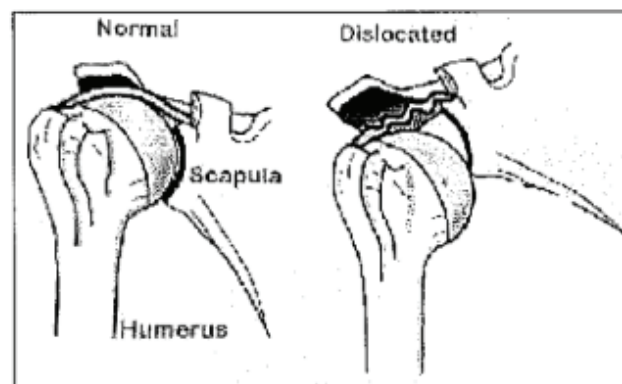


SHOULDER DISLOCATIONS

The shoulder joint is your body's most mobile joint. It can turn in many directions, but this advantage also makes your shoulder easy to dislocate. A partial dislocation (subluxation) means the head of the upper arm bone (humerus) is partially out of the socket (glenoid). A complete dislocation means it's all the way out. Both partial and complete dislocation causes pain and unsteadiness in your shoulder. The injured or stretched muscles may have spasms from the disruption, and this can make it hurt more. When your shoulder dislocates time and again, you have shoulder instability.

The shoulder joint can dislocate forward, backward or downward, however coming out of socket in a forward direction is by far more common (anterior instability). This means the upper arm's bone moves forward and down out of its joint. It may happen when the arm is placed in a throwing position.

No age group grows out of the risk of shoulder dislocations. Athletes under 20 years of age with a first time shoulder dislocation have greater than 90% chance of this happening again. People in their twenties and thirties have a reported risk of between 20% and 40%, with people over 40 having less than 10% chance of repeated dislocations. Even though the risk of recurrent episodes decreases with advancing age, other risks go up. Tearing of the rotator cuff tendons off the bone increases with age. This risk has been assessed at about 30% in patients over 30 years of age; after age 60, it exceeds 80%. This type of injury requires early surgery to repair the torn tendons back to bone; otherwise, one could be left with little use of your arm and shoulder.



Nerve injuries are fairly common, as the nerves around the shoulder are stretched at the time of the shoulder dislocation. These injuries are usually fairly mild and often resolve quickly with no long-term consequence. However, some can be severe and complete, with long-term weakness and muscle atrophy problems.

Your shoulder and arm may be placed in a sling or other device for several weeks as the initial treatment. You should get plenty of rest and ice the sore area 3-4 times a day. After the pain and swelling go down, you will be given a prescription for physical therapy. This program will help restore your shoulder's range of motion and strengthen your muscles. Rehab may also help you prevent dislocating your shoulder again in the future. You begin by doing gentle muscle toning exercises. Later, you can work up to using weights. If your shoulder dislocation becomes a chronic condition, a brace can sometimes help. However, if therapy and bracing fail, then you may need surgery to repair or tighten torn or stretched ligaments, which help hold the joint in place.

Current treatment for first time dislocations in the younger age group or for throwing athletes is trending toward earlier surgery. Most dislocations tear the ligaments off the cup in the front of the shoulder and these are repaired back to their normal position. Several events have contributed to this shift towards surgery. The fact that over 90% of young people with first time dislocations will have another event, thus having a higher risk of damage to the joint surfaces with resulting arthritis is one reason. The reality of less invasive surgery using the arthroscope and small incisions has influenced this trend.

Chronic dislocators or repeated dislocations should be treated with surgery. Use of the arthroscope means that an operation that was exclusively performed through a large, open incision fifteen years ago can now be performed through three small punctures. However, even though the surgery is done through small holes, the time required by the ligaments to heal back to bone is the same as with an open incision. Return to full sports and heavy work is usually allowed within four to six months.

The elderly age group will often suffer a fracture of the arm bone, ball or socket with a shoulder dislocation as their bone quality is less robust than younger folks. These fractures sometimes require surgery after the ball has been replaced back in the socket.

Thus, shoulder dislocations can be very painful as well as potentially cause permanent damage; however, early, careful treatment can result in a shoulder with little if any limitations.

For additional patient education information go to www.orthodoc.aaos.org/drpepper/

