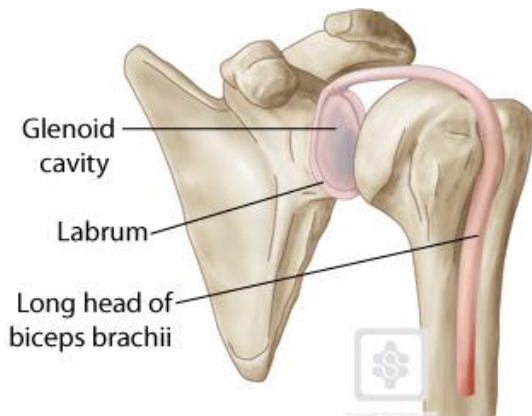


Anterior Dislocation of Shoulder



What is an anterior dislocation of the shoulder?

A dislocated shoulder is when the humerus (the long bone in the arm that runs from the shoulder to the elbow) separates from the scapula (the bone that connects the humerus to the collar bone) at the glenohumeral (shoulder) joint. An anterior (forward) dislocation is the most common type.

What causes a dislocated shoulder?

A dislocated shoulder often occurs with trauma (serious injury) but can also happen through

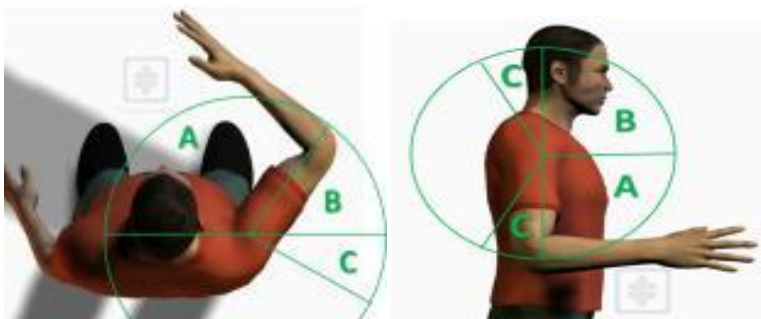
normal movements in loose or unstable shoulders. When the shoulder dislocates a number of structures can be injured such as the supporting ligaments, the head of the humerus or socket (glenoid), the nerves surrounding the shoulder and occasionally the rotator cuff muscles.

Sling or surgery?

If your shoulder has not gone back into the socket by itself it will need to be manipulated back into place. This will get rid of most of the pain but some ongoing pain and weakness is common. You will need to keep your arm in a sling for a period of time and then have rehabilitation to restore function. Younger patients have a high risk of shoulder instability or further dislocation. Surgery is sometimes needed if this happens often. Older patients are more likely to experience stiffness and weakness. Early therapy is required to minimise this.

Exercises

When you are told it is ok to start moving your shoulder it is important to remember that there are safe and 'at risk' zones of movement that need to be avoided until safe to do so.

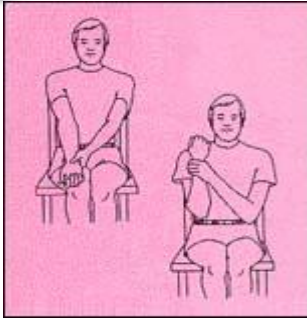


Zone A is the safest. You can move in this zone as guided by your therapist and surgeon.

Zone B is next safest. You should be careful moving in this zone without supervision and guidance.

Zone C is the least safe and must be avoided. Your shoulder is most vulnerable to stress on the injury when your elbow is in this zone.

Please see over page for more exercises.

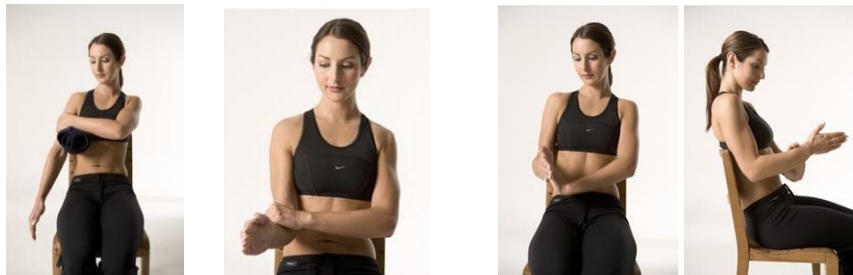


It is important to exercise your hand, wrist and elbow to prevent stiffness and swelling in the joints. It's hard to achieve a fully straight elbow. This should be practiced several times a day until achieved. Take your arm out of the sling and supported it with the non injured hand and try and gently straighten the elbow. Do not force the movement but try to go further each time. Keep the shoulder still and the arm tucked into the side with this exercise.

Usually by 10 days it is recommended you start some gentle shoulder exercises. These are best done with 'pendular' exercises that can be done either standing or sitting with the sling on or off.



Perform the above exercise slowly in a swinging motion with a relaxed arm. Don't push into significant pain. Do at least three times a day for a couple of minutes each time.



Clenching exercises (or low load self resisted 'isometric' exercises) can usually be started within a week as they help to prevent loss of muscle strength and do not create unwanted shoulder movement.

Personal tasks

You might have trouble with many activities of daily living whilst in a sling. Some management tips include:

- **Dressing** - wear loose comfortable clothing preferably with shirts that do up at the front. Do not wear bra if able or use a front fastening one. Dress the injured arm first and remove it last. Lean forwards slightly to assist with this.
- **Showering** - use a shower stool if you feel unsteady. You can take off the sling but keep the arm by your side. To wash, dry and deodorise the arm pit lean forward and allow the arm to swing from side to side.

Rehabilitation can be long and difficult. It is recommended that you have a physiotherapist support you and your doctor with your recovery. If not already in process a referral to physiotherapy is recommended two weeks after your injury.

Contact the Physiotherapy department on 5454 8783 if you have any concerns.