

Shoulder dislocation

Information for patients

This leaflet has information and advice on how to manage your shoulder dislocation. If you have any queries or concerns please contact your GP.

What is a shoulder dislocation?

The shoulder is a ball and socket joint, which can be injured during your dislocation. The ball of the shoulder joint is made up of your upper arm bone (humerus), and a socket attached onto the shoulder blade (scapula). A dislocation occurs when the ball of the joint excessively moves forward off the socket.

Mechanism of injury

Anterior shoulder dislocations are mainly due to traumatic events, forcing the arm bone forward. It usually occurs when people fall with an arm out to the side or falling onto an outstretched hand.

Symptoms

Common symptoms include pain, stiffness, swelling, bruising and deformity at the site of injury.

Pain and swelling management

- Ice: a cold pack (ice pack or frozen peas wrapped in a damp towel) can provide short-term pain relief. Apply this to the sore area for up to 15 minutes, up to four times a day, ensuring the ice is never in direct contact with the skin.
- Relative rest: reduce activities that are making your symptoms worse, for example, the amount of time you spend on your feet.
- Painkillers: pain relief can help manage the discomfort in the short term. Normally painkillers bought from a pharmacist will work. If you have any questions please speak to a pharmacist or GP.
- Exercise: you should complete specific exercises that aim to increase the strength and stability of your knee; this will assist in the healing process and help you return to activities. Please see below for suggestions of a graded exercise programme.
- Sleep: you may find it more comfortable to sleep propped up with pillows.

Healing

This type of injury can take between 6 to 12 weeks to fully heal.

Using your arm

Use the sling provided for the first 3 weeks to allow the soft tissues to settle. After this, follow the staged management plan outlined below.

Follow-up

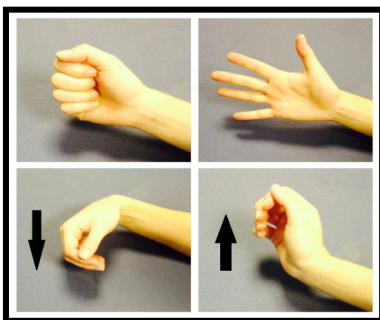
We do not routinely follow up patients with this injury. However, if after 6 weeks you still have significant pain or you are struggling to get your full range of movement back, a physiotherapy referral may be beneficial.

Please follow the rehabilitation plan shown below:

Weeks since injury	Rehabilitation plan
0 to 3 weeks	<ul style="list-style-type: none">✓ Wear the sling all the time. Even at night in bed.✓ Remove the sling for exercises and personal hygiene.✓ Start initial exercises.✗ No lifting, activities or sports.
3 to 6 weeks	<ul style="list-style-type: none">✓ Try to wean out of the sling.✓ Increase movement using the Stage 2 exercises below.✓ You should be able to largely carry out day to day activities. More arduous tasks may cause discomfort.
6 to 10 weeks	<ul style="list-style-type: none">✓ Progress to Stage 3 exercises below✓ Begin to return to normal function
10+ weeks	<ul style="list-style-type: none">✓ Can begin to start increasing weight during lifting activities and return to sports

Initial exercises to do 4 to 5 times a day

Finger and wrist flexion and extension:

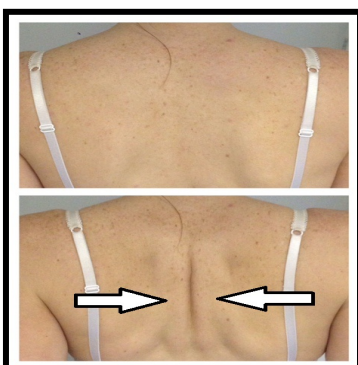


Open and close your hand as shown 10 to 15 times.
Then move your wrist up and down 10 to 15 times.

After a few days, hold a soft ball or ball of socks. Squeeze the ball as hard as possible without pain.

Hold for 5 seconds and repeat 10 times.

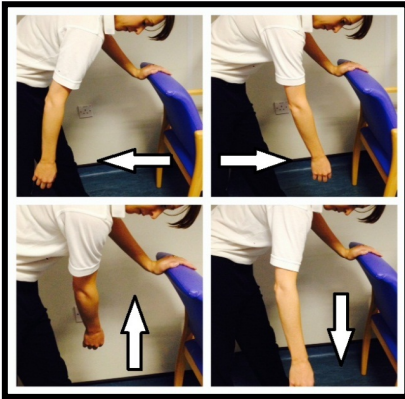
Postural awareness:



Bring your shoulders back and squeeze your shoulder blades together as shown in the picture. Do this with or without your sling on.

Hold the position for 20 to 30 seconds and repeat 5 times provided there is no increase in symptoms.

Shoulder pendulum exercises:



Stand and lean forward supporting yourself with your other hand. Try to relax your injured arm and let it hang down.

1. Swing your arm slowly and gently forwards and backwards
2. Swing your arm slowly and gently side to side
3. Swing your arm slowly and gently in circles clockwise

Continue for a couple of minutes in total if there is no increase in symptoms. Remember to try and relax your arm.

Stage 2 exercises

Start these exercises 3 weeks after your injury and do 4 to 5 times a day.

Active assisted shoulder flexion:



Use your other hand to lift your arm up in front of you as comfort allows (as shown in the pictures).

Repeat 10 times provided there is no increase in symptoms.

Active assisted external rotation:



Keep the elbow of your injured arm tucked into your side and your elbow bent. Hold onto a stick/umbrella/golf club or similar. Use your unaffected arm to push your injured hand outwards as comfort allows. Remember to keep your elbow tucked in.

If you don't have a stick you could simply hold the injured arm at the wrist and guide it outwards. Repeat 10 times provided there is no increase in symptoms.

Stage 3 exercises

Start these exercises 6 weeks after your injury and do 4 to 5 times a day.

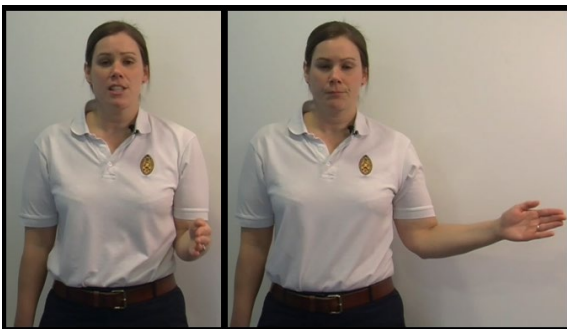
When you have regained full range of movement in the above exercises without pain you can start to do these exercises without the support of your other hand: this is known as active range of movement. Then when you have regained your full range of movement without the support of the other arm you can start to build up your regular day to day activities.



Active forward flexion:
With your thumb facing up, try to move your arm up, keeping it close beside your body.



Active abduction:
With your thumb facing up and outwards, try to move your arm in a big arc out to the side.



Active external rotation:
With your elbow by your side, rotate your forearm outwards, keeping your elbow at about 90 degrees in flexion.

Do these exercises 10 times each, 4 to 5 times a day. Only go as far as you can comfortably, without doing any trick movements to try and get further. The movement should increase over time and should not be forced.

Stage four exercises (to do 3 times, every other day)

Once the above exercises are no longer painful you can then progress to adding a small amount of resistance. Complete the exercises in 'Stage three' but begin to hold onto a small weight (about 1kg), this could be a dumbbell or small bag of sugar or flour.

Repeat the exercises as per the instructions above to gradually increase the strength of your shoulder.

Sharing your information

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. The PALS office is located on the ground floor of the Hambleton Wing, near the main entrance on Bessemer Road - staff will be happy to direct you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS

Tel: 020 3299 3601

Email: kch-tr.palsdh@nhs.net

You can also contact us by using our online form at **www.kch.nhs.uk/contact/pals**

If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.