Dislocated Shoulder

The shoulder joint is the body's most mobile joint. It can turn in many directions. But, this advantage also makes the shoulder an easy joint to dislocate.



Shoulder instability

A partial dislocation (subluxation) means the head of the upper arm bone (humerus) is partially out of the socket (glenoid). A complete dislocation means it is all the way out of the socket. Both partial and complete dislocation cause pain and unsteadiness in the shoulder.

Symptoms

Symptoms to look for include:

- Swelling
- Numbness
- Weakness
- Bruising

Commonly, dislocation may tear ligaments or tendons in the shoulder or damage nerves.

The shoulder joint can dislocate forward, backward, or downward. A common type of shoulder dislocation is when the shoulder slips forward (anterior instability). This means the upper arm bone moved forward and down out of its joint. It may happen when the arm is put in a throwing position.

Diagnosis

The muscles may have spasms from the disruption, and this can make it hurt more. When the shoulder dislocates time and again, there is shoulder instability.

The doctor will examine the shoulder and may order an X-ray. It is important that the doctor know how the dislocation happened and whether the shoulder had ever been dislocated before.

Treatment

The doctor will place the ball of the upper arm bone (humerus) back into the joint socket. This process is called closed reduction. Severe pain stops almost immediately once the shoulder joint is back in place.

Rehabilitation

Your doctor may immobilize the shoulder in a sling or other device for several weeks following treatment. Plenty of rest is needed. The sore area can be iced 3 to 4 times a day.

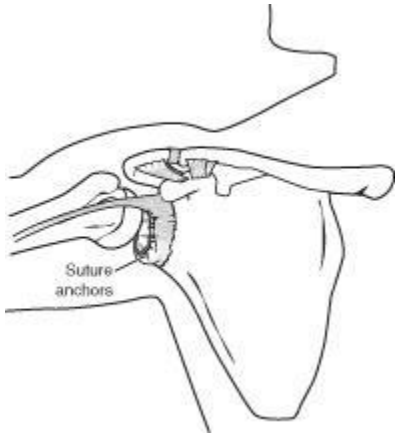
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After the pain and swelling go down, the doctor will prescribe rehabilitation exercises for you. These help restore the shoulder's range of motion and strengthen the muscles. Rehabilitation may also help prevent dislocating the shoulder again in the future. Rehabilitation will begin with gentle muscle toning exercises. Later, weight training can be added.

If your shoulder dislocation becomes a chronic condition, surgery may be needed to repair or tighten the torn or stretched ligaments that help hold the joint in place, particularly in young athletes.

Surgical Treatment

Surgery is often necessary to repair torn or stretched ligaments so that they are better able to hold the shoulder joint in place.



Bankart lesions can be surgically repaired. Sutures and anchors are used to reattach the ligament to the bone.

Arthroscopy. Soft tissues in the shoulder can be repaired using tiny instruments and small incisions. This is a same-day or outpatient procedure. Arthroscopy is a minimally invasive surgery. Your surgeon will look inside the shoulder with a tiny camera and perform the surgery with special pencil-thin instruments.

Open Surgery. Some patients may need an open surgical procedure. This involves making a larger incision over the shoulder and performing the repair under direct visualization.

Rehabilitation. After surgery, your shoulder may be immobilized temporarily with a sling.
When the sling is removed, exercises to rehabilitate the ligaments will be started. These will improve the range of motion in your shoulder and prevent scarring as the ligaments heal. Exercises to strengthen your shoulder will gradually be added to your rehabilitation plan.
Be sure to follow your doctor's treatment plan. Although it is a slow process, your commitment to physical therapy is the most important factor in returning to all the activities you enjoy.

Best wishes,



Andrew Pastor, M.D.

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