

Shoulder Dislocation

Summary Points to Remember

- Wear the sling for **3 weeks**
- Lifting restrictions for **6 weeks**
- Do not drive for **2-4 weeks**

Virtual Fracture Clinic

Your Emergency Department doctor has referred you to the Virtual Fracture Clinic. This allows fast access to a specialist opinion without having to visit the hospital in person.

A Specialist Orthopaedic Surgeon will review your case, then a staff member will contact you by telephone to discuss your management plan.

Your diagnosis is: Shoulder Dislocation

The shoulder is a ball and socket joint. It is the most mobile joint in the body. When the shoulder is 'dislocated' the ball of the humerus (arm bone) is out the socket.

Shoulder dislocations are common – they are often caused by getting hit in the back of the shoulder, especially if the arm is in a throwing position.

There can be other complications associated with a shoulder dislocation such as a fracture, damage to the ligaments or muscles around the shoulder, and nerve or artery damage.



Early Management: 0-72 hours after the injury

It is normal for your shoulder to become bruised and swollen. This will settle over a few weeks. The following guidelines can help to minimise swelling and pain:

Rest

For the first few days and avoid any activity that increases your pain

Ice

Ice the shoulder for **20 minutes every 1-2 hours**. Use an ice pack or a bag of frozen vegetables (do not place ice directly on the skin). Continue this for **3 to 7 days** after your injury.

Sling:

- Wear your sling to support the arm for **3 weeks**
- Your hand should be slightly higher than your elbow in the sling
- The sling can be removed for showers and sleeping when comfortable



Lifting:

- For the first **6 weeks** you should not lift objects heavier than **5 kilograms** with your injured arm

Medication:

Simple medication such as paracetamol or anti-inflammatories may help to control your pain. Speak with your local doctor (GP) or pharmacist about your medication options.

Smoking:

Research shows that smoking increases the risk of poor healing in fractures.

Stopping smoking will improve the chance of a good outcome.

For further information on quitting smoking visit www.quitnow.gov.au or speak with your GP.

Rehabilitation: After 48-72 hours

Exercises:

Perform the following exercises **4 times a day**

- Shoulder shrugs – Lift your shoulders up towards your ears and then slowly relax - repeat 10 times



- Shoulder retraction – squeeze your shoulder blades together. Hold for 5 seconds then slowly relax – Repeat 10 times



- Hand and wrist exercises

- Open and close your hand – repeat 10 times

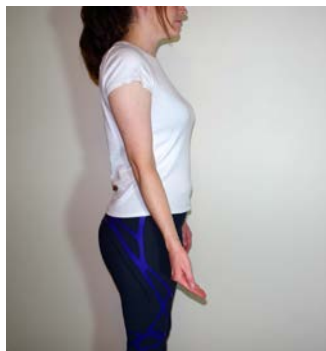
Progression: Hold a soft ball/ball of socks. Squeeze and relax – repeat 10 -15 times



- Move your wrist up and down – repeat 10-15 times



- Elbow bend and straighten – bend and straighten your elbow so you feel a mild to moderate stretch. You can use your other hand to help if necessary. Do not push into pain – repeat 10-15 times



- **Forearm rotations** – with your elbow bent to 90 degrees by your side, rotate your palm up and down so you feel a mild to moderate stretch – repeat 10-15 times



After 1-2 weeks start shoulder pendulum exercises

- Lean forward supporting yourself with the other hand. Relax your injured arm and let it hang down. Gently swing the arm:
 - In circles - Repeat 10 times each direction



- Side to side - Repeat 10 times each direction



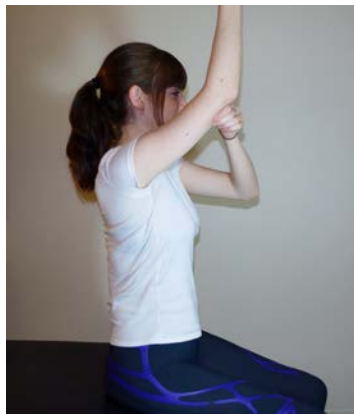
- Front and back - Repeat 10 times each direction



- Supine shoulder flexion – lay on your back. Use your other hand to lift your arm up off your chest – repeat 10-15 times



- Shoulder flexion – Use your other hand to lift your arm up to the front – repeat 10-15 times



- Assisted shoulder external rotations – Keep the elbow of your injured arm tucked into your side. Hold on to an umbrella / stick / broom handle and use this to push the injured hand outwards until you feel a mild to moderate stretch. Hold for 5 seconds - repeat 10 times



Physiotherapy:

Physiotherapy is important after a shoulder dislocation to strengthen the shoulder. You can commence submaximal isometric strength exercises as soon as possible after your injury:

- Speak with your local doctor (GP) about physiotherapy options in your area **or**;
- Contact the Virtual Fracture Clinic to arrange physiotherapy at the hospital (Medicare bulk billed)

Expected return to daily activities

It is important to note that different people recover from injuries at different rates.

Driving:

You can return to driving **2-4 weeks** following your injury, provided your arm strength is restored and you are able to lift your arm without pain.

Return to work:

The amount of time you will need off work relates to the severity of your injury and your work requirements.

Discuss your return to work plan with your local doctor and employer.

As a guide:

- Manual workers - If you need to climb ladders or do repetitive lifting it may take **6 weeks** to return to normal duties.
- Desk workers - you can return as soon as your pain allows.

Return to sport:

It is recommended that you see a physiotherapist for a guided return to sport program. You can return to sport when the injured arm is at 85% strength of your other arm.

Future Appointments

If this was your first dislocation – you don't routinely need to have a follow up appointment with a specialist. Patients who have significant symptoms 6 months following their injury despite physiotherapy or rehabilitation may need an orthopaedic review. Discuss with your local doctor.

If this was not your first dislocation or you are aged <20 or >35 years – you will be referred for an appointment with a shoulder specialist at the hospital (Medicare bulk billed) 3-4 weeks after your injury.

Please contact us if you do not receive notification of this appointment.

Longer term recovery and expectations

Most people regain full movement of their shoulder and return to basic daily activities in **3 to 6 weeks**. Occasionally people have ongoing problems such as:

- Feelings that the shoulder is unstable, especially with overhead movements
- Further dislocations – risks are higher if you are aged under 30 years, are male, play contact sports or work with your arms overhead

When to contact the Virtual Fracture Clinic

- **If you have not heard from us TWO working days after your Emergency Department visit**
- If your pain is so bad that medication and RICE (rest, ice, compression and elevation) do not help
- If you notice increasing pain without a cause after it was improving
- If you notice major numbness, pins and needles, or changes in circulation in your arm, hand or fingers
- If your symptoms are still bad after 6 weeks

This brochure provides some information to assist with management and rehabilitation of your injury. While it contains the recommended information, it does not contain all available information about your injury and is not a substitute for specific advice from the Virtual Fracture Clinic in respect of your injury.

All treatment options have risks and benefits. This advice is of a general nature and is appropriate for the majority of patients with this condition. However, it may not apply your specific injury and circumstances.

If you have any concerns about progress of your rehabilitation, contact the Virtual Fracture Clinic promptly.

Do not continue the exercises in the brochure if:

- You experience increasing pain (some discomfort is common)
- Your condition has deteriorated in any way since you last consulted the Virtual Fracture Clinic
- You have a new injury or condition and have not consulted the Virtual Fracture Clinic about it

This information is only designed for patients who are currently being treated by the Virtual Fracture Clinic at The Royal Melbourne Hospital. If you do not understand the information seek clarification from the Virtual Fracture Clinic.

Patients should be aware that the suggested management is not guaranteed to provide any improvement in your condition.

Keep this brochure as you may need to read it again.

If you have any questions or concerns please contact the
Virtual Fracture Clinic

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