

DISLOCATED SHOULDER

What is a dislocated shoulder?

A dislocation of the shoulder joint happens when the bones making up your shoulder joint are moved apart so that the joint no longer functions.

Your shoulder is made up of two bones: the ball (the end of the arm bone, or humerus) and the socket (part of your shoulder blade, or scapula). When the ball part of the joint is dislocated in front of the socket, it is called an anterior dislocation. When it is dislocated behind the socket, it is called a posterior dislocation. In severe cases, ligaments, tendons, and nerves also can be stretched and injured.

How does it occur?

The most common type of dislocation is an anterior dislocation. It can be caused by a fall onto your outstretched hand or your shoulder. It may happen if your arm is forced into an awkward position.

A posterior dislocation may occur as a result of a powerful direct blow to the front of your shoulder. It may also be caused by a violent twisting of your upper arm, such as that caused by an electric shock or seizure.

Dislocated shoulders are common in contact sports such as football, rugby, hockey, and lacrosse. Other sports that may cause the injury include downhill skiing, volleyball, and soccer.

You also may be genetically susceptible to a dislocation, particularly if your shoulder goes out often or easily. Other members of your family may have the same problem.

What are the symptoms?

The main symptom is pain in your shoulder and upper arm that is made worse by movement.

If you have an anterior dislocation, you will find yourself holding your arm on the dislocated side slightly away from your body with your opposite hand. This will keep your dislocated shoulder in the least uncomfortable position. Your shoulder will have a large bump rising up under the skin in front of your shoulder. Your shoulder will look square instead of round.

If you have a posterior dislocation, you will hold your arm on the dislocated side tightly against your body. You will have a large bump on the back of your shoulder.

How is it diagnosed?

Your healthcare provider will ask about your medical history, including your symptoms, previous treat-

ment, and family history. During your physical exam, he or she will check for:

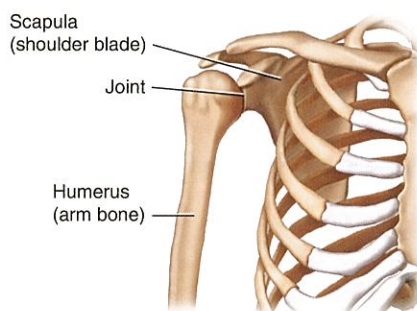
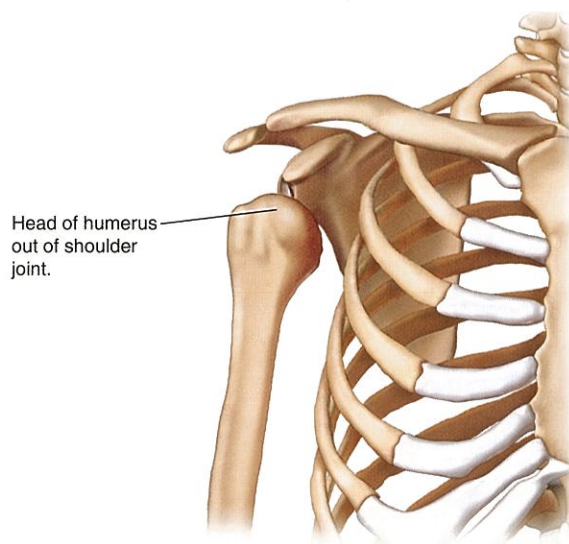
- shoulder tenderness and weakness
- numbness in the shoulder area, arm, or hand
- pain when you move your shoulder or loss of normal shoulder movement
- shoulder instability and deformity

You will have an X-ray of the joint and surrounding areas to confirm the dislocation and check for broken bones.

What is the treatment?

You should go to your healthcare provider's office or the hospital emergency room right away if your shoulder becomes dislocated. Put ice on your shoulder. Cold reduces swelling by controlling internal bleeding and the buildup of fluids in and around the injured area.

DISLOCATED SHOULDER



Normal

Your provider will reposition the head or ball of the joint back into the joint socket. This can sometimes be done without an anesthetic if it is done within a few minutes after the dislocation occurs. If you have recurrent dislocations, you may be able to learn how to put your shoulder back into place by yourself. However, even in such cases you should see a healthcare provider promptly to make sure the repositioning has been done properly.

Fifteen to thirty minutes after the injury, your dislocated shoulder will probably be quite swollen and painful. You may then need to be given an intravenous (IV) pain medicine and muscle relaxant or general anesthesia before the doctor repositions your shoulder. Sometimes a local anesthetic can be injected into the joint to help the doctor reposition the bones. After the repositioning, your shoulder will be X-rayed to make sure it is in the correct position.

Your healthcare provider will place your shoulder and arm in a type of sling called a shoulder immobilizer. It will aid healing by keeping your arm next to your body and stopping you from moving your shoulder. You will keep your shoulder and arm in the immobilizer for 2 to 3 weeks. You may begin shoulder rehabilitation exercises during this time or after you are no longer wearing the immobilizer.

Your provider may prescribe an anti-inflammatory medicine or other pain medicine (adults aged 65 years and older should not take non-steroidal anti-inflammatory medicine for more than 7 days without their healthcare provider's approval). You should continue to place ice packs on your shoulder for 20 to 30 minutes every 3 to 4 hours until the pain and swelling are gone.

In some cases, surgery may be needed to get the shoulder repositioned correctly or if it continues to dislocate. If your shoulder joint becomes weak because of repeated dislocations, your healthcare provider may recommend an operation to tighten the ligaments that hold the joint together.

How long will the effects last?

The healing process may take 4 to 12 weeks, depending on the extent of your injury. With proper healing, you should regain full movement of your shoulder.

How can I take care of myself?

Follow your healthcare provider's instructions when you begin to use your arm and shoulder again, or you may reinjure it. Do the rehabilitation exercises that are given to you by your provider or therapist. Avoid participation in sports until the shoulder has had time to heal.

When can I return to my sport or activity?

The goal of rehabilitation is to return you to your sport or activity as soon as is safely possible. If you return too soon you may worsen your injury, which could lead to permanent damage. Everyone recovers from injury at a different rate. Return to your sport will be determined by how soon your shoulder recovers, not by how many days or weeks it has been since your injury occurred.

You may safely return to your sport or activity when:

- your injured shoulder has full range of motion without pain
- your injured shoulder has regained normal strength compared to the uninjured shoulder

In throwing sports, you must gradually build your tolerance to throwing. This means you should start with gentle tossing and gradually throw harder. In contact sports, your shoulder must not be tender to touch. Contact should progress from minimal contact to harder contact.

If you feel your arm popping out of the shoulder joint, contact your healthcare provider.

What can be done to help prevent a dislocated shoulder?

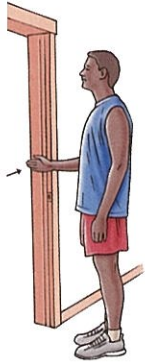
Avoid situations in which you could suffer another dislocation.

Do not return to sports until you have full recovery of motion and strength in your arm.

DISLOCATED SHOULDER REHABILITATION EXERCISES

Do these exercises as soon as your healthcare provider says you can.

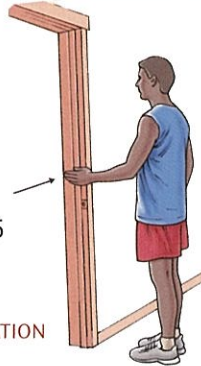
Part I



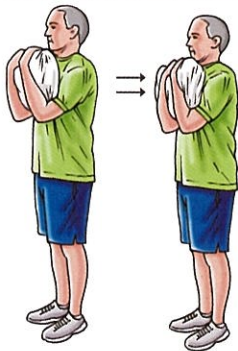
1. ISOMETRIC SHOULDER EXTERNAL ROTATION: Standing in a doorway with your elbow bent 90° and the back of your wrist pressing against the door frame, try to press your hand outward into the door frame. Hold for 5 seconds. Do 3 sets of 10.

ISOMETRIC SHOULDER EXTERNAL ROTATION

2. ISOMETRIC SHOULDER INTERNAL ROTATION: Standing in a doorway with your elbow bent 90° and the front of your wrist pressing against the door frame, try to press your palm into the door frame. Hold for 5 seconds. Do 3 sets of 10.



ISOMETRIC SHOULDER INTERNAL ROTATION



3. ISOMETRIC SHOULDER ADDUCTION: With a pillow between your chest and your arms, squeeze the pillow with your arms and hold 5 seconds. Do 3 sets of 10.

ISOMETRIC SHOULDER ADDUCTION

4. ISOMETRIC SHOULDER FLEXION: Stand facing a wall with your elbow bent at a right angle and held close to your body. Press your fist forward against the wall, hold this for 5 seconds, then rest. Do 3 sets of 10.



ISOMETRIC SHOULDER FLEXION



5. ISOMETRIC SHOULDER EXTENSION:

Standing facing away from the wall with your elbow touching the wall, press the back of your elbow into the wall and hold for 5 seconds. Rest. Do 3 sets of 10.

ISOMETRIC SHOULDER EXTENSION

6. ISOMETRIC SHOULDER ABDUCTION: Standing with one side towards the wall and your elbow bent at a 90-degree angle, press the side of your arm into the wall as if attempting to lift it. Hold for 5 seconds. Rest. Do 3 sets of 10.



ISOMETRIC SHOULDER ABDUCTION



7. SHOULDER FLEXION: Stand with your arms hanging down at your side. Keep your elbow straight and lift your arms up over your head as far as you can reach. Hold the end position for 5 seconds. Do this 10 times.

SHOULDER FLEXION

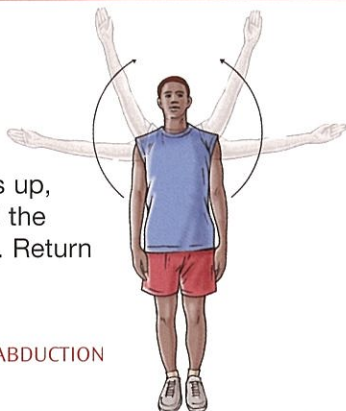
8. SHOULDER EXTENSION: Stand with your arms at your sides. Move the arm on one side back, keeping your elbow straight. Hold this position for 5 seconds. Return to the starting position and repeat 10 times.



SHOULDER EXTENSION

9. SHOULDER ABDUCTION:

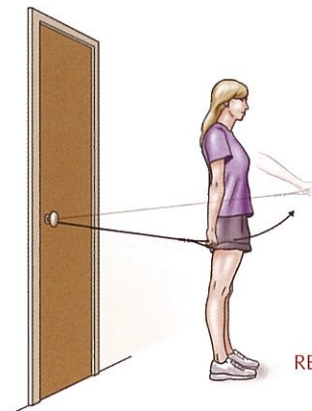
Stand with your arms at your sides. Bring your arms up, out to the side, and toward the ceiling. Hold for 5 seconds. Return to the starting position. Repeat 10 times.



SHOULDER ABDUCTION

13. RESISTED SHOULDER FLEXION:

Holding tubing connected to a door knob at waist level, face away from the door, keep your elbow straight and pull your arm forward. Do 3 sets of 10.

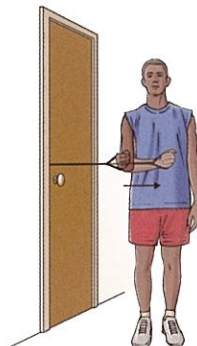


RESISTED SHOULDER FLEXION

Part II

10. RESISTED SHOULDER INTERNAL ROTATION:

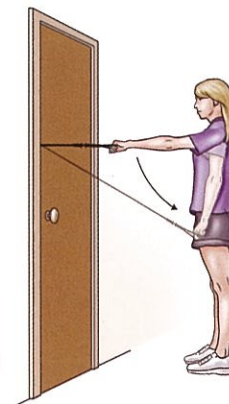
Holding tubing connected to a door knob at waist level, keep your elbow in at your side and rotate your arm inward across your body. Make sure you keep your forearm parallel to the floor. Do 3 sets of 10.



RESISTED SHOULDER INTERNAL ROTATION

14. RESISTED SHOULDER EXTENSION:

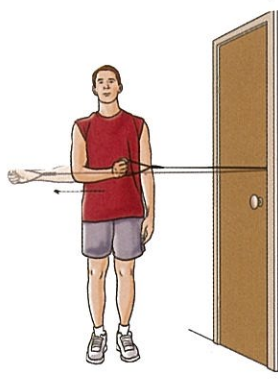
Face a door holding tubing connected to the door knob at waist level, pull your arm back. Be sure to keep your elbow straight. Do 3 sets of 10.



RESISTED SHOULDER EXTENSION

11. RESISTED SHOULDER EXTERNAL ROTATION: Stand sideways next to a door. Rest the hand farthest away from the door across your stomach. With that hand

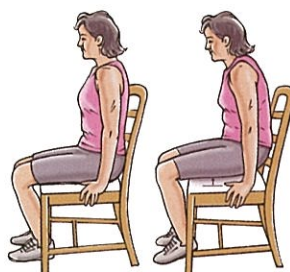
grasp tubing that is connected to a doorknob at waist level. Keeping your elbow in at your side, rotate your arm outward and away from your waist. Make sure you keep your elbow bent 90 degrees and your forearm parallel to the floor. Repeat 10 times. Build up to 3 sets of 10.



RESISTED SHOULDER EXTERNAL ROTATION

15. LATISSIMUS DORSI STRENGTHENING:

Sit on a firm chair. Place your hands on the seat on either side of you. Lift your buttocks off the chair. Hold this position for 5 seconds and then relax. Repeat 10 times. Do 3 sets of 10.



LATISSIMUS DORSI STRENGTHENING

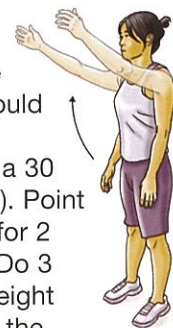
12. RESISTED SHOULDER ADDUCTION:

Stand sideways next to a door. With the hand closest to the door, hold tubing connected to a door knob at waist level. Stand away from the door approximately 8 to 10 inches. Slowly bring your arm with tubing next to your body. Do 3 sets of 10.



RESISTED SHOULDER ADDUCTION

16. SCAPTION: Stand with your arms at your sides and with your elbows straight. Slowly raise your arms to eye level. As you raise your arms, they should be spread apart so that they are only slightly in front of your body (at about a 30 degree angle to the front of your body). Point your thumbs toward the ceiling. Hold for 2 seconds and lower your arms slowly. Do 3 sets of 10. Hold a soup can or light weight when doing the exercise and increase the weight as the exercise gets easier. Your provider may instruct you to do this exercise with your thumbs down.



SCAPTION