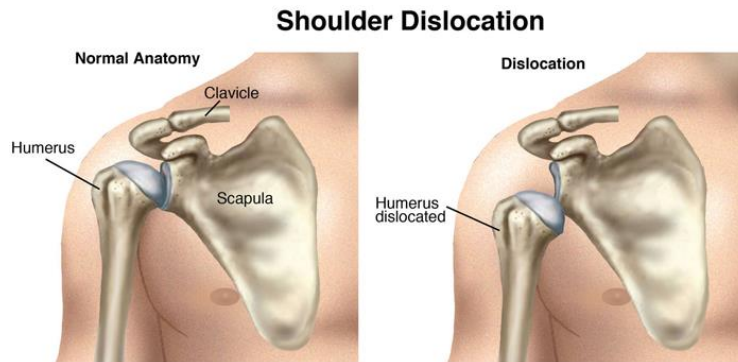




Shoulder dislocation

What is it?

A shoulder “Dislocation” is when the humerus bone traumatically falls off the glenoid (ball and socket joint). Many ligaments and often cartilage are torn during a traumatic dislocation. A “Subluxation” occurs when the humerus partially dislocates but not completely.



Treatment:

- Sling and swathe x 2-3 wks (shorter for older pts & repeat dislocations)
- Gentle pendulum shoulder exercises 3 x/day
- Pain medicine – NSAIDs, Tylenol, narcotics
- Physical therapy – when pain improves (after 3 wks)
- Surgery – sometimes for dominant arm of throwers, manual labor, or repeat offenders with chronic instability

When can I return to sports?

Return to sports is somewhat controversial and varies, depending on many factors: severity of the injury, the type of sport, position in sports, hand dominance, etc. *Most shoulder specialists recommend holding from contact sports for 6-12 weeks* after a first dislocation. An athlete has a significant increased risk of repeat dislocation or subluxation if they return too soon, and may cause further injury. An athlete must meet the following guidelines:

- Pain-free with normal activities of daily living
- Pain-free motion of the shoulder
- Improved strength (~ 80% of original)
- No apprehension on exam

What about long-term complications?

There's a *high risk of recurrence* of dislocation, especially within the first few months out from the injury. Recurrent instability can lead to further damage of the shoulder, including labral (cartilage) tears, fracture, nerve injury, and premature arthritis.

Do I need surgery?

Some surgeons recommend surgery for 1st time dislocators who are throwing athletes and high-performance athletes. Surgery is often recommended, however, for repeat dislocations.