

Management of Acute 1st Time Shoulder Dislocation

Introduction

The shoulder joint (glenohumeral joint) constitutes of the glenoid bone (socket) and the humeral head (ball). What is peculiar about the shoulder joint is a shallow glenoid (socket) and a large humeral head (ball), on one hand, it allows a good range of motion but on the other hand, it is the most unstable joint in the body and it is the most commonly dislocated joint in our body. The stability of the shoulder joint is constituted by both bony and soft tissue constrain (e.g. glenoid labrum, joint capsule, ligament and rotator cuff). During the injury, the soft tissue or bony constrain may be injured.

Symptoms

The shoulder joint usually dislocated with contact injury with the shoulder in abducted, extended and externally rotated position. Anterior shoulder dislocation is the most common type of shoulder dislocation. Patient will have severe pain, and one cannot move the shoulder joint.

Evaluation

The attending physician will perform a clinical examination for the patient; looking for deformity (squaring of shoulder) and tenderness over shoulder joint. He will also examine for associated nerve or vascular injury and associated chest wall injury, fracture. X ray of shoulder would be performed and it will confirm the diagnosis.

Treatment

After confirming the diagnosis, the physician would reduce the dislocated shoulder by traction – countertraction after putting the patient under sedation. Reduction under sedation is recommended in order to reduce the discomfort of patient and it also relaxes the strong muscle pull that prevents reduction. After reduction, X ray would be taken to confirm the reduction. For definitive care, there are several treatment options of acute 1st time shoulder dislocation, depending on the age, demand, activity level of patients.

1/Immobilization with arm sling/shoulder immobilizer for 2-5 weeks

This is the most traditional treatment of shoulder dislocation. The recurrence rate varies with the age of patient.

Age 20: recurrence rate ~ 80-92%

Age 30: recurrence rate ~ 60%

Age 40: recurrence rate ~ 10-15%

Physiotherapy is recommended after discard of sling in order to regain the range of motion and muscle strength.

2/Immobilization with external rotation brace for 3-5 weeks

This is a treatment method advocated by some surgeons. The recurrence rate is lower since keeping the shoulder in external rotation allows more anatomical healing of torn glenoid labrum. However, not all patients are compliant to this treatment method. Physiotherapy is recommended after discard of brace in order to regain the range of motion and muscle strength.

3/Surgical treatment (Minimal invasive arthroscopic shoulder surgery)

This is a treatment method advocated by some surgeons for young active sportsman due to high recurrence rate of non-operative treatment. The recurrence rate for surgical treatment is ~ 5%. The rehabilitation period is ~ 4-6 months.

You are recommended to seek help from Orthopaedics surgeon to discuss about the definitive care of 1st time shoulder dislocation.