the injured tissues to allow them to heal correctly. This will also help with the pain and discomfort that you will be experiencing.

How long you should use a sling for varies from patient to patient and we recommend that you work closely with your physiotherapist, who will guide you on how long to continue using the sling. Depending upon how well you are progressing with rehabilitation and how well your pain is settling down will help the physiotherapist judge how long you should use your sling.



# How do I fit my sling?

Please click on the links (or copy and paste into your browser) beside each instruction/exercise to view a video demonstration.

<https://www.youtube.com/watch?app=desktop&v=VbUkWkcNlo4>



1. Support your arm on a pillow before you start. Slide your sling underneath the arm, so that your elbow is tucked into the corner of the sling, as shown.



2. Now using the non-operated arm feed the strap around your back and over the non-operated shoulder, as shown.



3. Now pull the strap up on itself and fix the velcro at a level where the arm feels comfortable and supported, as shown.

# How can I sleep?

Sleeping can be a little uncomfortable if you try to lie on your injured shoulder. We recommend that you lie on your opposite side. Ordinary pillows can be used to give yourself comfort and support (feather pillows are easier to use than foam ones).

**Wear your sling whilst sleeping and do not remove at night time.**



If sleeping on your side, having a pillow or two under your head usually gives enough support for most people. A pillow tucked along your back helps to prevent you rolling onto your operated shoulder in the night. A pillow in front of your tummy is a nice place to rest your hand to help you sleep.



If sleeping on your back, use a pillow under the elbow of your operated arm as shown. Again, important in helping you get a good night's rest.

# Rehabilitation

Rehabilitation is very important if you are to make a full recovery following your injury. The physiotherapist will guide you on how to return to your normal work and activities and is vital if you are to make a fully recovery.

We recommend that you avoid positions that your shoulder will feel vulnerable in. Your physiotherapist will discuss and advice you on this and show you how to put this into practice during your rehabilitation. The common position to avoid is shown opposite and as a 'rule of thumb' as long as you can see your hand then your shoulder will be in a 'stable' position.



# Exercises

An initial exercise that can help you settle down your pain and swelling and prevent your shoulder and elbow from getting stiff is a gentle pendulum exercise, shown below. This is a good exercise to start your shoulder rehabilitation as it is safe and will not cause your shoulder to 'come out' or 'slip.'



Leaning forwards from your hips, circle your arms from your shoulder in gentle, pendulum type movements.

Keep your palms facing forwards as you go clockwise and anticlockwise.

We would suggest you perform this twice a day and do 10 repetitions as comfort allows.

[https://www.youtube.com/watch?app=desktop&v=KP\\_AJ1SBRgg](https://www.youtube.com/watch?app=desktop&v=KP_AJ1SBRgg)

As your pain improves your physiotherapist will show you exercises to start in order to regain your shoulder movement and progress to exercises that strengthen and condition your rotator cuff and shoulder muscles. These muscles are important for you to work on as you regain the movement and confidence in your shoulder. Good muscle control will mean your shoulder starts to feel more like its normal self. Your muscles working normally will also mean your shoulder will start to feel secure again and reduce the chances that it will "come out" or dislocate again.

Your rehabilitation will progress until you have made a good recovery back to all your normal activities, work and sports.

We are very keen to make sure that you recover as well as possible and will review your progress after rehabilitation at 6 months and 1 year.

# When can I do my normal activities?

This depends upon your symptoms. Most people are comfortable by between six to 12 weeks after surgery.

Driving can be resumed when you are comfortable and safe to control a car. It is wise to discuss this with your insurance company. We would advise you not to drive for at least two to four weeks after the injury as your arm may be in a sling.

## Guide:

- |   |                 |
|---|-----------------|
| • Light work (no lifting)                     | 4-6 weeks       |
| • Medium (light lifting below shoulder level) | 6 weeks onwards |
| • Heavy (above shoulder level)                | 3-6 months      |

If you are at all worried about your shoulder you should contact the hospital's shoulder and elbow team. The telephone numbers are below.

## Useful contact numbers

**King's Mill Hospital**

**Telephone: 01623 622515**

**Newark Hospital**

**Telephone: 01636 681681**

### Extension number

King's Mill physiotherapy department

3221 (Monday to Friday, 8am-5pm)

Newark Hospital physiotherapy department

5885 (Monday to Friday, 8am-5pm)

## **Further sources of information**

NHS Choices: [www.nhs.uk/conditions](http://www.nhs.uk/conditions)

Our website: [www.sfh-tr.nhs.uk](http://www.sfh-tr.nhs.uk)

## **Patient Experience Team (PET)**

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

**King's Mill Hospital:** 01623 672222

**Newark Hospital:** 01636 685692

**Email:** [sfh-tr.PET@nhs.net](mailto:sfh-tr.PET@nhs.net)

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email [sfh-tr.PET@nhs.net](mailto:sfh-tr.PET@nhs.net).

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you. External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them. If you require a full list of references (if relevant) for this leaflet, please email [sfh-tr.patientinformation@nhs.net](mailto:sfh-tr.patientinformation@nhs.net) or telephone 01623 622515, extension 6927.

To be completed by the Communications office  
Leaflet code: PIL202309-03-ASI  
Created: November 2019 / Revised: September 2023 /  
Review Date: September 2025