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Traumatic Anterior Shoulder Dislocation

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Traumatic Anterior Shoulder Dislocation

Patient Information

Trauma and Orthopaedics Department

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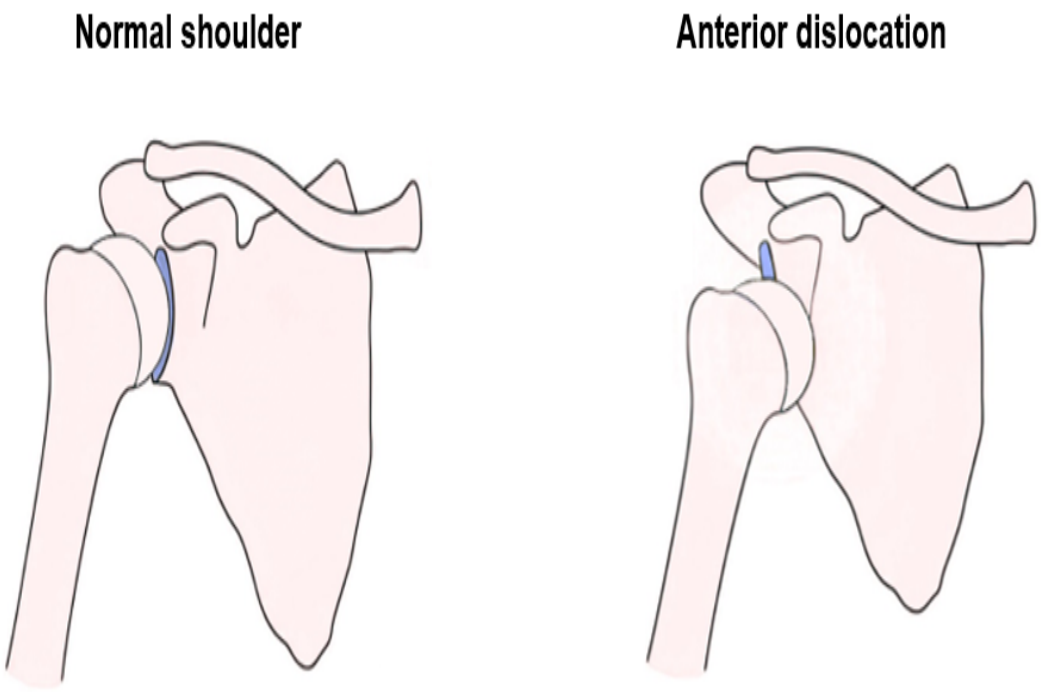
Introduction

A shoulder dislocation is when the top of the arm bone pops out of the shoulder socket. This injury can be caused by falling directly onto your shoulder, or if your arm is forced into an awkward position - particularly when it is out to the side of your body; this can happen in contact sports, such as rugby. Shoulder dislocations are common injuries, and they can occur in all age groups.



Expected symptoms

In the first few days after your shoulder has been put back into its socket in the Emergency Department (ED), symptoms can include pain, swelling, bruising and difficulty lifting the arm. Although you may be nervous about moving your shoulder, it should feel as though it is back in its socket. If you feel that the shoulder may have popped back out again, you should re-attend the ED.

How should I look after my shoulder?

The aim of the treatment in the first few days after a shoulder dislocation is to settle down the pain and swelling by applying ice packs, taking regular painkillers and resting the shoulder. Once the initial pain has settled, you can start doing some gentle exercises. A good exercise to begin with is the “Pendulum” exercise:

- Lean forward slightly and allow your arm to hang down by your side
- Gently swing your arm from front to back
- Then move it in small circular motions

For the first few weeks, it is important to avoid lifting movements, or movements where the arm is lifted out to the side, as these are positions where the shoulder may be prone to dislocating again. Sleeping can be troublesome, and sleeping propped up with pillows can be helpful.

Your sling

The sling should be worn for comfort, usually for the first week or so. For the first few days, you may find it helpful to keep your arm in the sling and wear loose clothing over it. It is important that you take the arm out of the sling at regular intervals to gently move the elbow and wrist, so that they do not become stiff; this will also reduce swelling in the arm.

What happens next?

Your X-rays will be reviewed in the Virtual Fracture clinic by a Consultant and someone will call you with a plan of treatment. You will most likely be referred to Physiotherapy, but you may also be asked to attend the Fracture Clinic. It is important to be aware that risks can vary depending on age:

- For younger patients (under 30 years old): there is an increased risk that your shoulder may dislocate again in the future
- For older patients (over 40 years): there is an increased risk that you may have damaged the tendons within the shoulder (rotator cuff)

During your Fracture Clinic appointment, your clinician will discuss the risks with you, and further tests may be arranged.

Will I need surgery?

Most people do not need surgery after a shoulder dislocation. The treatment is usually a sling for a short period, with gradual increasing movement. This will often be guided by a Physiotherapist. In some cases, if the dislocation has caused injuries to the tendons or the soft tissues, surgery may be required. If you do need surgery, this will usually be after further tests which have shown a problem. All the risks and benefits of surgery will be fully explained to you in clinic.

When will I get better?

Most shoulder dislocations will settle within 6-12 weeks, but many patients feel much better before this. A few people have ongoing problems; these can include pain at rest or when using the shoulder, feeling weak in the arm or feeling like the shoulder might pop out again. If you are having ongoing problems, it is important that you contact us.

Frequently asked questions

Driving

You must not drive with a sling on. You are allowed to drive when:

- You can safely control the car
- You can control the steering wheel and use the gear stick safely
- You can perform an emergency stop

Work

This depends on your individual situation. You can return to work when you feel able to do perform your job safely. A phased return or temporary adjustments may be helpful, especially for physically demanding work.

Sports

You should not play sport until you are pain-free and until you have restored movement in your shoulder.

Further advice

If you have any concerns regarding your shoulder, contact:

Fracture Clinic Helpline: 0300 707 2595
Please leave a message with your name, telephone number and brief description of the reason for your call. We will aim to call you back within 24 hours, Monday to Friday 8:30am until 5:00pm (please note messages left over the weekend will be returned on Monday).

If you are struggling with day-to-day activities or with your sling and need immediate support at home to prevent hospital admission, please contact Community REACT Team (CRT) on 0300 707 1221.

Adult MSK Physiotherapy Self-Referral

To access outpatient Physiotherapy, a self-referral form is available via the link below (or by scanning the QR code provided, alternatively you can telephone the physiotherapy service directly.

https://www.wwl.nhs.uk/adult-msk-physiotherapy-self-referral

Please scan the QR Code to access the website.

Physiotherapy Service Contact Numbers

- **Boston House Health Centre Telephone**: 0300 707 1113
- **Leigh Infirmary Telephone:** 0300 707 1597 / 0300 707 1595
- **Platt Bridge Health Centre Telephone**: 0300 707 1772

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