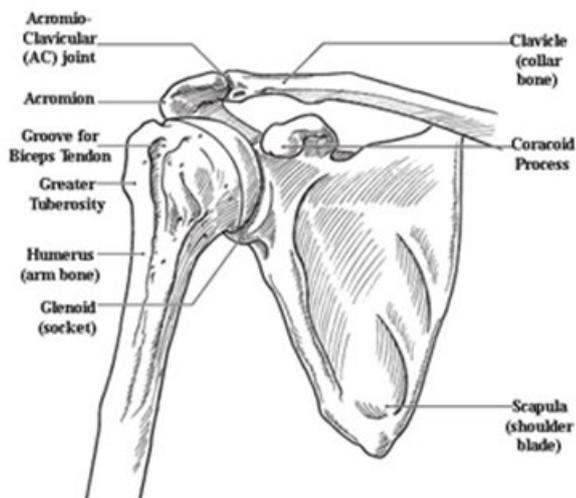


Shoulder dislocation

WHAT IS A DISLOCATED SHOULDER?

The shoulder joint is a ball-and-socket joint. The ball, at the top of the humerus (upper arm), fits into a shallow socket called the glenoid, which is part of the scapula (shoulder blade). This joint is very mobile but not stable. The ball is held into the socket by tissue that fits over the ball like a sock. This is reinforced by ligaments (fibrous bands) and muscles, which are the main stabilising features (see Figure 1).

Figure 1: The bony anatomy of the shoulder



When the ball comes out of its socket it is known as a dislocation. Causes of dislocation include falls with rotation on the arm, direct blows to the shoulder and sports injuries.

Anterior dislocation is by far the most common type of shoulder dislocation – this means that the ball lies in front of the joint. Other types include inferior (downwards) and posterior (backwards) dislocation. This can damage the capsule (the soft tissue envelope that encircles the joint), ligaments, muscles or bone of the shoulder joint.

X-rays may be performed to confirm the diagnosis and, after the shoulder is 'put back', to check the position and look for any further damage such as fractures.

Once you have dislocated your shoulder there is an increased chance that you will dislocate it again. Also, the younger you are the more likely you are to dislocate it again.

AFTER DISCHARGE

You must wear a sling. The length of time you are in the sling will be determined by your treating doctor or physiotherapist. Some specialists recommend a special splint. If this is required, your doctor will advise you on its use.

Only remove the sling to perform elbow exercises or to attend to personal hygiene. When removing the sling it is important to keep your upper arm resting by your side. Do not lift your arm to clean under your armpit; you should lean forward and let your arm hang.

Ice your shoulder for the first 48–72 hours. Ice is helpful for pain and swelling. Use ice packs for no longer than 20 minutes, up to every two hours while awake, especially in the first 24 hours. Make sure you have a damp cloth layer, such as a towel, between the ice and your skin to prevent ice burns.

Take pain medication as instructed and continue to speak with your local doctor or pharmacist about maintaining your pain relief.

If your pain is not controlled or you notice numbness of your arm or part of your hand, you should see your doctor, return to the emergency department or urgent care centre.

Exercises for your elbow and wrist are important to prevent stiffness.

Attend follow-up appointments as scheduled. You may have a referral to or a plan for follow-up physiotherapy to guide you through appropriate exercises and return to function. Some shoulder dislocations benefit from surgery and your specialist will advise if this is the case.

EXERCISES TO TRY

Avoid up and away-from-the-body movements until advised to start these by your physiotherapist or doctor because they may cause your shoulder to re-dislocate. It is helpful to have a follow-up appointment with a physiotherapist who can guide you safely through reintroducing movement and exercises.



Elbow flexion and extension

Take your arm out of the sling and let your arm hang by your side. Gently bend and straighten your elbow. Repeat 10 times, three times a day.



Rotation of the forearm

With your upper arm resting by your side and your elbow bent, turn your palm over to face the floor and gently turn back until it faces the ceiling. Repeat 10 times, three times a day.



Wrist flexion and extension

While your arm is in the sling, gently move your wrist up and down. Do this 10 times every hour while awake.



Hand exercises

Gently open your fingers so your hand is flat then close it to make a fist. Do this 10 times every hour while awake.

Seeking help

In a medical emergency call an ambulance – dial triple zero (000).

Attend your local doctor, emergency department or urgent care centre if:

- your pain is not controlled
- you notice numbness of your arm or part of your hand.

For health advice from a registered nurse you can call NURSE-ON-CALL 24 hours a day on 1300 60 60 24 for the cost of a local call from anywhere in Victoria.*

NURSE-ON-CALL provides access to interpreting services for callers not confident with English.

* Calls from mobiles may be charged at a higher rate.

WANT TO KNOW MORE?

- Ask your local doctor or healthcare professional.
- Contact a physiotherapist choose.physio/findaphysio
- Visit the Better Health Channel at www.betterhealth.vic.gov.au.

This fact sheet has been modified from *Patient factsheet: anterior shoulder dislocation*, Emergency Care Institute NSW.

To receive this publication in an accessible format phone 9096 7770, using the National Relay Service 13 36 77 if required, or email

emergencycare.clinicalnetwork@safercare.vic.gov.au

Disclaimer: This health information is for general education purposes only. Please consult with your doctor or other health professional to make sure this information is right for you.

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