

Patient Information Sheet

SHOULDER DISLOCATION

1. What is it?

It is a disruption of the joint capsule of the major shoulder joint (the glenohumeral joint).

2. What causes it?

It is caused by a sudden jolt to the shoulder joint, usually in a rugby tackle or heavy fall. The socket of the shoulder joint (glenoid) is quite shallow, so the shoulder is not as stable as other joints like the hip.

3. Symptoms – what you notice

- a. Pain – because of tearing of the joint capsule, there is severe pain when it first occurs. Recurrent dislocations are usually less dramatic.
- b. Stiffness – when the humerus (upper arm bone) is out of the socket, movement is very restricted.

4. Signs – what the doctor finds

- a. Deformity – there is usually a loss of the usual prominence of the humerus (upper arm bone). In very muscular people, the deformity may be hard to see.
- b. Tenderness – over the torn tissue, or other tissue that is under extreme tension.
- c. Stiffness – shoulder movement is very restricted.
- d. Pain – on restricted movement.
- e. Occasionally there may be numbness of an area of skin over the shoulder, plus weakness of shoulder movement. This suggests that the axillary nerve around the shoulder has been stretched during the dislocation.

5. Investigations

X-rays can show the dislocation, plus any associated bony injury, e.g. a fracture of the rim of the socket (glenoid rim fracture or Bankart lesion). It is important to order a west point x-ray view to show this fracture. If surgery is being considered, an MRI scan may be ordered.

6. Treatment

- a. Reduction of the dislocation. This should be done as soon as possible, by the best qualified person available. First time dislocations usually need reduction at an A & E clinic or hospital, but repeat dislocations can often be put back on the sideline.
- b. A sling for four weeks provides support and helps ease the pain.
- c. Pain relief with paracetamol or Voltaren or similar medications.
- d. After four weeks a series of muscle exercises from an experienced physiotherapist can help restore normal strength and mobility.
- e. Surgery may be required to repair torn tissue. The chance of re-dislocation is higher in young athletes playing contact sports like rugby. The decision to have surgery needs to be carefully considered between the patient and their surgeon, and depends on many factors. Any person having surgery needs to commit to a rehabilitation programme lasting several months.

7. Recovery time

Average recovery time is 2-3 months without surgery. If surgery is required, depending on the complexity of the procedure, recovery time is between 4 and 12 months.

8. Recovery sequence

Step 1 Reduction of dislocation.

Step 2 Sling and painkillers.

Step 3 After four weeks start gentle passive exercises.

Step 4 As range of movement increases, move onto strengthening and stability exercises using theraband and weights with pulleys.

Step 5 Restart gentle contact training when cleared by your physiotherapist or doctor.

Step 6 Continue a maintenance exercise programme to keep your rotator cuff muscles strong.