

An Epidemiologic Analysis of Shoulder Dislocation and Instability in Collegiate Athletes

Varun Sriram, Guillermo Araujo, Clayton Del Prince, Mikayla Romana Mefford, David R McAllister¹, Kristofer J Jones², Thomas J Kremen

¹UCLA Department of Orthopaedic Surgery, ²University of California, Los Angeles

INTRODUCTION:

Shoulder dislocation is a common injury among athletes, often necessitating long amounts of time spent away from sport for rehabilitation. Little data exists detailing the epidemiology of shoulder instability in college athletes in the United States. This study aimed to describe the epidemiology of shoulder dislocation and instability suffered by NCAA athletes in the Pac-12 conference using injury surveillance data from 2017 to 2022 obtained from the Pac-12 Health Analytics Program (HAP). By shedding light on shoulder instability, more informed practices for the prevention, diagnosis, and treatment can be developed with the intent of decreasing the incidence and improving the clinical outcomes for traumatic shoulder instability.

METHODS:

This study of prospectively collected de-identified injury and illness data from NCAA Division I collegiate athletes in the Pac-12 included academic years 2017-2018 through 2021-2022. Athletes who experienced shoulder dislocation or instability were analyzed. Injuries were stratified by anatomic location, time missed, recurrence, proportion treated with surgery, and timing of injury during competition. Injury rates (IR) per 100,000 athlete exposure hours (AEH) were calculated.

RESULTS:

Shoulder injuries were reported across nine sports. A total of 134 shoulder dislocations and 302 events of shoulder instability were reported. The highest rates of dislocation per 100,000 AEH were among football (2.12), baseball (1.44), basketball (1.10), and softball (1.06) athletes. The highest rates of instability were among softball (6.39), football (4.45), gymnastics (3.06), and basketball (2.60) athletes. Across all sports, with the exception of baseball, a majority of injuries occurred in the second half of competition, with basketball and track and field having the highest percentage of injuries occurring in the second half (70.8% and 71.4% of injuries, respectively). Among baseball athletes, a strong majority (61.9%) of injuries occurred in the first half of competition.

The overall proportion of athletes receiving surgery for shoulder dislocations was 47.7%. Non-dislocation events of shoulder instability were treated surgically only 25.9% of the time, with most sports being more likely to opt for nonsurgical treatment. Sports such as gymnastics and swimming and diving, were very unlikely to use surgical treatment for dislocations and instability events. In football, 96.6 and 92.9 percent of athletes were able to return to their previous activity level after suffering a shoulder dislocation or instability event, respectively. No significant difference in the percentage of football players returning to their previous activity level was observed between surgical and nonsurgical treatments with both seeing very high rates of athletes successfully returning to sport. Specifically, 97.3% of athletes receiving surgical treatment and 95.5% of athletes receiving nonsurgical treatment for their dislocation returning to their previous activity level. Baseball and basketball players, however, had a markedly lower percentage of athletes able to return to their previous activity level after receiving surgery for a dislocation or instability event. For dislocations treated surgically, 60% of baseball players and 66.7% of basketball players were able to return to their previous activity level, while 100% of baseball and basketball players who did not have surgery for their shoulder injuries were able to return to their previous activity level. On average, football players receiving surgery for a shoulder dislocation missed 181 days before returning to competition, while those without surgery only missed 22 days. Baseball players receiving surgery missed 171 days of competition on average, while those treated nonsurgically missed 90 days. Basketball players receiving surgery missed 425 days, while those without surgery missed 32 days.

DISCUSSION AND CONCLUSION:

Shoulder dislocations are common injuries among collegiate athletes, with the highest rates of dislocation and instability in football players and softball players respectively. Roughly half of dislocations are treated surgically. Though many athletes receiving surgery for their shoulder injury can return to their previous activity level, baseball and basketball athletes tended to have a lower percentage of athletes able to do so in our series. There was high variability among sports regarding time missed due to injury after a shoulder instability episode, however, in general, nonsurgical management leads to quicker return to play. Awareness of the incidence and outcome of injuries that affect collegiate athletes and their interventions may allow for improved strategies to prevent and treat injuries.

Table 1: Rate of Shoulder Injuries by Sport

| Events | Dislocation | | Instability | |
|-------------------|-------------|--------------------------|-------------|--------------------------|
| | n | Incidence Rate (95% CI)* | n | Incidence Rate (95% CI)* |
| Football | 84 | 2.12 (1.67,2.58) | 176 | 4.45 (3.79,5.11) |
| Basketball | 82 | 1.44 (0.83,2.05) | 15 | 1.81 (0.83,3.71) |
| Basketball | 11 | 1.01 (0.45,1.75) | 26 | 2.60 (1.60,3.60) |
| Soccer | 10 | 0.76 (0.26,1.23) | 21 | 1.59 (0.93,2.28) |
| Track and Field | 7 | 0.32 (0.08,0.56) | 13 | 0.60 (0.27,0.92) |
| Softball | 4 | 1.96 (0.02,2.13) | 24 | 6.39 (3.83,8.94) |
| Gymnastics | 3 | 0.57 (0.1,1.02)** | 16 | 3.06 (1.56,4.56) |
| Swimming & Diving | 3 | 0.17 (0.0,0.36)** | 11 | 0.62 (0.25,0.99) |
| Total | 138 | 1.44 (1.21,1.64) | 302 | 2.85 (2.58,3.02) |

* Incidence Rate per 100,000 Athlete Exposure Hours (AEH)
 ** Confidence intervals Capped at 0

Table 2: Percentage of Athletes Undergoing Surgery for Shoulder Injury and Return to Sport

| Events | Dislocation | | Instability | |
|-------------------|----------------------------|-------------|----------------------------|-------------|
| | Time Allowed Due to Injury | | Time Allowed Due to Injury | |
| | Surgery | Non-Surgery | Surgery | Non-Surgery |
| Basketball | 45% | 42% | 11% | 10% |
| Basketball | 52% | 38% | 31% | 27% |
| Soccer | 30% | 23% | 55% | 20% |
| Basketball | 55% | 50% | 60% | 44% |
| Track and Field | 42% | 24% | 61% | 56% |
| Softball | 18% | 24% | 17% | 44% |
| Gymnastics | 0% | - | 87% | 41% |
| Swimming & Diving | 0% | - | 87% | 41% |

Table 3: Percentage of Injuries by Timing in Competition

| Events | n | First Half of Competition | | Second Half of Competition | |
|-------------------|-----|---------------------------|-----|----------------------------|-----|
| | | n | % | n | % |
| Basketball | 13 | 8 | 62% | 5 | 38% |
| Basketball | 2 | 1 | 50% | 1 | 50% |
| Basketball | 2 | 1 | 50% | 1 | 50% |
| Soccer | 10 | 4 | 40% | 6 | 60% |
| Softball | 2 | 1 | 50% | 1 | 50% |
| Track and Field | 2 | 1 | 50% | 1 | 50% |
| Gymnastics | 6 | 4 | 67% | 2 | 33% |
| Swimming & Diving | 3 | 2 | 67% | 1 | 33% |
| Total | 128 | 62 | 48% | 66 | 52% |

Table 4: Percent of Athletes Able to Return to their Previous Activity Level per Sports and Treatment

| Events | Dislocation | | Instability | |
|-------------------|-------------|---------------|-------------|---------------|
| | Surgery | Non-Operative | Surgery | Non-Operative |
| Basketball | 92.0% | 100.0% | 77.4% | 100.0% |
| Basketball | 66.7% | 100.0% | 75.0% | 100.0% |
| Football | 97.3% | 95.0% | 96.0% | 94.2% |
| Soccer | - | 100.0% | 100.0% | 94.2% |
| Softball | 100.0% | 100.0% | 80.0% | 92.3% |
| Track and Field | 100.0% | 100.0% | 100.0% | 75.0% |
| Gymnastics | 100.0% | - | 50.0% | 90.0% |
| Swimming & Diving | 100.0% | - | - | 100.0% |