Prompt, appropriate medical care for dislocated shoulder injuries

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Prompt and appropriate treatment of a dislocated shoulder—when the head of the upper arm bone (humerus) is completely knocked out of the shoulder socket (glenoid)—can minimize risk for future dislocations as well as the effects of related bone, muscle and nerve injuries, according to a literature review appearing in the December issue of the *Journal of the American Academy of Orthopaedic Surgeons* (*JAAOS*).

The shoulder has the greatest range of motion of any joint in the human body and is the most common site for a full or partial dislocation. Shoulder dislocations are classified as "traumatic" or "atraumatic." Up to 96 percent of dislocations are traumatic, occurring most often during contact sports or when someone falls onto an outstretched hand. Atraumatic dislocations—when the shoulder starts to slip part way out without trauma—can cause limited shoulder movement in multiple directions.

In 2011, shoulder dislocations accounted for 175,641 emergency department visits in the U.S., although some patients choose to reset the joint without any medical assistance.

"We do not recommend self-setting of shoulder dislocations," says Richelle Takemoto, MD, an orthopaedic surgeon with Kauai Medical Clinic/Wilcox Memorial Hospital. Dr. Takemoto and her co-authors recommend immediate medical attention for a dislocated shoulder that includes radiographic images before and after reduction (resetting of the shoulder) to check for related fractures and other musculoskeletal injuries.

The cause of injury, the presence of an associated fracture and/or nerve injury, and the difficulty in resetting the shoulder all contribute to a patient's outcome.

"Acute shoulder dislocations can be effectively managed by closed reduction maneuvers," says lead study author Thomas Youm, MD, clinical assistant professor, New York University Hospital for Joint Diseases. "There are a plethora of closed reduction techniques available for relocation of a dislocated shoulder. A thorough understanding of these reduction techniques as well as immobilization strategy and rehabilitation regimens can successfully treat dislocations of the shoulder and hopefully prevent the need for surgery."

If you have dislocated your shoulder:

- Promptly seek orthopaedic care—at latest, within one week from injury—to ensure the best diagnosis and treatment.
- Monitor for possible nerve damage pre- and post-reduction surgery.
- Once the ligaments have healed, appropriate counseling is needed to rehabilitate the injury and to prevent frozen shoulder. Among seniors, persistent weakness in the shoulder should be checked for a possible rotator cuff tear(s).

By the numbers:

- Forty percent of shoulder dislocation patients have an associated structural (ligament or muscle) injury.
- One of three shoulder dislocation patients also has a rotator cuff tear.
- Males ages 10 to 20 have the highest rate of shoulder dislocation.
- Recurrent dislocations are most likely to occur within two years after an initial dislocation, most often in patients younger than 20.
- Six of 10 younger patients developed instability over two years and seven of 10 over five years following a dislocated shoulder.
- Men are more likely to have recurrent instability following a shoulder dislocation than women.

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