Classifications of shoulder instability & physiotherapy management of traumatic instability in the hypermobile shoulder

MARGIE OLDS
Shoulder Instability Classification

- AMBRI and TUBS
- Stanmore System
- FEDS
- Gerber’s Classification
Shoulder Instability Classification

- AMBRI and TUBS
  - Atraumatic, multi-directional, bilateral, rehabilitation, inferior capsular shift
  - Traumatic, Unidirectional, Bankart lesion, Surgery
- Stanmore System
- FEDS
- Gerber’s Classification
Shoulder Instability Classification

- AMBRI and TUBS
- Stanmore System
  - Type I = TUBS,
  - Type II = AMBRI
  - Type III = muscle patterning, habitual dislocators with non-structural damage.
- FEDS
- Gerber’s Classification
Shoulder Instability Classification

- AMBRI and TUBS
- Stanmore System
- FEDS
  - Frequency
    - Solitary, occasional, frequent
  - Etiology
    - Traumatic, Atraumatic
  - Direction
    - Anterior, Inferior, Posterior
  - Severity
    - Subluxation, Dislocation

- Gerber’s Classification
Shoulder Instability Classification

- AMBRI and TUBS
- Stanmore System
- FEDS
- Gerber’s Classification
- Class A: Static Instability without presence of classic instability symptoms but humeral head displaced
  - A1 – Static superior migration of the humeral head
  - A2 – Static anterior migration of the humeral head
  - A3 – Static posterior migration of the humeral head
  - A4 – Static inferior migration of the humeral head
Shoulder Instability Classification

- AMBRI and TUBS
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Class A: Static Instability without presence of classic instability symptoms but humeral head displaced

- A1 – Static superior migration of the humeral head
- A2 – Static anterior migration of the humeral head
- A3 – Static posterior migration of the humeral head
- A4 – Static inferior migration of the humeral head

- Associated with degenerate joint disease or rotator cuff pathology
- May be asymptomatic
- Can co-exist with dynamic
AMBRI and TUBS
Stanmore System
FEDS
Gerber’s Classification (A,B & C)
Class C: Voluntary dislocations
- Involuntary dynamic instability & subsequently learn voluntary subluxation of the joint
- Subluxation/Dislocation to seek attention or mask psychiatric problem

although classification may assist clinical practice it remains controversial.
Gerber's Classification
B: Dynamic instabilities

B1 Chronic locked dislocation e.g. MVA

B2 Unidirectional without hyperlaxity (60%)
  2.1 Involves IGHL

B3 Unidirectional with hyperlaxity (30%)
  3.1 Anteroinferior capsulolabrum

B4 Multidirectional without hyperlaxity

B5 Multidirectional with hyperlaxity
  5.1 Lesions of anterior and posterior instability and characteristics of hyperlaxity

B6 Unidirectional or multidirectional with voluntary reduction

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2.1 Involves IGHL
3.1 Anteroinferior capsulolabrum
16 year old female presents with shoulder pain

History: tackled in rugby, knee into shoulder

Had to pull arm back down to relocate -> X-Ray

Netball painful last winter

- Halfway through second half – pain in shoulder
- Specialist -> MRI ? HAGL -> diagnostic arthroscopy

SHx - recently returned from boarding school

- Scared is going to get worse
Week 1

- Shoulder better, pain been pretty good
- Flexion 100° in 4 point kneeling
- Abduction 30°
Week 2

- Shoulder is better, has been running and shoulder OK
- Flexion 140°
- ER+flexion 140°
Week 4

**S:** Had taken the ball home over the week
- Marked improvement in confidence
- Still concerned that click was painful with elevation

**O:** decr pain elevation with ER

**Rx:** Supine ER with flexion
- Standing ER with flexion (theraband)
- Active example
- Prone holds, Subscap lift-off, ER@0° 30sec isomet
Week 6

- **S:** Still clicks and pops
  - Has been doing exercises with band
- **O:** flexion – sublux at 140º
- **Rx:** circles in side lying
  - Prone holds 30 Sec x 3
  - Side holds 30 sec x 3
  - ER holds @ 90º
Week 9

- S: Shoulder hadn’t popped out at all
- O: Flexion – un-weighted – click at 160°
  - Flexion – weighted – full flexion without click
  - Weak ER overhead
- Rx: 5 kg ball overhead
  - Continue side holds and prone holds
Week 12

- **S:** Shoulder has been good although still feels weak
  - Still not able to play netball
- **O:** decreased proprioception (matching)
  - Decreased strength ER
- **Rx:** push-ups
  - Ball carries
  - ER@90 through ROM
  - Flexion @ 150° through ROM
  - Netball shots
Week 19

- **S:** Difficulty getting to physio with school exams and holidays etc.
- Shoulder is still doing well
- Still clicking 50/50 when lifting arm
- Tying hair 10/10
- Sleeping 10/10
- Lifting arm up 7/10
- **O:** weak ER @ 150°
- **Rx:** overhead throws
- ER@120° ABD, speed with 45° flexion
- Discussion re: apprehension, return to school PE, athletics, throwing
Week 24

- S: Shoulder has been good
  - No further episodes of instability
  - Still clicks overhead but no clunking
- Rx: review exercises
  - ER @90
  - Ball carries/press
  - Fall to land
- Discharge
Thanks