Shoulder dislocation

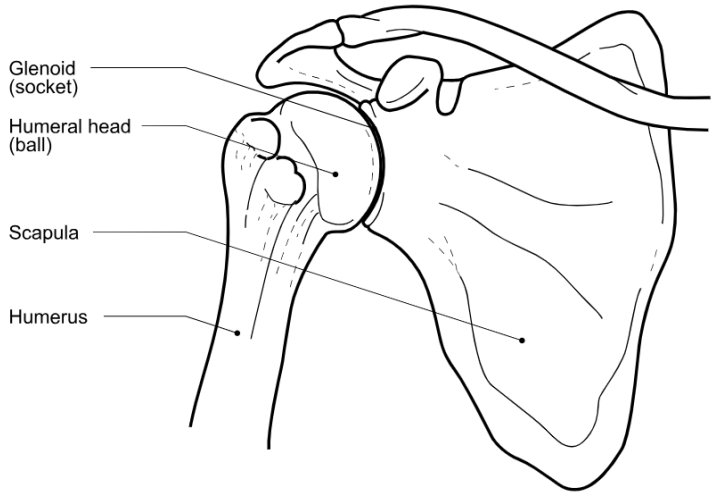
This fact sheet is for people who have presented to the emergency department with this condition.

This fact sheet provides general information. If you have specific concerns, speak to your healthcare professional for further information and advice.

What is a shoulder dislocation?

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.

The ball is held into the socket by tissue that fits over the ball like a sock. This is reinforced by ligaments and muscles. When the ball comes out of its socket it is known as a dislocation.



Anterior dislocation is by far the most common type of shoulder dislocation. This can damage the capsule (the soft tissue envelope that encircles the joint), ligament, muscles or bone of the shoulder joint.

Once the shoulder has been put back in place, or relocated, X-rays will be performed to check the position and look for any further damage, such as fractures.

Treatment

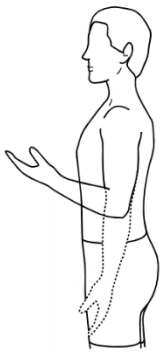
- You must wear a sling. The length of time you are in the sling will be determined by your treating doctor or physiotherapist.
- Unless you have been told your sling is for comfort alone, try to only remove the sling to perform elbow exercises or to attend to personal hygiene. When removing the sling 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, every 1-2 hours while awake. Make sure you have a damp cloth layer, such as a towel, between the ice and your skin.
- Take pain medication as instructed by your emergency department doctor and continue to speak with your local doctor or pharmacist about maintaining your pain relief.
- Exercises for your elbow and wrist are important to prevent any complications in these joints.

Exercises

Do not commence exercises immediately as a re-dislocation may occur. Once it is comfortable to move during washing, and for your arm to hang by your side in the shower, gradually start gentle exercises. Avoid movements that involve moving your arm up and away from your body, until advised to start these by your doctor.

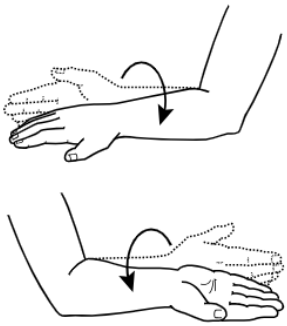
Elbow flexion and extension

- Take your arm out of the sling and let your arm hang by your side.
- Gently bend and straighten your elbow.
- Repeat 10 times, 3 times a day.



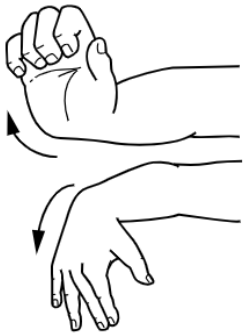
Rotation of forearm

- 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, 3 times a day.



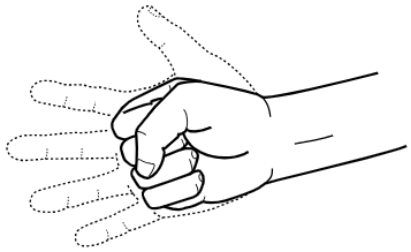
Wrist flexion and extension

- 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 that your hand is flat, then close it to make a fist.
- Do this 10 times every hour, while awake.



What to expect

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