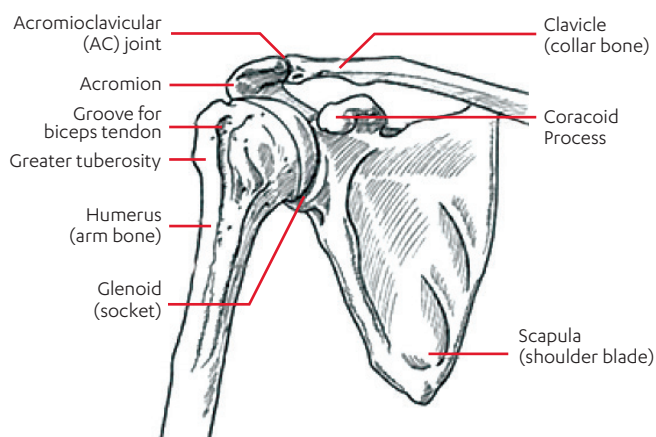


# Shoulder dislocation

## 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 may be fitted with a sling while in the emergency department. The length of time you are in the sling will be determined by your treating doctor, sports physician 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. If your pain is not controlled or you notice numbness of your arm or part of your hand, you should return to the emergency department for a medical review.

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

Attend follow-up appointments as scheduled. You may have a referral to the Cabrini Sports Physician, and/or an orthopaedic (bone) specialist as well as a Cabrini physiotherapist. A sports physician or physiotherapist can guide you through appropriate exercises and return to function at a safe pace that is right for you. Some shoulder dislocations benefit from surgery and your specialist will advise if this is the case.

## Exercises to try after specialist review

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.

## PATIENT INFORMATION



### 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

**Cabrini Emergency Department (ED)** is staffed by experienced emergency doctors and nurses 24 hours a day, 7 days per week. If you have any questions about your ED treatment our qualified ED staff can be contacted on **(03) 9508 1500** at any time. If you need to return to Cabrini ED for ongoing care we would be glad to take care of you again and if this occurs within a week of your initial consultation the doctor's fee will be bulk-billed.

You can also expect to receive a phone call or SMS message from one of our emergency nurses the day after you have been discharged. The nurse will be able to clarify any aspect of your diagnosis, treatment, or follow-up.

In a medical emergency return to Cabrini ED if it is safe to do so or go to the nearest hospital emergency department or call an ambulance – dial triple zero (000).

### Return to Cabrini ED if:

- Your pain is not controlled
- You notice numbness of your arm or part of your hand

## Want to know more?

- Contact Cabrini ED on **(03) 9508 1500**
- Ask your local doctor or healthcare professional
- Visit the Better Health Channel at [www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)