

Dislocated Shoulder

What is a Dislocated Shoulder?

Maybe you were tackled in a “friendly” game of football over the weekend and felt your shoulder give way in a burst of pain. Or it might have been a fall from a bicycle or a horse, and you landed on your arm and felt a pop. Or perhaps you’ve just noticed over time that, in certain positions, your shoulder just doesn’t feel “solid,” and isn’t in the right place.

A shoulder dislocation is when the humeral head in your shoulder “pops out” of the glenoid socket.

The shoulder blade and humerus form the glenohumeral joint (shoulder joint). The shoulder joint is a ball-and-socket joint, consisting of the head of the humerus and the glenoid fossa, which is formed by a slightly hollowed portion of the end of the shoulder blade. The head of the humerus maintains very little contact with the glenoid itself during movement. Instead, the shoulder relies on a group of ligaments, muscles and tendons to help keep the humerus in the proper place and to provide stability to the joint.

As the arm moves in any direction, these ligaments and muscles maintain the proper position of the humeral head in the socket. During forceful motion or injury, however, these tissues can be stretched or torn and the head can “slip out” of the socket or dislocate. Your physician may also use the term “subluxate,” meaning that it has only partially dislocated.

Dislocations are most commonly anterior, meaning that the head of the humerus slips forward out of the joint. An injury where the arm is turned outwards and away from the body, such as a fall sideways on the arm, can cause an anterior dislocation. Occasionally, a dislocation can be posterior, where the humeral head slips backwards out of the joint. This usually occurs from a different type of injury, in which the arm is struck while it is internally rotated.

If you have dislocated your shoulder, you will know it right away. It is extremely painful and you will not be able to move it without making the pain worse. Dislocation is one of the three most common orthopedic emergencies. The tendency will be for you to hold it outwards if you have dislocated it anteriorly. If it is dislocated posteriorly, the tendency will be to hold your arm close to your body, rotated inwards. Your physician will also be able to see a noticeable deformity in the shape of the joint through the skin.

A related problem that can occur either after an initial injury or because of another problem in the joint is glenohumeral instability. This refers to a condition in which the humeral head repeatedly slips out of the joint or seems to nearly slip out.

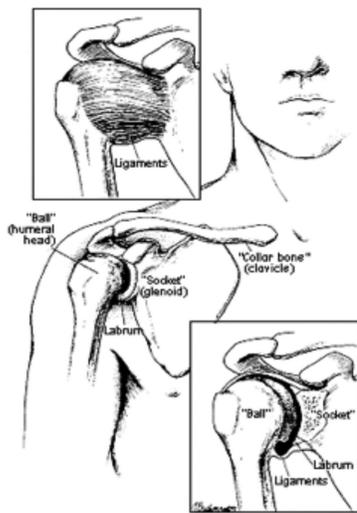


Figure 1

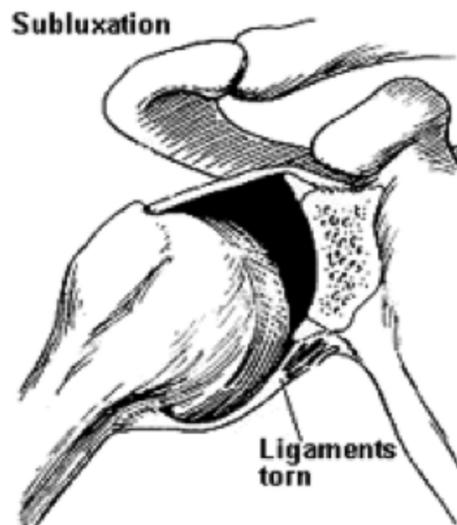


Figure 2

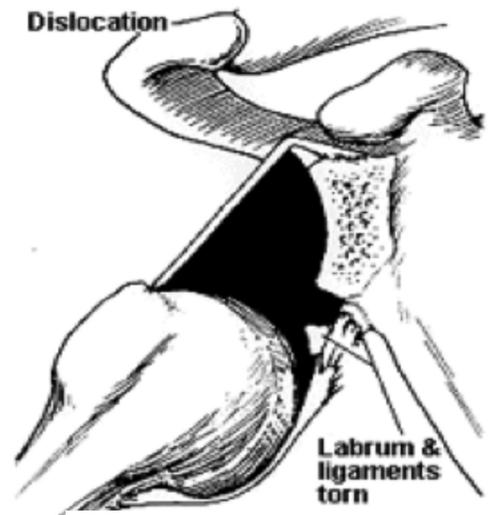


Figure 3

Causes of a Dislocated Shoulder

Shoulder dislocations usually occur after a single traumatic injury that entails falling or getting hit on your shoulder. Contact sports like football, hockey and rugby often include players who suffer from shoulder dislocations. Unfortunately, once you've dislocated your shoulder, the chances are higher that it will happen again, particularly if you are under age 30. That makes it all the more important that you follow your physician's recommendations and rehabilitation program carefully.

Symptoms of a Dislocated Shoulder

The first and foremost symptom is pain. Other symptoms include:

- Deformity of the joint
- Swelling around the joint
- Bruising of the skin around the joint
- Displaced bones affecting the surrounding nerves, tendons and blood vessels

In addition to the pain, you may experience numbness in your upper arm and weakness of the muscles around the shoulder. Patients with glenohumeral instability report that their shoulder continually slips out of joint, especially when they throw something or possibly bump into something.

Treatment of a Dislocated Shoulder

Treatment of a dislocated shoulder requires putting the humeral head back into the socket or "reducing" the shoulder as soon as possible. This sounds easier than it is. Once dislocated, it requires a specific amount of focused force on the bones in order to realign them. Dr. Gudeman may give you a pain reliever or sedative to relax the muscles. This will make it easier to manipulate the joint back into position. If the joint has been out for hours, a general anesthetic may be needed.

When you see Dr. Gudeman, the first thing he will do is take a complete history. This includes when and how the pain started, whether it was the result of an injury and what type. He will then do a physical examination, to see exactly where the pain is located and whether the range of motion is limited. If your shoulder is dislocated, that range of motion will be extremely limited and painful.

If the joint is merely subluxed, meaning that it has slipped out of joint but not completely, some of the signs of dislocation will not be present. Instead, certain movements may trigger the same feeling of instability.

To confirm a diagnosis of dislocation, Dr. Gudeman will order X-rays to see the position of the bones. These must be taken at several different angles in order to completely visualize the joint. Another X-ray will be done after the shoulder is put back into position, in order to confirm that it is correctly in place. After the reduction or relocation of the dislocation, the pulse and sensation of the skin over the shoulder will be observed and recorded.

An MRI, or magnetic resonance imaging test, may be ordered if indicated. This type of test uses magnetic waves to “slice” through the body, providing images at angles that would not be possible through X-rays. MRI scans are able to show soft tissues, such as tendons, ligaments and cartilage, whereas X-rays only allow bones and the spaces between them to be visualized.

It will be important to keep your shoulder immobilized for some time to allow the ligaments and muscles to heal. There is only one first dislocation and reduction; this is the best time to get it healed properly. After a short period of immobilization, structured rehab will start. For patients who do not improve with conservative management, surgery may be considered.

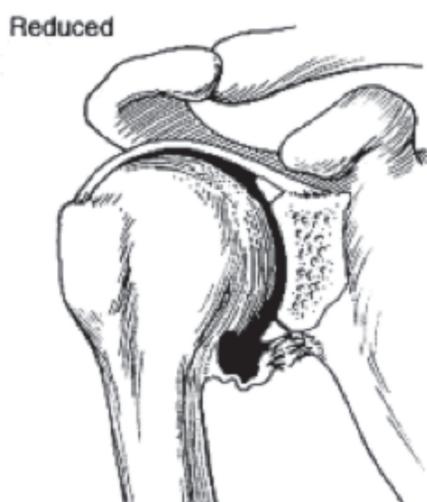


Figure 4

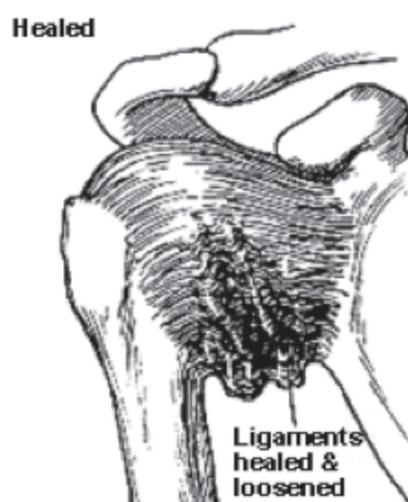


Figure 5

Informative Websites

www.orthoinfo.org
www.sportsmed.org
www.aana.org



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- Scott Gudeman, MD

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