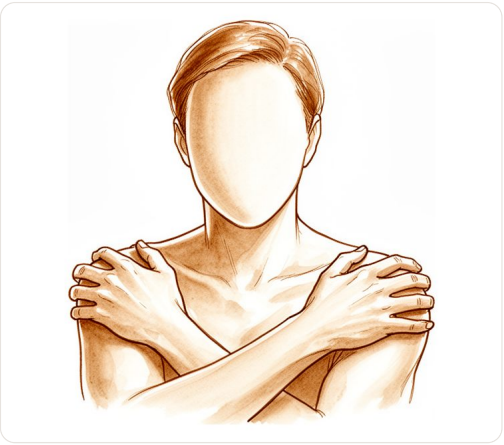
CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION — IN DEPTH

# Shoulder Clicking, Popping and Instability



Clicking, popping or a sense of the shoulder slipping can signal instability worth assessing.



## What you're feeling

You may notice clicking, popping, or a grinding sensation in your shoulder. This often happens when the joint feels loose or unstable. The sound might come from the front or back of the shoulder, depending on which way it slips. You might feel a sudden shift or a "slipping" sensation when you move your arm.

Pain usually follows these episodes. It can feel deep inside the joint or spread down your upper arm. You may feel sharp pain when you lift your arm overhead or reach behind your back. Simple tasks like putting on a jacket, reaching for a seatbelt, or lifting a grocery bag can become difficult. Your shoulder might feel weak or like it might give way during these movements.

Symptoms often flare after activity. You might feel soreness the next morning or after sleeping in certain positions. Night pain is common if you sleep on the affected side. The discomfort can make it hard to find a comfortable resting position. You may also feel stiffness after keeping your arm still for a long time, such as during a long drive or at a desk.

In some cases, the shoulder dislocates completely. This is a sudden, painful event where the ball of the upper arm bone pops out of the socket. It can happen during sports or after a fall. Even if it pops back in on its own, the area may remain swollen and tender for days. You might feel anxious about using that arm again, fearing another slip.

If you have multidirectional instability, the shoulder may feel loose in multiple directions. You might notice clicking when raising your arm to the side or behind you. This can affect daily activities like washing your hair or reaching for items on a high shelf. The feeling of instability can be frustrating and limiting.

We understand that these symptoms can disrupt your daily life. A thorough clinical exam is the most important factor in determining the cause of your symptoms. We will look at your specific movement patterns and stability to guide your treatment.

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## What's actually happening

Your shoulder is a ball-and-socket joint. The ball sits in a shallow cup. A ring of cartilage, called the labrum, lines that cup. Think of the labrum like a gasket or a shock absorber. It deepens the socket. This helps keep the ball centered. It minimizes the gap between the ball and the socket. Without it, the joint is loose.

Clicking or popping often means this gasket is damaged. The labrum may tear. This happens when the shoulder dislocates. The ball slips out of place. It can also happen from wear and tear. When the labrum is injured, it cannot hold the ball securely. The joint becomes unstable. You might feel a catch or a pop. This is the ball shifting in the socket.

Sometimes, the problem is not just the soft tissue. The bone itself may be worn down. The socket can become too shallow. The labrum cannot compensate for this loss of bone depth. The joint loses its natural shape. This makes instability more likely. You may feel like the shoulder is slipping again.

In some cases, the ligaments that hold the shoulder together are torn. These are like strong ropes. If they detach from the bone, the shoulder loses support. This can happen after a dislocation. It can also happen with repeated injuries. The shoulder feels loose and unpredictable.

Your surgeon will examine your shoulder closely. They will check how stable it is. Imaging helps, but the physical exam is key. It shows what is actually moving wrong. This guides the treatment plan. The goal is to restore stability. This stops the clicking and popping. It helps you use your shoulder safely again.

## What we can do about it

At Mater Private Hospital Rockhampton, Dr Kieran Hirpara approaches shoulder instability by matching the treatment to the cause of your symptoms. We start with the least invasive options and move to surgery only when necessary. Your journey begins with a clear diagnosis based on your history, examination, and imaging.

For many patients, especially those with first-time or mild instability, self-management and physiotherapy are the best first step. You can try changing activities that trigger clicking or popping. A physiotherapist will guide you through exercises to strengthen the muscles around your shoulder blade and arm. This helps stabilize the joint and improves your range of motion. We usually recommend giving this approach at least several weeks to show results. For military personnel or athletes with recurrent dislocations, combining kinesio taping with conventional rehabilitation can lead to significant improvements in function compared to exercise alone.

If pain persists, medical management can help control symptoms. Your surgeon may discuss pain medication or anti-inflammatory drugs to reduce swelling and discomfort. In some cases, we consider injections. Cortisone injections can calm inflammation for a few weeks to months, helping you participate in therapy. Hyaluronic acid or platelet-rich plasma (PRP) injections are sometimes used to support joint health, though their long-term effects vary. These options do not fix structural damage but can make daily life more comfortable while your body heals or while you build strength.

Surgery is considered when conservative care has not given enough improvement, or if you have a structural problem like a large bone loss or recurrent dislocations that affect your quality of life. For acute injuries with

significant bone damage, we may recommend surgery sooner rather than later. The operation aims to repair torn ligaments or restore bone structure to prevent the shoulder from slipping out of place. We discuss the specific surgical plan with you based on your unique anatomy and goals. For example, arthroscopic Bankart repair is common for anterior instability, while bone block procedures may be needed for severe bone loss. We view this as a shared decision, weighing the risks and benefits to help you return to the activities you love.

## What to expect

Your shoulder symptoms often come and go. Many people find that their shoulder feels unstable or clicks during certain movements. For some, this settles with rest and careful movement. For others, the feeling of slipping or catching persists. If you have had a first-time dislocation, your surgeon may suggest non-surgical care first, especially if you are active in sports. This approach helps you stay in the game while your shoulder heals.

If surgery is needed, the outlook depends on the type of damage. For common front-of-shoulder instability, both keyhole (arthroscopic) and open surgery offer similar results in preventing future dislocations. However, if you have significant bone loss or specific types of bone dents, keyhole repair alone may not be enough. In these cases, the risk of the shoulder slipping again is high. This can lead to poorer long-term satisfaction over ten years. Your surgeon will look at your age, the shape of the tear, and its location to predict your risk of recurrence.

For complex cases, such as multidirectional instability or connective tissue conditions like Ehlers-Danlos syndrome, specialised procedures using tissue grafts can provide stability and improve function. In severe, end-stage cases where the joint is worn out, options like joint fusion or reverse replacement are available. These are considered when other treatments have failed.

Recovery is a gradual process. You will likely feel stiffness and soreness for several weeks. Physical therapy is essential to regain strength and control. While many patients return to their daily activities and sports, the timeline varies. Some factors, like the specific injury pattern or previous surgeries, can influence how quickly you recover. It is important to have realistic expectations. Not every shoulder returns to its pre-injury state immediately, and some people may continue to experience occasional clicking or popping even after successful treatment. Your surgeon will guide you through each stage to ensure the best possible outcome for your specific situation.

## When to see someone

See your GP if your shoulder pain does not improve with rest. Ask for a specialist review if you feel weakness, instability, or if the joint locks or gives way. Symptoms that interfere with sleep or work also warrant a check-up. Sudden worsening needs attention. A thorough clinical exam is the most important factor in deciding if surgery is needed for your shoulder instability. Early recognition helps ensure the best functional outcome. Do not ignore persistent clicking or popping if it affects your daily life.

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# In more depth

This section goes further than you need for your own treatment decisions. Clicking and popping in the shoulder is worth the extra reading because it is a symptom rather than a diagnosis — and because the single most useful thing to establish is whether the noise comes with a sense that the joint is moving where it should not.

### NOISE ON ITS OWN IS USUALLY NOT THE PROBLEM

A shoulder that clicks, snaps or grinds without pain, without weakness and without a feeling of giving way is common and generally does not indicate damage. Tendons move over bony ridges, the capsule folds and unfolds, and gas can move within the joint fluid. None of that requires treatment.

The reason this matters is that a noise is alarming out of proportion to its significance, and imaging a painless clicking shoulder will frequently find something — an age-typical labral fray, a partial cuff change — that then gets blamed for it. The rotator cuff literature makes this concrete: cuff abnormalities are common enough in people without symptoms to be considered a feature of normal ageing, which makes it genuinely difficult to know whether a finding is new or causative [1].

### THE QUESTION THAT SEPARATES THE GROUPS

What changes the assessment is whether the noise is accompanied by a sense of the joint shifting, slipping or giving way — apprehension when the arm is raised and rotated outwards, an episode of the shoulder coming out, or a persistent feeling of looseness.

That combination points towards instability, which is a structural problem with its own evidence, its own decision points and its own treatments — the balance of bone loss against soft tissue, whether a Hill-Sachs lesion engages, and the choice between repair, remplissage and bone transfer. Those are covered in depth on the shoulder instability page rather than repeated here.

The second combination worth recognising is noise with true weakness or visible wasting, which points away from the joint surface entirely and towards the rotator cuff or a nerve problem.

### WHY PAINLESS CLICKING AFTER A STABILISATION IS DIFFERENT AGAIN

If you have had instability surgery, a shoulder that clicks is a common source of worry. Worth knowing: arthritic change following arthroscopic Bankart repair is present in **60%** of shoulders for any change and **28%** for moderate-to-severe change — and it is **generally asymptomatic**, with no significant correlation identified with the established risk factors [2].

So a mechanical noise in a previously stabilised shoulder, without instability symptoms, is more often a reflection of a joint that has been through something than a sign of failure.

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## WHAT IS ACTUALLY WORTH REPORTING

Three features change the assessment and are worth mentioning specifically: a sense of the joint moving or giving way; genuine weakness rather than pain-limited effort; and locking or catching that physically blocks movement rather than merely making a sound.

Clicking without any of those, in a shoulder that works, is the situation in which the most useful intervention is an explanation rather than an investigation.

## REFERENCES


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2. Yeo MH, Seah SJ, Ang G, Arce G, Lie D. Prevalence and risk factors for the development of glenohumeral osteoarthritis following arthroscopic Bankart repair: a systematic review and meta-analysis. J Shoulder Elbow Surg. 2025;34(12):e1224-e1233.



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