

## *Orthopaedic Connection*

### **Dislocated Shoulder, The Aftermath**

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#### *Transforming patient information into patient understanding.*

Last week in our class about dislocated shoulders we said the shoulder is the most frequently dislocated in the body. Here's why: the shoulder has a huge range of motion, because of the way it is built. It has a very shallow cup where a ball at the end of the arm bone fits into. The cup doesn't provide a deep socket like the hip to cradle the ball.

Dislocations happen when the shoulder receives a strong force that pulls the arm in an extreme direction during a fall or perhaps a sports injury. The most common direction for the shoulder to dislocate is forward and downward. This occurs in the great majority of cases.

#### **Partial or Complete**

The dislocation of the ball out of the socket can be partial or complete. The force that causes the dislocation often tears tissues that hold the ball against the socket.

#### **What is Instability?**

Instability is the word doctors use to describe the shoulder condition of looseness. After a dislocation the capsule and other tissue that was torn can remain loose and not heal as tight as the tissues originally were.

This tissue looseness or laxity as it is sometimes called can allow the ball to slip partially or completely out of the socket with much less force than the first episode. Sometimes it occurs with simple average activities like stretching or reaching back.

#### **Repeat Episodes**

Unfortunately a shoulder that has dislocated once is vulnerable to repeat episodes. This is true especially if the person is between teenage and forty years. As people grow older a first dislocation usually heals and the tissues become tight enough that repeated dislocations are uncommon.

#### **Diagnosing Instability**

Instability can often be identified by listening carefully to the patient's history. Then a careful exam of the shoulder with certain tests gives more helpful information.

Plain x-rays and often an MRI study complete the evaluation.

Patients older than 35 years with a history of traumatic dislocation are also prone to tear the rotator cuff at the time of the dislocation. MRI is very helpful in making this additional diagnosis.

#### **Conservative Treatment**

Patients with one or two dislocations can be treated with a physical therapy program to rehabilitate the shoulder and arm. It must be done with a physical therapist if it has any chance of success. It would emphasize strengthening exercises done by various means in the PT department and a very dedicated home program is important.

I must repeat that professional physical therapy help is essential. There is a lot of homework to be sure, but you can't do it without proper direction.

#### **The Dreaded S Word**

The surgical repair of chronically dislocating shoulders is a complicated and somewhat controversial subject.

There are different reasons shoulders are unstable. There can be one reason or sometimes multiple causes for instability.

Trying to list or explain all of the surgical procedures is beyond the scope of what I do here. I think I can summarize it in this way.

### **Arthroscopic Surgery**

Again, depending on the exact cause, there might be an arthroscopic procedure that can repair your specific problem. There is a certain percentage of cases in which arthroscopic procedures don't help and the shoulder keeps "going out".

### **Open Surgery**

Some causes of shoulder instability are best treated by open surgery. There is a lower percent of recurrent dislocation when open surgery is done. The doctor doing the surgery is in the best position to advise which surgery is right for your particular unique problem.

I think that covers what I wanted to tell you about dislocated shoulders. I hope this helps with your understanding of this, sometimes confusing subject.

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

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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