INFORMATION AND EXERCISES

Posterior Shoulder Instability: Non-operative Management

Including tears of the labrum at the back of the socket (posterior labral tears)

Dr Aditya Malik
FRCS (Tr&Orth) Edinburgh
drdityamalik.com

A course of exercises is usually tried first for a shoulder that slips backwards, with or without a tear of the labrum at the back of the socket. If the shoulder still slips, catches or hurts despite the exercises, an arthroscopic (keyhole) operation to repair it may be advised. This sheet explains the condition, and sets out, step by step, the exercises that make the muscles around the shoulder and the shoulder blade strong and well controlled.

EXERCISES	HEAVIER STRENGTH WORK	PUSH-UPS AND BENCH PRESS	TRIAL OF EXERCISES
Every day	2 to 3 times a week	Avoid for now	3 to 6 months

Understanding posterior shoulder instability

Your shoulder is a ball and socket joint with a shallow socket, which lets the arm move freely. A rim of gristle around the edge of the socket, the labrum, deepens it and helps to hold the ball in place. In posterior instability, the ball slips backwards in the socket: usually partly (a subluxation), and only sometimes all the way out (a dislocation).

It often comes on gradually, from repeated pushing with the arms in front of the body, as in weight training, push-ups, or contact sports such as rugby, kabaddi and wrestling; sometimes it follows a fall or an injury. The labrum at the back of the socket can tear. You may feel a deep ache at the back of the shoulder, a click, or a sense that the shoulder is slipping or weak, especially when pushing or lifting with the arm in front of you.

Dr Malik will examine your shoulder, and usually arranges an MRI scan to show the labrum and the shape of the socket.

Exercises tend to work best when the shoulder mainly aches rather than slips, and when it started without a clear injury. They are less likely to be enough on their own when the shoulder keeps slipping, when it started with a clear injury, or when the scans show that the socket is tilted backwards or has lost some bone.

If the shoulder is clearly unstable (it comes right out of joint, or keeps slipping out), or the scan shows a clear, large tear of the labrum, an operation is needed.

Trying exercises first does not rule out an operation later.

While the shoulder settles, avoid

- Positions that make the shoulder slip: usually the arm raised in front of you and across your body, especially when pushing, for example a heavy door or a stalled scooter.
- Push-ups, bench press, dips and planks, and yoga poses that take your weight on your hands, such as the plank and downward dog in sun salutations (surya namaskar), until your physiotherapist adds them back.
- Stretches that pull the arm across your chest or up behind your back: they stretch the back of the shoulder, which needs to be held more firmly, not loosened.

Everyday tips

- Keep using the arm for everyday tasks, mostly in front of you at waist height, with the elbow near your side.
- Sit and stand tall, with your shoulders gently back: slumping lets the shoulder blades drift forwards.

Easing the pain

- A warm shower, or a hot pack (hot fomentation), before you exercise can make the shoulder more comfortable.
- A cold compress, such as an ice pack wrapped in a thin towel, for up to 20 minutes, can ease the pain after the shoulder has slipped or after activity.
- Painkillers, taken as prescribed by Dr Malik, can make it easier to keep up the exercises.
- If pain is holding back the exercises, an injection can be tried, to ease the pain while you build up the muscles.

> **If the pain is stopping you from exercising, or you are worried about your shoulder, contact the clinic on +91 99197 03477.**

Contact the clinic if

- The shoulder keeps slipping, or feels as if it will, during everyday activities or the exercises.
- It clicks or catches painfully, or the arm suddenly feels weak or dead.
- It is no better after about 3 months of regular exercises.
- You would like to go back to a contact, throwing or racquet sport, or to weight training, and the shoulder does not feel steady.

CONTACT THE CLINIC URGENTLY IF

- Your shoulder comes out of joint and does not go back, or you cannot move your arm. Support the arm against your body, keep it still, and go to the nearest emergency department.
- After the shoulder has slipped, your arm or hand goes numb or weak, or turns cold or pale.
- The pain suddenly gets much worse, or is not controlled by your painkillers.

Clinic: +91 99197 03477. If you cannot reach the clinic, go to the nearest emergency department.

BEFORE YOU BEGIN

- Start only when Dr Malik or your physiotherapist has told you to. A physiotherapist experienced with shoulder problems should guide the programme, and check your progress every week or two, in particular how you control your shoulder blade.
- Move on to each part when you reach its goals, not by the calendar.
- Move slowly and smoothly: control matters more than the weight. Never push into a position that makes the shoulder slip; if an exercise makes it slip or clunk, stop that exercise and tell your physiotherapist.
- Some aching during the exercises, and for up to 30 minutes afterwards, is fine. If the shoulder is more painful the next day, do fewer repetitions next time, then build up again gradually.
- Follow these exercises as they are written unless Dr Malik tells you otherwise.
- This sheet does not replace individual advice. If it differs from what you were told in clinic, follow the advice you were given there.

How to do the programme

- Warm up first with a few minutes of gentle movement, such as shoulder rolls and arm swings by your sides.
- Do Part 1 twice a day, and Part 2 once a day. Do Part 3 two or three times a week, with a rest day in between: the muscles get stronger on the rest days.
- In Part 3, the last few repetitions of each set should be hard work. When you can do 2 more than the target in the last set, use a stronger band or a slightly heavier weight next time.
- Give the exercises at least 3 months, and up to 6: the muscles take time to grow stronger and to learn to hold the shoulder steady. You and Dr Malik decide together whether to keep going or to consider an operation. Once the shoulder is steady, keep up the exercises at least twice a week.
- Keep a diary of the exercises, the bands or weights, and how the shoulder feels.

Part 1: Controlling the shoulder

Start with these, every day. They teach the muscles around the shoulder blade and at the back of the shoulder to switch on and hold the shoulder steady. Move on to Part 2 when you can do them all smoothly, without pain and without the shoulder slipping.

01 Shoulder blade exercises

Learning to hold the shoulder blade back and down, which gives the shoulder a steady base.

1. Sit or stand up tall, with your arms relaxed by your sides.
2. Shrug your shoulders up towards your ears, then let them drop and relax.
3. Draw your shoulders gently forwards, then squeeze your shoulder blades back and down. Hold, then relax.
4. Keep your shoulder blades gently back and down like this in all the other exercises.

HOLD	REPETITIONS	HOW OFTEN
5 seconds	10 of each	Twice a day

02 Muscle tightening in each direction

Waking up the muscles that steady the shoulder, without moving the joint.

1. Stand side-on to a wall, the affected arm nearest to it, with the elbow bent to a right angle and tucked into your side. The arm does not move in this exercise.
2. Outwards: press the back of your wrist gently against the wall.
3. Sideways: press the outside of your elbow gently against the wall.
4. Inwards: in a doorway, press the palm side of your wrist gently against the door frame.
5. Use only about a third of your full strength. It should not hurt.

HOLD	REPETITIONS	HOW OFTEN
5 seconds	10 each way	Twice a day

03 Lifting the forearm, lying on your side

Strengthening the muscles at the back of the shoulder, which hold the ball in the socket.

1. Lie on your good side. Put a small rolled-up towel between the elbow of your affected arm and your side, and bend that elbow to a right angle.
2. Keeping the elbow on the towel and your shoulder blade back and down, lift your forearm up towards the ceiling.
3. Do not roll backwards as you lift. Lower slowly.
4. When this is easy, hold a small weight: start with 0.5 kg (a full 500 ml water bottle).

REPETITIONS	HOW OFTEN	NEXT STEP
2 sets of 10	Twice a day	0.5 kg, then 1 kg

Part 2: Building strength

These build up the muscles that hold the ball in the socket and the shoulder blade steady. Do them once a day, and keep doing 01 as a warm-up. Move on to Part 3 when they are all easy with a medium-strength band, and the shoulder no longer slips in everyday activities.

04 Turning the arm outwards with an exercise band

Strengthening the muscles at the back of the shoulder against the band.

1. Tie an exercise band (a long elastic band) firmly to a banister, a railing or a door handle, at about elbow height.
2. Stand side-on, holding the band in the hand of your affected arm, with a small rolled-up towel between your elbow and your side. Keep the elbow bent to a right angle and your shoulder blades back and down.
3. Slowly pull the band outwards, away from your body, as far as is comfortable. Hold, then let it back very slowly.

HOLD	REPETITIONS	HOW OFTEN	NEXT STEP
2 seconds	3 sets of 10	Once a day	A stronger band

05 Rowing with an exercise band

Strengthening the muscles between the shoulder blades, which help you sit and stand tall.

1. Loop an exercise band (a long elastic band) around a firm post at about chest height, and hold one end in each hand, with your arms in front of you.
2. Sit or stand tall, with your chin slightly tucked in and your shoulders down.
3. Pull the band towards you, squeezing your shoulder blades together and down.
4. Hold for 2 seconds, then let your arms go forward slowly. No band? Do it without one.

REPETITIONS	REST	HOW OFTEN	NEXT STEP
3 sets of 10	1 minute between sets	Once a day	A stronger band

06 Lifting the arm out to the side, lying on your front

Strengthening the muscles between the shoulder blades and at the back of the shoulder.

1. Lie on your front on a firm bed, with the affected arm hanging straight down over the edge, thumb pointing forwards.
2. Squeeze your shoulder blade back and down, then lift the arm out to the side, up to the level of the bed, turning the thumb to point up to the ceiling.
3. Hold, then lower slowly. When this is easy, hold a small weight (0.5 kg).

HOLD	REPETITIONS	HOW OFTEN
2 seconds	3 sets of 10	Once a day

07 Wall slides

Raising the arm, with the wall taking some of its weight.

1. Stand facing a smooth wall with a small cloth under your hands, or clean socks on them, so that they slide easily.
2. Place the little-finger edges of your hands against the wall, thumbs towards you.
3. Step towards the wall as you press gently into it, and slide your hands up as far as you can.
4. Relax, and slide back down to the start.

REPETITIONS	HOW OFTEN	NEXT STEP
3 sets of 10	Once a day	No wall, holding a light weight

Part 3: Strength for harder tasks

Heavier work, two or three times a week, and only when your physiotherapist agrees; keep doing Part 2 on the other days. Your physiotherapist will add drills for your sport or work, with the arm in more demanding positions.

08 Push-ups against the wall, with a push at the end

Strengthening the muscle that holds the shoulder blade against the ribs, with the arms in front of you.

1. Only when your physiotherapist agrees. Stand facing a wall and place your hands on it at shoulder height, shoulder-width apart.
2. Keep your elbows lower than your shoulders, and your body straight.
3. Bend your elbows to lower yourself towards the wall, then push back. At the end, push a little further, so that your shoulder blades slide forwards around your ribs.
4. Stop if the shoulder feels as if it is slipping.

REPETITIONS	HOW OFTEN	NEXT STEP
3 sets of 8	2 to 3 times a week	Hands on a worktop, when your physiotherapist agrees

09 Turning the arm outwards, with the arm raised

Strengthening the back of the shoulder in the position used for throwing and racquet sports.

1. Only if your physiotherapist adds it, usually for throwing or racquet sports.
2. Tie the band at about shoulder height and face it. Raise your elbow out to the side to shoulder height, bent to a right angle, with the forearm pointing forwards.
3. Keeping the elbow at shoulder height, turn the forearm up until it points to the ceiling. Return slowly.

REPETITIONS	HOW OFTEN	START
3 sets of 8	2 to 3 times a week	When your physiotherapist agrees

Getting back to sport, the gym and work

Sport: your return to sport is built up gradually, and planned separately for each person, depending on the sport and what it demands of your shoulder. Contact sports, such as rugby, kabaddi and wrestling, and throwing and racquet sports come last: once the shoulder is strong, steady and pain-free, and when Dr Malik and your physiotherapist agree.

The gym: build back gradually, with light weights at first. For bench press and push-ups, keep your hands about shoulder-width apart and your shoulder blades held back, and do not lower the bar all the way to your chest at first; leave dips until last.

Work: most people can keep working. Heavy lifting, and work with pushing or with the arms held in front of you, is built up gradually, and planned separately for each person, depending on your work and what it demands of your shoulder.

What to expect

Strengthening the muscles and retraining their control takes months, not weeks: the exercises are usually tried for 3 months, and for up to 6. For many people, the shoulder becomes steady and comfortable enough for everyday life and sport.

Some find that the shoulder still slips or hurts despite regular exercises, especially after an injury that tore the labrum. You and Dr Malik then decide together whether to have an operation.

An operation: arthroscopic posterior labral repair

An operation is needed if the shoulder is clearly unstable, or the scan shows a clear, large tear of the labrum. It is also considered if the shoulder still slips, catches or hurts despite a proper course of exercises. The usual operation is keyhole surgery (an arthroscopic posterior labral repair): through a few small openings, the torn labrum at the back of the socket, with the lining attached to it, is stitched back onto the bone.

If the socket has lost a lot of bone, or is tilted backwards, a different operation may be needed.

Trying exercises first does not rule out an operation later. Dr Malik will discuss whether an operation is right for you. If you have one, his sheet ‘Arthroscopic Posterior Labral Repair’ explains the recovery.

Published October 2026 · This sheet is provided for patients under the care of Dr Aditya Malik. It does not replace individual clinical advice. · Medanta Noida & Medanta Defence Colony · +91 99197 03477 · dradityamalik.com