

RECOVERING FROM A TRAUMATIC SHOULDER DISLOCATION

National Athletic Trainers Association

WHAT STRUCTURES ARE TORN WHEN THE SHOULDER DISLOCATES?

The shoulder has the greatest range of motion of all the joints. The humeral head is a ball which sits in the shallow, relatively small cup shaped socket called the glenoid. The glenoid is made deeper by a rim of fibrocartilage called the labrum.

Three main ligaments are incorporated into loose capsule that attaches to both the humeral head and the glenoid, and each ligament tightens at different arm positions to hold the shoulder together.

In addition, the rotator cuff muscles and tendons wrap around the humeral head to pull it more deeply into the glenoid and improve stability. Instability occurs when the ligaments are torn or stretched or when there are problems with the rotator cuff or bones of the shoulder.

WHAT HAPPENS WHEN THE SHOULDER DISLOCATES?

Most commonly, the humeral head rolls out the front of the glenoid when the arms are struck while held with the elbow out, as in the blocking position of a football linebacker. Occasionally, the humeral head can be pushed posterior, or backwards out of the glenoid. This can happen from fall on an outstretched hand or from a direct blow to the front of the shoulder.

HOW IS THE SHOULDER “RELOCATED”

Sometimes, you can use your own muscles to “pull” the humeral head back into the socket. However, after a few seconds, the muscles around the dislocated shoulder will spasm and will be unable to hold the shoulder in place.

In most instances, you will need to be taken to an emergency facility where medication is given to relieve pain and spasm in the shoulder muscles. The physician will then be able to apply gently traction to the injured arm and relocate the shoulder. The arm will then be placed in a sling to decrease the stress on the injured capsule.

HOW CAN I PREVENT MY SHOULDER FROM DISLOCATION AGAIN?

Patients can often compensate for loose ligaments by increasing the strength and control of the rotator cuff and shoulder blade muscles. These muscle groups help pull the humeral head into the glenoid and will pull more tightly if they are strong.

Typical rehabilitation programs start with a short period of immobilization with a sling and then progress to exercises like closed grip pull downs, rowing on a machine and shrugs, for shoulder based strength.

Strengthening programs for the rotator cuff include rotation exercises with the arm down at the side. Resistant rubber tubing or cable may be used.

Exercises that increase coordination of the shoulder are also important and these include exercises with a medicine ball, and bouncing balls against the wall and the floor.

WHEN IS SURGEY NECESSARY?

Surgery is indicated when the shoulder instability becomes a disability for the patient. The need for surgery depends on the functional demands of the patient and the degree of instability present. Typically, surgery is not done unless a conservative program of exercise has failed. Patients who have repeated shoulder dislocation may be good candidates for surgery?

WHAT DOES THE SURGERY INVOLVE?

Surgery attempts to restore an anatomic balance to the joint and address the problems that are causing the instability. Repairs focus on tightening the stretched capsular ligaments and/or repairing the labrum if it was torn at the time of injury. In some situations, arthroscopic techniques may be used, but in many situations, open repair is the favored technique.

The goal is to restore stability while maintaining mobility of the shoulder and providing pain-free range of motion. Typical success rates for open surgery for shoulder instability vary from 90 to 95%.

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