



THE PHYSIO CLINIC

Movement Health Performance



SHOULDER DISLOCATIONS

The shoulder joint is very mobile allowing the shoulder to move in many different directions, this is advantageous but also makes the joint more likely to dislocate. The shoulder is made up of three separate joints:

Glenohumeral joint – ball of humerus meets socket of glenoid (shoulder blade)

Acromioclavicular joint – AC joint, collar bone meets shoulder blade

Scapulothoracic joint – where shoulder blade meets rib cage.

Shoulder dislocations occur at the glenohumeral joint – the ball and socket.

Partial dislocation (subluxation) means the head of the humerus (upper arm) is partially out of the socket. Partial and complete dislocations cause pain and unsteadiness in the shoulder joint.

Symptoms:

- Swelling
- Pain
- Deformity
- Numbness
- Weakness
- Bruising

Common causes:

- Sports using throwing actions or lots of shoulder mobility
- Previous dislocation
- Ligament laxity
- Falling on to an outstretched arm

Did you know...

More than 70% of shoulder dislocations occur in men.

The shoulder can dislocate forwards, backwards or downwards out of the socket. The most common type is when the shoulder slips forward which can commonly happen in a throwing position or motion.

After dislocation the usual rounded contour of the shoulder can be lost and may look squarer.

A dislocated shoulder needs to be relocated as soon as possible; this will help reduce the pain.

Seek medical advice as soon as possible if a dislocation is suspected.

Recovery after injury

Once the shoulder has been relocated place the pain should be reduced, and this is when physiotherapy can begin. A sling is sometimes worn for the first 4-6 weeks. During this time, it is important to continue elbow, wrist and hand range of motion movements to prevent stiffness.

Ice is a universal pain reliever and is advised during the early stages to help reduce inflammation, swelling and pain. Ice should be applied for 10-20 minutes at a time as often as up to every couple of hours if needed.

A physiotherapist will help the rehabilitation process working on increasing the range of movement at the shoulder and building up the strength and stability in the surrounding structures.

A graded rehabilitation program will help to reduce the likelihood of re-dislocation and long-lasting problems at the shoulder.

In some cases, repeat dislocations or sporting injuries surgical intervention may be required.

