

Dear Patient

Shoulder Dislocation

TRAUMATIC DISLOCATION

A sudden direct force applied to the arm or shoulder, particularly when the arm is in the “overhead” position, may result in subluxation (partial dislocation) or full dislocation of the shoulder joint. A common example is in football when attempting an overhead mark and a backward force is applied whilst the arms are in the air. Up to 80% of shoulders that dislocate will dislocate at least once more, often repetitively, requiring less force each time. This is due to stretching and weakness of the capsule, ligaments and surrounding muscles.

ANATOMY

The shoulder is a ‘ball and socket’ type joint formed by the head of the humerus (arm bone) and the glenoid cavity of the scapula (shoulder blade). The joint is surrounded by a thin layer of connective tissue called the joint capsule. It is reinforced by thickened areas of connective tissue which form ligaments. Compared with most other large joints, the shoulder’s joint capsule and ligaments are relatively poor at providing stability but they do allow a good deal of mobility. This mobility makes the shoulder joint very versatile but also makes it particularly susceptible to injury.

To compensate for the poor stability afforded by the joint capsule and ligaments, the shoulder relies heavily upon musculature to “hold things together”. The muscles which control powerful movements of the shoulder are found in the back and chest regions. The “rotator cuff” muscles, supraspinatus, infraspinatus, teres minor and subscapularis, are much smaller but are particularly important as they act together to hold the head of the humerus in its socket and maintain shoulder stability. In a shoulder with a loosened capsule and weak ligaments, the role of the stabilising muscles becomes vital.

WHAT TO DO IF YOUR SHOULDER DISLOCATES

Once a shoulder has dislocated, it is important to return the joint to its normal position as soon as possible. Only experienced medical personnel should perform shoulder relocations. Whilst waiting for help, try lying face down on a table with the arm hanging over the side. This may help relocate the shoulder without causing further damage.

Seek medical assistance as soon as possible. If travelling, use a sling and ice to reduce muscle spasm. Only rarely will surgery or anaesthetic be required to restore normal joint position. An X-ray should be performed to rule out fractures and other serious pathologies.

Rest the arm in a sling for 1 - 3 weeks or as advised, taking the arm out to perform gentle pendular exercises and static muscle contractions (your physiotherapist can teach you these).

Ice the shoulder for 15 minutes every 2 to 3 hours for the first 72 hours to reduce pain and inflammation.



Strapping helps to reduce pressure on the shoulder, improving pain following dislocation.



A formal exercise programme provided by your physiotherapist is essential to restore strength and stability.

REHABILITATION

A formal exercise programme is essential to strengthen shoulder muscles and restore stability.

SIGNS OF ACUTE DISLOCATION

- Extreme pain in the shoulder and neck.
- Loss of the normal shape of the shoulder
- Difficulty moving the arm
- A thick palpable lump which is the ball of the shoulder joint sitting in the arm pit.
- Muscle spasm

Disclaimer : The material contained in these pages is intended as a guide only and does not constitute advice or treatment. For further information, please see your qualified health professional.



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