The shoulder is the joint that is the most frequently dislocated, which represents more than half of all joints. due to range of motion, unstable. Among the static and moving parts that stabilize the shoulder are the ligaments, muscles around it, and the labrum. Disorders that have one or more stabilizing factors may result in instability. The most frequent reason for shoulder instability is trauma. Depending on the direction of **instability,** **damage** **to** the **shoulder** **is** **usually** **classified** **as** **internal,** **posterior,** **or** **inferior.** **Most** shoulder dislocations are **forward,** accounting for more than 95% of all dislocations. **Although** **posterior** **dislocations** **are** thought to account for **only** 0.5% of all shoulder dislocations, posterior **dislocations** **are** thought to occur **between** **2%** and **4%.** Although shoulder **injury** is **a** common cause of instability, soft tissue or muscle **imbalances** can **cause** shoulder instability even **without a** **serious** **injury. Non-traumatic** **instability** **differs** from traumatic **instability** in that **it** **is** often **multifaceted.** **It** **is** **important** to **understand** the **mechanisms** underlying **failure.** **Removing** **an** **obstacle** **will** result in **an** **inability** **to** **deal** **effectively** **with** **conflicts.** **For** the long-term **maintenance** of the **disease,** **it** **is** **necessary** **to** **recognize** the **pathology** **as** **well** **as** the instability. **The** **analysis** **model** **is** **also** **important** in **terms** **of** **determining** the **underlying** pathophysiology **of** instability and **evaluating** the **disease** **in** a **way** **that** **provides** **appropriate** treatment, **as** **well** **as** **the** **general** evaluation. CT scans and radiography provide **important** information **about** **bone** structure and bone loss. **A complete** **evaluation** of tissue **structure** with magnetic resonance imaging **reveals** **problems** that **need** **to** be addressed in **treatment.** Treatment options for shoulder instability **include** **reconstructive** **procedures,** surgical repair, or restoration of damaged **structures.** In the absence of **dangerous** **situations,** **failure** **management** is a **good** **way** **to** **manage** **initial** instability. **If** **there** **is** no **serious** bone loss **at** **the** **beginning** **of** **the** **period** and **the** **risk** **of** recurrence **(young** age, male gender, **sports,** and **bone** **loss)** **is** **high** **enough,** the **problem** **is** **reversible.** **But** **when** **a** **major** **blow** **occurs** **to** **the** **bones,** in **cases** **where** **the** **teenager** **has** **had** **an** **accident** **or** **has** **come** **into** **contact** **with** **an** **athlete,** **more** **and** **more** **complex** **treatments** **will** **be** **needed** **to** **rebuild** **the** **shoulder.** **The timing** of **surgery** is also important **in** **terms** **of** **good** **management** **because** **surgery** **needs** **to** **be** **done** **better** when bone **damage** **increases** with **relapse.** Shoulder rehabilitation is particularly important **to** **restore** **the** **feel** and strength of the dynamic **stabilizer** of the **shoulder.** **Unstable** **recovery** **after** **medical** or surgical treatment **will** **not** be **possible** **without** **appropriate** **treatment.** **For** proper **treatment,** the cause of shoulder instability **needs** **to** be **properly diagnosed** and **treated for** each patient. **Root** **causes** **of** **risk** **must** **be** **identified** **in** **order** **to** **develop** effective **prevention** and treatment **strategies.**

**Biomechanics of shoulder instability** Surgeons **should** **consider** bone loss (glenoid **defects** and Hill-Sachs **lesions)** **commonly** **encountered** **when** treating patients with shoulder instability. Bankart **therapy** is widely **considered** **the** **gold** **standard,** with **many** articles **reporting** its clinical **benefits.** However, **severe** bone loss has been shown to cause postoperative shoulder instability. **Many** studies have **shown** how bone **damage** affects stability. Bone grafting is **recommended** if glenoid bone loss **exceeds** 25% of glenoid width. Since **there** **is** **always** contact between **the** Hill-Sachs lesion and the glenoid **margin,** glenoid bone loss **should** be **considered** when calculating the **significance** of **the** Hill-Sachs lesion. **In** **2007,** **a** **special** glenoid **running** concept was **presented.** This concept allows us to **calculate** bone loss and **determine** **whether** a **severe** Hill-Sachs **disease** is **'on tract and off tract '.** This **idea** has been used **many** times. The normal glenoid **orbit** width **was** determined **as** 83% of the glenoid width. However, **since** the glenoid **tract** is defined as the contact **of** **the** **glenoid** with the humeral head, the **width** of the glenoid **scar** **seems** to be **affected** by **many** **aspects** **of** the **shoulder.** MRI **research** **has** **allowed** **healthcare** **professionals** to better understand the relationship between **various** **aspects** of **movement** and the glenoid **orbit.** The results showed that the narrower the width **of** the **glenoid,** **the** **greater** the horizontal extension angle **of** **traction** and external rotation. The **angle** **of** horizontal extension in the sitting **position** can be used to calculate the **individual** glenoid **orbital** width. The concept of the glenoid **orbit** **is** **supported** **by** the medical **community** and **evaluation** **of** **the** glenoid **orbit** is **recommended** for surgical **decisions.** **In** order to understand the **results** **of** **the** **treatment** of patients who underwent surgery **according** **to** this **theory,** **94** **patients** **were** **studied.** The overall recurrence rate **of** patients who underwent glenoid **orbital** surgery was 4.3% during **the** 2-year **follow-up** **period.** **These** **findings** **support** **the** application of the glenoid **orbit** concept **to** surgical **decisions** to prevent **postoperative** recurrence and **instability.** **"Typical"** **cases** with less than 25% **glenoid** **defects** can be **treated** with arthroscopic Bankart repair. In **patients** **whose** **lesions** **have** **"disappeared"** and **whose** **glenoid** **deformity** **is** less than **25%,** we should **surgically** treat Hill-Sachs **lesions** **again.** **In** **patients** with **"normal"** **pain** with more than 25% glenoid defect, we **need** **to** perform **a** bone **graft,** such as the Latarjet procedure, to **correct** glenoid bone **loss.** **Bone** grafting can be **used** even **if** there is an **'out** **of** **path'** **wound** with more than **25%** **glenoid** **defect,** **as a** **bone** **graft** **can** **transform** **an** **'out** **of** **path'** **wound** **into** **an** **'endpoint'.**  **Various** **concepts** have been **proposed** **for** **the** **classification** **of** **glenohumeral** **instability.** The patient's signs and symptoms are **recorded** **as** a **model** **for** **describing** **his** illness. **When** **classified,** treatment should be systematic or **algorithmic.** **Because** there are many **factors** (etiology, **direction** **of** **instability,** laxity, patient age, activity, expectations, and bone **loss)** **that** **must** **be** **considered** **before** **treating** **a** **patient's** **instability,** **there** **is** **no** **clear** **definition** **that** **fits** **all** **examples.** The surgeon must **carefully** evaluate the patient's history, physical examination, and **visual** **examination** to administer **appropriate** therapy. According to Thomas and Matsen's classification **system,** patients with **disorders** are **divided** into two groups: **patients** with trauma, **disorder,** Bankart **lesion,** or surgery, and **patients** **who** **experience** **less** **stress** and **more** **conflict.** **While** this **approach** is **valid,** it does not **take** **into** account **mysterious** situations or individuals who **may** **be** **affected** **by** **the** **disease.** Static instability, dynamic instability, and voluntary **dislocation** are the three categories **created** **by** Gerber and Nyffeler to classify instability and **excessive** **relaxation.** **Patients** **with** **grade** B **injuries** are **usually** young and **active.** **Stanmore's** **classification** **includes** **three** **types** **of** **polarity:** **non conflict** **injury** and **disorder** and **non-conflict** **muscles,** **that** **is,** **a** **triangle.** **Posture,** muscle **tone,** **and** **glenohumeral** **instability** **of** the **patient** **are** **considered** **separately** **to** **distinguish** between acute and **non-acute** **pain.**

Figure 1 illustrates an algorithm for treating individuals with anterior glenohumeral instability.

Bone block Procedure

Bankart repair+ Remplissage

Bankart repair

Off-track

On-track

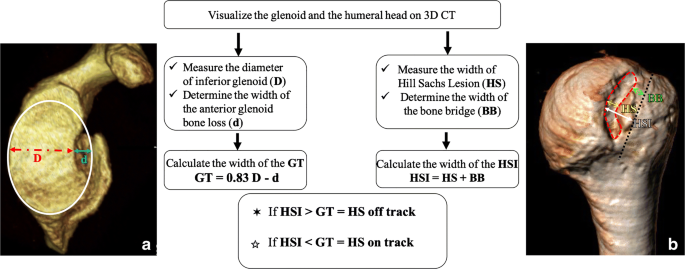
Glenoid bone defect > 25%

defect < 25%

Glenoid bone defect < 25%

Risk factor

Young age, male, Athletes, Sports Person

 Figure2: -on track – off track Glenoid defect

**Surgery**: an open method proposed by Latarjet-Patte in 1958 for the treatment of large bones resulting from anteroinferior instability of the glenohumeral joint, popularized in the 1990s and 2000s by Bankart arthroscopic stabilization. Glenoid and humerus problems occur again when they cannot be detected. Losses are presented. Lafosse and Boyle reported a recurrence rate of 2-4.9%, a satisfaction rate of 98%, more concern, and less graft resorption for the arthroscopic Latarjet technique. Patients with failed coracoid metastases, abnormal coracoid morphology, or large glenoid defects are generally considered candidates for Eden-Hybinette surgery.

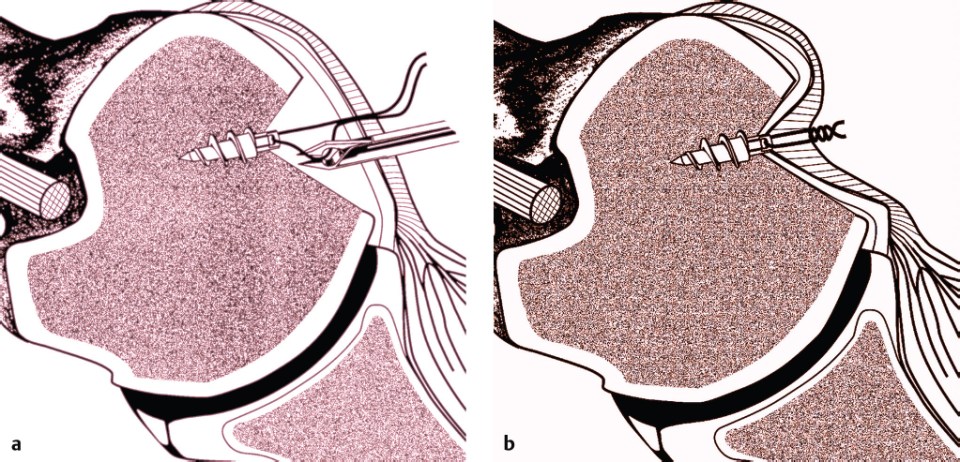


Figure 3: - Remplissage Procedure

The **word** "remplissage" in French means "to **write".** Hill-Sachs bone **defects** have been treated **with** a variety of **treatments,** including bone grafting, retrograde **desilting,** arthroplasty, partial humeral head resurfacing, **and** humeral **rotational** osteotomy. Remplissage is a **procedure** that includes arthroscopic Bankart repair, infraspinatus tenodesis, and posterior capsulodesis to fill Hill-Sachs **syndrome.** **This** method was **developed** by Wolf Et al. **Reported** **by** **in** **2007.** **He** **worked** as an **adjunct** to arthroscopic anterior **shoulder** stabilization **surgery** to **treat** **severe** **Hill-Sach** **syndrome.** The Remplissage **approach** has been **shown** to be effective in reducing the incidence of recurrent shoulder **dislocations** when used in conjunction with **the** arthroscopic Bankart **procedure.**

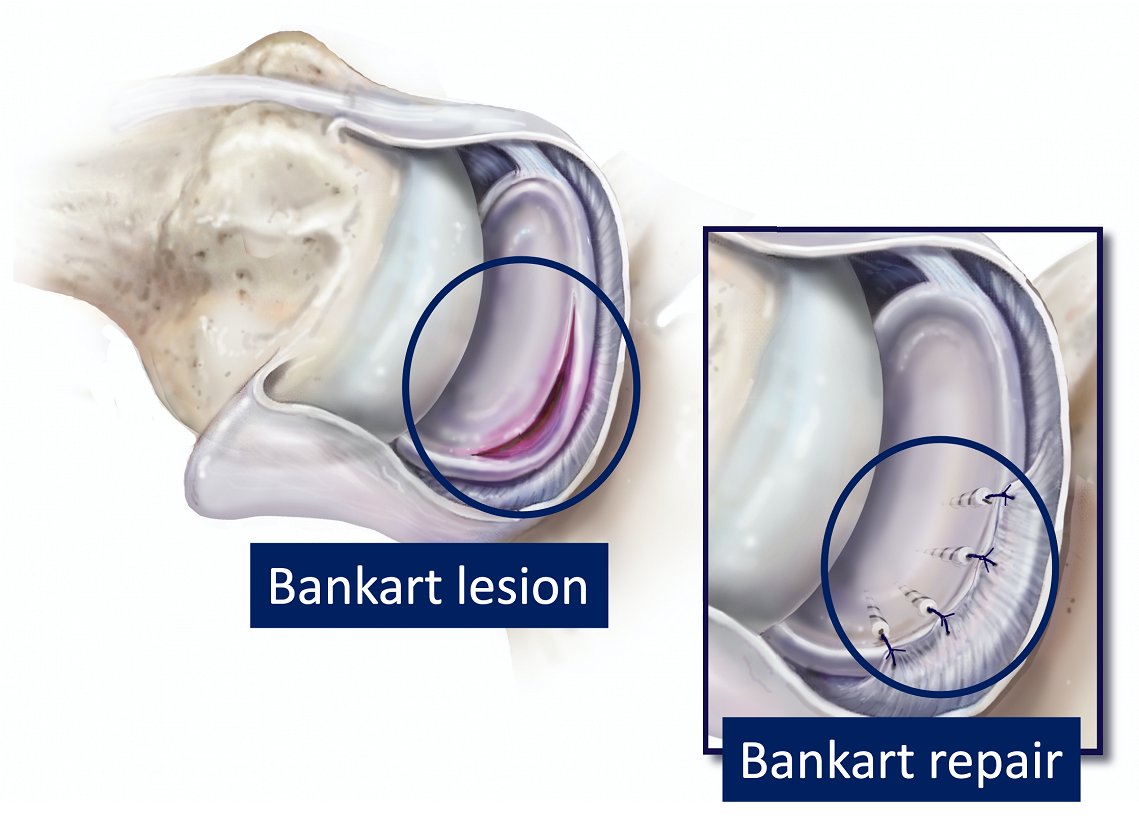


Figure 4: - Bankert lesion and repair