

Shoulder dislocation

What is a shoulder dislocation?

The shoulder joint is a ball and socket-type joint formed by the scapula bone (shoulder blade), which acts as the socket, and the head of the humerus (upper arm bone), which acts as the ball. A dislocation injury occurs when the ball (the head of the humerus) is forced out of the socket, usually resulting from a traumatic event such as falling on an outstretched arm, a direct blow to the shoulder or an overstretch injury associated with overhead hanging (i.e., on monkey bars, basketball rim, etc.). The head of the humerus (the ball) typically dislocates in a forward or downward direction.

Who is at risk?

- Children/adolescents who participate in contact sports (football, hockey, wrestling, soccer, basketball, rodeo, rugby, etc.).
- Children/adolescents who fall on an outstretched arm, either in front or to the side.
- Children/adolescents who have suffered from a previous shoulder injury, especially previous dislocation/subluxation.
- Children/adolescents who have a family history of shoulder instability.
- Children/adolescents who have excessive motion in other joints (hypermobility).

What are the symptoms?

- There may be a visible deformity.
- Constant intense pain, usually in the front of the shoulder.
- Dull/achy or sharp/stabbing pain in the affected shoulder.
- Limited movement in the affected shoulder.
- Swelling or bruising in the affected arm.
- Numbness, weakness or tingling in the affected shoulder, as well as down the arm or up into the neck.

When to seek medical attention?

A shoulder dislocation is a medical emergency requiring immediate medical attention. Follow-up treatment with an orthopedist is also recommended to determine the appropriate course of treatment and when to return to sporting activities.

What are the treatment options?

The shoulder is placed back into the socket with gentle manipulation maneuvers often using medicines for pain relief and relaxation.

Conservative/non-surgical treatment:

- Rest from activities that cause pain or “relative rest.”
- Ice the area for swelling/pain for 10-20 minutes, once an hour as needed.
- Posture correction and muscle strengthening to promote proper movement in the affected arm.
- If the condition does not improve, a referral to physical therapy to address pain, swelling, range of motion, flexibility, instability, rotator cuff strengthening, bracing/taping and sport training will usually improve symptoms.

Surgical treatment:

- In severe cases and repeat dislocations, surgical repair of the ligaments (connects bone to bone) and the rotator cuff muscles might be needed. Surgery may not be an option for multi-directional dislocations.



What is the time frame for return to activity/sport?

The return to activity/sport is dependent on the severity of the dislocation and whether surgery was needed. Estimated time frame is three to nine months before returning to activity/sport.

What are the long-term side effects of having a shoulder dislocation?

- Increased potential for arthritis in adulthood.
- May have continued instability and dislocations.
- Might not be able to return to same level of activity.