

STEVEN CHUDIK MD

SHOULDER, KNEE & SPORTS MEDICINE

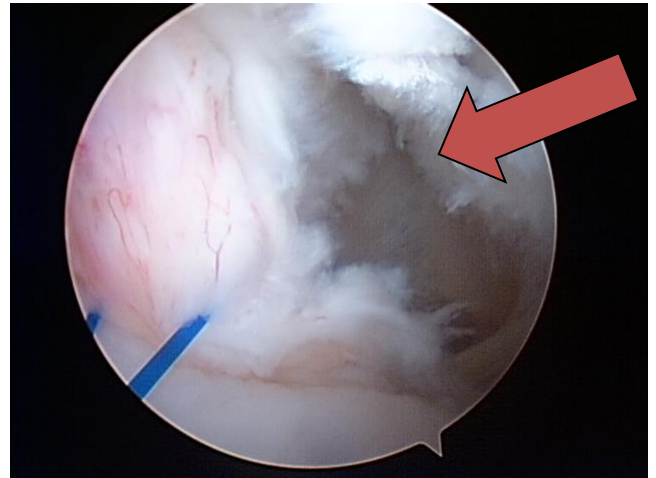
**Shoulder Dislocations and
Humeral Avulsion of Glenohumeral Ligament (HAGL)**

The shoulder is the most mobile and most commonly dislocated large joint in the body. Dislocation means that the joint is moved out of position such that the joint surfaces on the ends of the bones are no longer in contact. In the shoulder, most dislocations are anterior (moving forward from the body). When a dislocation occurs, the soft tissues that stabilize the shoulder can be torn.

Traumatic dislocations of the shoulder can result in avulsion (pulling off) of the glenohumeral ligaments (HAGL) that attach the humeral head (ball of upper arm bone) to the glenoid (socket of the shoulder joint). When ligaments are torn or separated from their attachment on the humeral head (ball), the stability of the shoulder joint is compromised, and the patient typically experiences repeat episodes of dislocation, pain, and physical limitations. The concern for re-injury is greater with younger, more active patients.



X-ray of anterior shoulder dislocation



Arthroscopic view of avulsed glenohumeral ligaments

Frequent Signs and Symptoms

- Severe pain in the shoulder at the time of injury
- Loss of function and pain with shoulder motion
- Feeling like the shoulder is going to “pop out”



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- Occasional aching when not using the arm
- Tenderness and swelling
- Numbness and tingling in the arm after injury

Etiology (Causes)

- Direct blow to the shoulder or backward force on extended arm or elbow
- Powerful or violent muscle contraction

Risk Factors

- Participation in contact sports (football, wrestling, basketball, etc.)
- Activities with repetitive overhead motion as with baseball, volleyball, or manual labor
- Activities with forceful lifting, hitting, or twisting
- Previous shoulder dislocations or injuries
- Poor physical conditioning (strength and flexibility)

Prevention

- Appropriately warm up and stretch before activity
- Allow time for adequate rest and recovery between bouts of exercise
- Proper preseason conditioning that is task specific (overhead throwing or hitting, etc.)
- Maintain appropriate conditioning:
 - Cardiovascular fitness
 - Shoulder flexibility
 - Muscle strength and endurance, particularly of the rotator cuff and scapular muscles
- Use proper technique
- If participating in contact sports, wear properly fitted protective equipment

Outcomes

With timely and proper management, these injuries can be managed effectively. In many cases of HAGL injury, particularly with young and active patients, Dr. Chudik will recommend a surgical repair to prevent repeat dislocations. Through small incisions or “portals,” Dr. Chudik can arthroscopically repair the torn capsular tissues to the bone using sutures and anchors. Post-operatively, the patient will be immobilized in a sling for six weeks to allow full healing of the repaired tissue. Most patients experience recovery and return to activities within four to six months after surgery.



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Potential Complications

- Reinjury and repeated dislocations if not repaired
- Injury to nerves and blood vessels can occur with dislocation
- Bone fracture or cartilage injury with dislocation or reduction process
- Unstable or arthritic shoulder following repeated injury
- Surgical risks/complications:
 - Infection (rare)
 - Continued pain or re-injury
 - Stiffness/loss of motion
 - Arthritis (post-traumatic)
 - Inability to return to previous level of competition or activity

Treatment Considerations

After the joint is reduced (put back into place) by trained medical personnel, treatment consists of ice, medications, and early mobilization. Whether or not the patient has surgery, physical therapy exercises will be necessary to restore motion and function to the recovering shoulder. To decrease the risk of recurrent (repeat) dislocation, Dr. Chudik can arthroscopically repair the torn ligaments to restore stability to the shoulder.

Possible Medications

- Nonsteroidal anti-inflammatory medications, such as aspirin and ibuprofen (**DO NOT** take within seven days before surgery), or other minor pain relievers, such as acetaminophen, are infrequently recommended. Take these as directed by your physician. Contact your physician immediately if any bleeding, stomach upset, or signs of an allergic reaction occur
- Pain relievers are usually not prescribed for this condition except following surgical repair

Modalities (Cold Therapy)

Cold is used to relieve pain and reduce inflammation. Cold should be applied for 15 to 20 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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630-324-0402 • contactus@chudikmd.com
stevenchudikmd.com



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