

Shoulder clicks and clunks



Lennard Funk of the Orthteam based at the Alexandra hospital talks us through frequently asked questions about shoulder joints.

Q. My shoulder clunks, cracks and pops.

What could be the cause? Noises in the joints, such as popping, cracking or clicking, can be quite disturbing and cause concern. Often, these noises are not indicative of any underlying problem. Such noise often persists for years without any real problem developing. If there is no pain with cracks or clicks, you can assume it is being caused by the soft tissue in a joint and is normal.

Noises associated with pain may indicate damage to the surfaces of the joint. Such cracks and clicks may be due to tears in the labrum (see figure 1), which may snap over the other structures as the arm moves.

If the labral tear is at the top of the shoulder, it is called a SLAP lesion. Sometimes the clicking may be due to the shoulder slipping in and out of joint. This is known as shoulder instability (subclinical).

Q. Will I need tests? An MR Arthrogram is often useful to show a labral tear, but is only about 80 to 90 per cent accurate. A good clinical examination by an experienced clinician is the best way to make the diagnosis, with scans to assist when required.

Q. What treatment will I need?

If you have painful clicking and clunking, with a confirmed labral tear, keyhole surgery to repair the tear is the best treatment. If there is no labral tear, physiotherapy is best to retrain the muscles to control your shoulder.

Q. What does surgery involve?

The surgery is usually a keyhole, day-case procedure. This is known as an Arthroscopic Labral Repair. The torn labrum is fixed back down to the bone with small suture-anchors (figure 2). The surgery is done through two or three small 5mm holes and generally no stitches are required.

Q. When will I get back to normal?

After the surgery you will be able to move your arm as comfortable, within the limits determined by the surgeon and therapist. You will need a sling for about three weeks and need physiotherapy for about three months. The surgery has a 95 per cent success rate and you should return to sports and heavy activities after three months.



Figure 1: The labrum of the shoulder is a circular structure that deepens the socket of the glenoid, providing stability for the shoulder joint, similar to the meniscus of the knee.

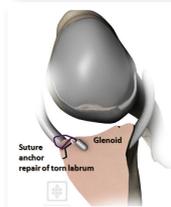


Figure 2: The torn labrum is repaired with a suture-anchor device. (The anchor is the silver 'pellet' and the suture is purple.)