

**STEVEN CHUDIK MD**  

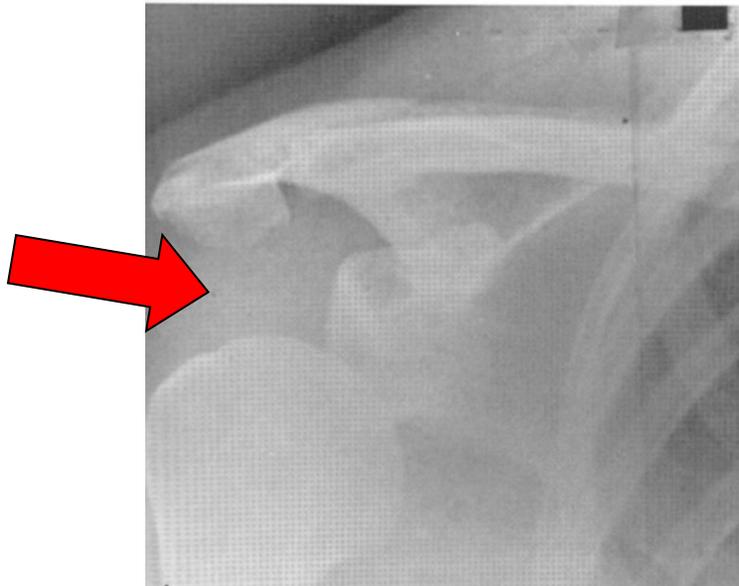
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**SHOULDER, KNEE & SPORTS MEDICINE**

## Shoulder Dislocation

Shoulder dislocations are injuries where the humeral head (ball) of humerus (upper arm bone) is no longer articulating (in contact) with the glenoid (socket) of the shoulder joint. The most common dislocation is anterior (more than 90 percent), where the humeral head dislocates out in front and below the glenoid socket. Because the shoulder has more motion than any other large joint in the body, it is the most commonly dislocated large joint. There are many structures that work together to provide shoulder stability and include the bone of the humeral head and glenoid, the glenoid labrum (a thickening of soft-tissue surrounding the glenoid socket), the capsule and ligaments which connect the humerus to the glenoid, and the tendons of the rotator cuff muscles which surround the shoulder. Any or all of these anatomic structures may be damaged with a shoulder dislocation and may require repair.



X-ray of an anterior shoulder dislocation

### Frequent Signs and Symptoms

- Pain in the shoulder with activity
- Pain when using the arm overhead or carrying heavy objects with the arm at the side
- Loss of shoulder function and pain when attempting to move the shoulder
- Feeling like your shoulder wants to slip out of place
- Tenderness and occasionally swelling



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- Pain with moving the shoulder, especially when reaching overhead; pain with heavy lifting; pain that awakens you at night
- Loss of strength
- Numbness or paralysis in the upper arm and deltoid muscle from pinching, stretching, or pressure on the blood vessels or nerves
- Feeling and sound of crepitation (“crackling”) when the injured area is touched or with shoulder motion
- Recurrent dislocation

### **Etiology (Causes)**

- Direct blow to the shoulder
- Traumatic force on an extended or outstretched arm overhead
- Tackling with an outstretched arm
- Falling and attempting to “catch yourself” with a single arm
- Fall forward on an outstretched arm (posterior dislocation)
- Blocking or hitting with your arm extended out in front of your body

### **Risk Factors**

- Loose joints
- Female gender
- Contact sports such as football, rugby, and wrestling
- Sports that involve repetitive overhead activity such as baseball, volleyball, swimming (less common)
- Previous shoulder dislocations or injuries
- Poor physical conditioning (strength and flexibility)
- Congenital abnormality (you are born with it), such as a shallow or malformed joint surface or a ligament disorder

### **Prevention**

- Appropriately warm up and stretch before practice or competition.
- Maintain appropriate conditioning:
  - Shoulder strength
  - Flexibility and endurance
  - Cardiovascular fitness
- For participation in contact sports, proper tackling technique



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### Treatment Considerations and Outcomes

Following a shoulder dislocation, the shoulder must be reduced (put back in place) as quickly and safely as possible. Initial physical therapy is important to reduce swelling, pain and regain range of motion and strength. Outcomes following traumatic shoulder dislocations depend on the age of the patient and the extent of the pathology. Patients who sustain a shoulder dislocation at age 40 or older are less likely to have a repeat dislocation and rarely need surgery to prevent future dislocations. However, patients over age 40 often suffer a fracture or tear of the rotator cuff with a shoulder dislocation and may require surgery to repair the fracture or rotator cuff. For younger patients, the rate of repeat dislocation and further damage to the shoulder is so high that arthroscopic surgery to repair the torn labrum, ligaments and other structures is often required and recommended after the first dislocation. Careful attention must be taken to repair all of the involved structures including the bone of the humeral head and glenoid, the glenoid labrum (a thickening of soft-tissue surrounding the glenoid socket), the capsule and ligaments which connect the humerus to the glenoid, and the tendons of the rotator cuff muscles.

### Potential Complications

- Prolonged recovery, recurrent dislocations and instability.
- Stiffness and decreased shoulder range of motion.
- Nerve injury from the dislocations
- Extensive damage to the cartilage, bone, labrum and rotator cuff of the shoulder with each dislocation
- Early arthritis of the shoulder following multiple dislocations

### Modalities (Cold Therapy)

Cold is used to relieve pain and reduce inflammation. Cold should be applied for 10 to 15 minutes every two to three hours for inflammation and pain and immediately after any activity that aggravates your symptoms. Use ice packs or an ice massage with a cloth between the ice and your skin to prevent burning /freezing your skin.

### Notify My Office If Symptoms Worsen



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