

Argus Orthopaedic Zone

Shoulder Dislocations and Instability

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Transforming patient information into patient understanding.

First, a little review of Orthopaedic anatomy. I know, most of you already have this down cold, but for the few.....

The shoulder is by far the most movable joint in the body. But why is that? It is because of the way the shoulder is built. The socket is a very shallow cup almost like a saucer. The medical name for the socket is the glenoid.

The ball at the upper end of the arm (humerus) faces this shallow socket.

The Problem

Because the cup doesn't provide a deep socket (like the hip) to cradle the ball, the shoulder is easily dislocated. As it turns out, we pay a high price for all that mobility. I see dozens of shoulder dislocations for one hip dislocation.

How It Happens

It takes a very strong force pulling the arm in an extreme direction. Falling and sport injuries often cause it. The ball can dislocate forward, downward or backward. The most common direction is a forward slip.

Severe pain occurs and there is no way you can use the arm. You are headed to the emergency room!

Don't let anyone touch your arm until an x-ray has been done.
YOU COULD HAVE A FRACTURE AND NOT A DISLOCATION.

Partial or Complete?

If the ball only comes partly out of the socket, it may pop back in by itself. Medically this is called a subluxation. This is painful and does cause tissue damage, but less than a full dislocation.

Complete dislocation causes capsule and ligament tearing of much greater degree. Hardly ever would a complete dislocation go back in by itself.

A dislocation causes intense pain and your shoulder will look deformed. Muscles around the joint go into spasm. Profound weakness is present. The arm may feel numb.

Instability

Instability is the word we (doctors) use to describe shoulders that are loose and slip out of place repeatedly. After a dislocation the capsule or deep covering of the shoulder joint and the ligaments can remain loose and allow repeated episodes.

Treatment

At the emergency room an x-ray should be taken first to evaluate the extent of the dislocation and rule out any possible fracture.

Then you will be sedated by IV medication and the ER doctor will try to put the shoulder back in place. If you are lucky the shoulder will go back in place, a procedure called a shoulder reduction.

Right away the severe pain will be relieved. If your bad luck continues, the shoulder can't be reduced in the ER. It is stuck! The ER calls me, because now you have to go to the operating room for a closed reduction under anesthesia.

When the person is completely anesthetized and muscles are relaxed the shoulder can be put back into place.

Afterward

In either case you can usually be discharged the same day in a special shoulder immobilizer. This gives the shoulder a complete rest and keeps it from moving. Ice and Motrin (or similar) help.

I will see you in the office in a few days to a week to re-evaluate the injury and take a repeat x-ray.

How long the shoulder will be immobilized is somewhat individual depending on several factors.

A rehab strengthening exercise program will follow ideally supervised by a physical therapist. There should be a large amount of home exercise as well to build your muscles back into peak condition. This increased strength can help prevent dislocation in the future.

Repeat Dislocations

A shoulder that has dislocated once is vulnerable to repeat episodes, especially in young active people. If you have repeated

dislocations due to instability surgery may be necessary to repair torn or stretched ligaments to hold the shoulder in place. After surgery the shoulder will also need to be immobilized for a period. Full recover will require months of rehabilitation and probably physical therapy.

Office Website and Argus Orthopaedic Zone Archive

All the Orthopaedic and musculoskeletal information you will ever need is yours at www.orthopodsurgeon.com! And what's more - The Argus Orthopaedic Zone Archive is on the Website. Every article I have written for Argus can be located on the Archive. The complete article! Every one. Please check all this out.

It is a wealth of information about all the things I treat in the office and hospital. I specialize in you.

Our goal is simple - To help people return to more pain free, functional lives.

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

Be well.

Dr. Haverbush