

Shoulder Injury in Young Sportsmen

Sports organisations from the East to the West are now taking stringent measures to slow down the spread of the COVID-19. Sports seasons are being suspended to safeguard the health of players and audience. Hopefully by the time this article is out, the situation will be under control. For some athletes, it may be a *weight off their shoulders*, as they can focus on their training and really give their shoulder a rest before the next match.

Shoulder dislocation in young sportsmen

Dislocation most likely happens in younger adults in their 16-35's who tend to engage in physical activities that would increase the risk of dislocation.

Sometimes when athletes got injured, their shoulder tendons, muscles and ligaments can no longer secure the ball from the socket joint (Shoulder joint). As a result, the humeral head, which is the ball joint starts to fall out of place.

Risk factors

Shoulder dislocation is rather common in young sportsmen than elderly because of few main reasons:

Contact sports impact: High impact activities, e.g., soccer, skiing, rugby, American football and basketball can easily cause shoulder dislocation.

Genetics: Some people are born with loose soft tissues, indeed they tend to have loose joints and can move their joints beyond normal range.

Apart from the above, a previous dislocation would also

be a contributing factor for another one. Some studies have shown that patients at their early 20's or younger tend to have another dislocation sooner or later. The recurrence rate can be up to 90%. The first dislocation will rip off the tissues off the socket joint; this causes the shoulder to be unstable, resulting in another dislocation and would further develop into chronic shoulder instability.

Treatment

After the dislocated shoulder is being repositioned by a qualified physician, the patient may consider conservative methods or surgery to prevent from recurrent shoulder dislocation.

Generally, non-surgical treatment is recommended as the first-line treatment before a surgical procedure will be considered, unless the patient has high risk factors.

For younger patients that play contact sports, this might be another story. They tend to have a high recurrence rate. If a non-surgical treatment is used and the dislocation is very likely to happen again, the cartilage that lines and reinforces the ball and socket joint of the shoulder might completely wear out due to repetitive dislocation. This would then require a more complicated surgery, as well as giving rise to early degeneration to the shoulder joint.

Therefore, surgeons would recommend undergoing a simple surgery after the 1st instance of dislocation for young athletes even without attempting the non-surgical method first. A review of a study actually indicated that



active young athletes that undergo surgical intervention have a lower rate of recurrence, instability or ongoing pain and stiffness.

Recovery

Patients need to wear sling for around 6 weeks, followed by 6-9 months of rehabilitation to gradually restore range of motion and strength of the shoulder joint before returning to the sports field.

About the author

Dr Kelvin Tam is an Orthopaedic Surgeon with special interest in shoulder joints; he loves playing tennis during his free time.