KENAI PENINSULA ORTHOPAEDICS

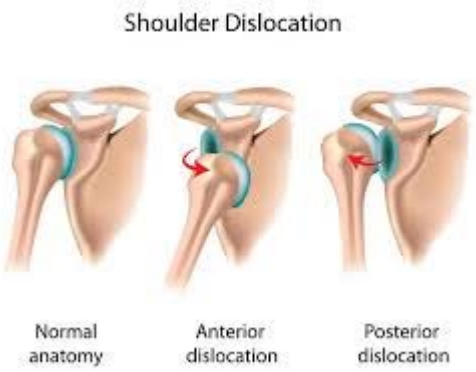
291 North Fireweed
Soldotna, AK 99669
907-262-6454
www.kenaipeninsulaortho.com

Orthopaedic Surgeon:
Henry G. Krull, M.D.

Hand and Wrist Specialist:
Edwin D. Vyhmeister, M.D.

Shoulder Dislocation

Shoulder dislocations occur when the ball is forced out of the shoulder socket. The ball typically comes out in the front (anterior), and less commonly out back (posterior). Even less common is the inferior dislocation, where the ball comes out below the socket. Dislocations most often occur due to injury, such as a fall, or if the arm is levered into a position that makes the ball come out. Occasionally, dislocations occur "spontaneously" (without incident) or "voluntarily" (the patient makes the shoulder dislocate or does a maneuver that causes the ball to come out).



Symptoms:

Acute dislocations, due to injury are usually very painful. Sometimes the ball slips back into the socket (spontaneous reduction) right after the incident, but more commonly the joint remains dislocated and painful, necessitating a trip to the emergency room. The shoulder can often be put back in place (reduced) with sedation and gentle maneuvering, but occasionally patients require full anesthesia and relaxation in the operating room. When the joint is dislocated, it may be deformed, and movement may not be possible. Numbness and tingling

KENAI PENINSULA ORTHOPAEDICS

291 North Fireweed
Soldotna, AK 99669
907-262-6454
www.kenaipeninsulaortho.com

can occur with 1-2 hours if the joint is not reduced. Dislocations are usually very obvious.

Cause:

Shoulder dislocations are most often caused by injury, although certain individuals with a loose or lax shoulder joint may be more prone to shoulder dislocations. There are medical conditions (generalized ligamentous laxity, Ehlers-Danlos syndrome) that are associated with shoulder dislocations.

Diagnosis:

As noted above, dislocations are usually very obvious. Usually, an x-ray may be needed to show the direction of the dislocation (anterior versus posterior), and whether there are any associated injuries such as fractures. Occasionally, an MRI with contrast (dye injected into the shoulder joint) is required, to assess for labral tears, small fractures, and sometimes larger fractures that can all be associated with recurrent instability (repeat dislocation).

Treatment:

Most first-time shoulder dislocations are treated with closed reduction (using sedation and gentle manipulation to put the shoulder back into place. This is usually accomplished in an emergency room. Repeat customers with 2nd and 3rd dislocations also undergo closed reduction, but MRI is usually obtained in preparation for surgery to stabilize the shoulder, to prevent subsequent dislocation.

KENAI PENINSULA ORTHOPAEDICS

291 North Fireweed
Soldotna, AK 99669
907-262-6454
www.kenaipeninsulaortho.com

Surgery:

The goal of surgery is to stabilize the shoulder to prevent subsequent dislocation. Surgery is not usually recommended for a first-time dislocator, although there is some evidence that young people, who have an 80% redislocation rate, may benefit from surgical stabilization to prevent the likely 2nd dislocation. This is usually done as an outpatient, with arthroscopic surgery. There is typically a labral tear. Stitches are placed through the tissue, then the labrum is brought back down to bone where it belongs. The stitches are placed into bone anchors that are tapped into the bone, securing the labrum. Occasionally, bony procedures need to be done to correct bony abnormalities. Healing time is approximately 6-8 weeks. Typically, 6-8 weeks of postoperative rehabilitation is needed to restore mobility and strength.