

Dislocated shoulder

Emergency Department

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What is a dislocated shoulder?

The shoulder is a ball and socket joint. The ball-shaped end of the upper arm bone (humerus) fits into the socket on the edge of the shoulder blade (scapula).

Dislocation occurs when the ball at the top of the upper arm pops out of the socket.

What causes a dislocated shoulder?

A dislocated shoulder may occur if the shoulder is pulled very hard or twisted. Injuries are usually caused through playing sports and especially through falls.

Men, women and children can all have dislocated shoulder injuries.

What are the symptoms?

The main symptom is severe pain and loss of shoulder movement. The shoulder will appear different to the other shoulder; it will not have the normal rounded appearance. If there is some damage to the nerve during the dislocation then you may have altered feeling in that arm and hand. This usually resolves spontaneously when the dislocation is reduced.

How is it diagnosed?

The practitioner will examine your shoulder for any tenderness over the surrounding muscles and bones and may assess the movement of your shoulder. Often an x-ray will be performed if the practitioner is concerned there may be an injury to any of the bones in the shoulder. However, an x-ray is not always required to make a diagnosis.

How is it treated?

The doctor will perform a procedure to push the ball of the upper arm back into the socket. This is known as 'reducing' the dislocation. The severe pain usually stops once the shoulder has been reduced.

This procedure will be performed under some sedation to ensure that you are relaxed and that the procedure is as comfortable and as painless as possible.

You may feel a little sleepy following the sedation and you will be observed in the accident and emergency department until you are fully recovered. It is not unusual to feel tired for a few days. Go home and take complete rest for the remainder of the day. **Do not drive for at least 24 hours after sedation.** Separate advice will be provided following sedation.

Once the shoulder dislocation has been reduced, a further x-ray will be performed to confirm the ball is sitting back in the socket.

Sometimes it is not always possible to reduce the dislocation in the accident and emergency (A&E) department and you may have the procedure performed under a general anesthetic in theatre.

A sling will need to be worn to keep the shoulder in place and the joint will have to be rested.

Stretches and strengthening exercises help to gradually improve range of movement, strengthen the muscles and prevent further injury. A medical professional, such as a physiotherapist, will advise on these exercises and will be tailored to your specific injury.

For any of the above shoulder injuries, you may take over-the-counter anti-inflammatory medicines, such as ibuprofen which will reduce the swelling and pain. **Make sure you always read the patient information leaflet that comes with the medicines.** It is likely that you will be prescribed some in the A&E department. If you find that these are not strong enough you must go and see your GP.

What is the prognosis or expected outcome of treatment?

Over the next few weeks your injury should start to repair itself. However, full recovery may take several weeks and in some instances much longer.

Unfortunately, there is always the potential for a dislocation to happen again, especially in young active people. If the dislocation continues to happen and there is injury to the nerves or surrounding structures of the shoulder, then surgery may be required.

Follow up

Following a dislocated shoulder injury you will probably have follow-up through the fracture clinic who will arrange the necessary physiotherapy. You will be given these details before you leave the A&E department.

You are advised to come back to the A&E department if your pain suddenly becomes worse or you think your shoulder has dislocated again.

Further information

If you have any other concerns about your shoulder, please contact your GP or the A&E department on 01271 322480.

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern, call 01271 314090 or email ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

Have your say

Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

'Care Opinion' comments forms are on all wards or online at www.careopinion.org.uk.

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