Orthopaedic Connection

Dislocated Shoulder

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Transforming patient information into patient understanding.

Dislocated Shoulder! Ouch. ER here we come.

The shoulder is your body's most mobile joint. It can turn in so many directions! It is truly an amazing joint. Its advantage of great range of motion is also a curse. It makes the shoulder joint easy to dislocate.

Partial Dislocation

A partial dislocation or subluxation means the ball part of the shoulder came partly out of the socket (glenoid). It usually implies that the ball then went back into the socket by itself.

Complete Dislocation

In the case of a complete dislocation the ball has completely gone out of the socket. This causes great pain and in the case of a complete dislocation, the shoulder usually stays out. It usually hurts too much for the person to try to get it back themselves.

Symptoms

- Great pain in front part of shoulder. 95% of the time the shoulder dislocates forward.
- Can't move the arm
- Swelling
- Weakness
- Numbness

Sometimes dislocation may tear ligaments or tendons in your shoulder. Once in a while the dislocation may damage nearby nerves.

Direction

Your shoulder can dislocate forward, backward or downward. The most common direction is forward or anterior. This means your upper arm bone moved forward and down out of the shoulder joint. It can happen when you put your arm in a throwing position and in many other ways too.

Exam

I need to thoroughly examine your shoulder and entire arm. Checking for nerve damage is critical, initially. I will ask how it happened. Did it occur before? When?

Then I will take an x-ray of the shoulder. It is a hugely important step to take before any attempt at treatment. I have known of cases in which the doctor did not take an x-ray first. He tried to "put it back into the socket". It wouldn't go back. He got an x-ray and the shoulder was broken, NOT DISLOCATED! So always have an x-ray first.

Treatment

Sometimes the shoulder can be reduced, as we say in the Emergency Room with proper IV pain medication and sedation. Sometimes.

I'd say more often, I take the patient to surgery where the anesthesia doctor is able to make the patient relaxed and pain free to allow me to put the ball back in the socket by gentle manipulation. No cutting! This process is called closed reduction.

Rest and Rehabilitation

I will immobilize your shoulder in a special sling and swathe (band) to completely rest it. Patients usually leave the hospital in about two hours. They rest and apply ice and may require some pain medication.

How long the shoulder will be immobilized varies.

After pain and swelling decrease I will prescribe rehabilitation exercises. These help restore motion and strengthen the muscles.

Rehab is extremely important as it may help you prevent dislocating the shoulder again in the future.

Chronic Dislocation

Dislocated shoulder can become chronic in some unfortunate patients.

I plan to cover this for you next week so please come back.

My patients put their trust in me and what I do improves the quality of their lives.

Gratiot County Herald Archive and Office Website

I sincerely hope all of our loyal readers will take advantage of an endless amount of musculoskeletal information. It is easy! Log onto www.orthopodsurgeon.com.

It gives access to all Website articles, Your Orthopaedic Connection and every GCH article from most recent to the first. Full text! It covers everything I do in the office and hospital.

Good Health. Good life. All the best to you.

Dr. Haverbush