

# 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.