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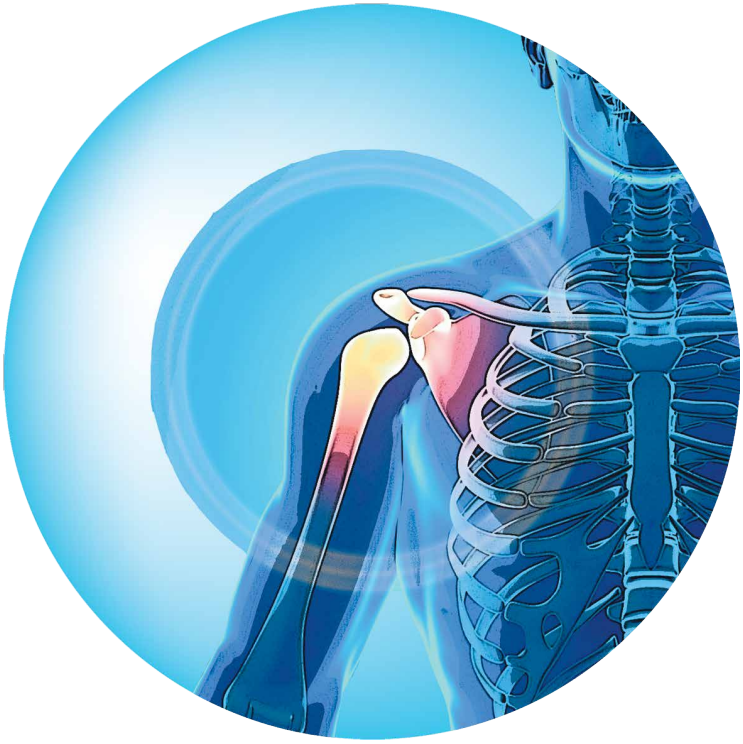
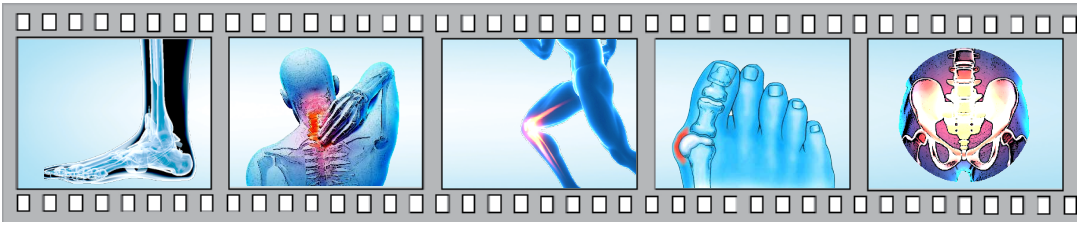
# Shoulder Dislocation FAQs





## What is Shoulder Dislocation?

Our shoulder joint is a ball (humeral head) and socket (glenoid) joint. Shoulder dislocation is when the ball of the shoulder being completely displaced out of the socket. The majority of the time required professional personnel to reduce it back into position. It is a common condition in younger athletes especially those who are involved in contact sports.

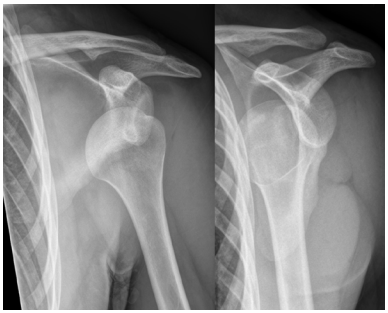


**Fig. 1** Dislocated shoulder joint

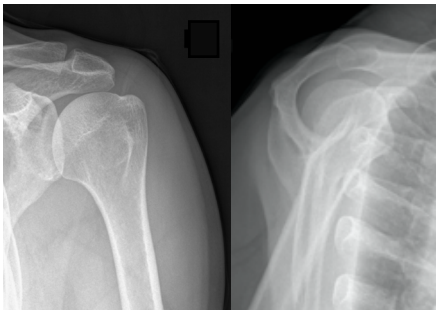


**Fig. 2** Normal X-ray of the shoulder

## What are the symptoms to look for when I dislocated my shoulder?

Commonly first-time shoulder dislocation occurs after a traumatic injury. Patients will feel pain, swelling, weakness of the arm, and the affected shoulder might look deformed and asymmetrical comparing to the normal side.

More severe ones might involve in fracture of the humeral head or the glenoid. There might even be nerve damage (axillary nerve), numbness will occur at the side of the shoulder.

## How do I diagnose shoulder dislocation?

The majority of the cases can be diagnosed clinically by a doctor. However, an X-ray is important to look for associated fractures. Sometimes even a computer tomography scan is necessary to assess the associated injuries. Magnetic resonance imaging will be needed for those who plan to have surgery.

## What are the initial treatments for a first-time dislocation?

The doctor will place the ball back into the socket under light sedation. This method is called a close reduction. The patient will then put on a shoulder immobiliser for at least

6 weeks, allowing the soft tissue to heal. After the immobilisation period, patient should undergo active training to gain the range of motion back, and then subsequently the power of the surrounding shoulder muscles. Patients are expected to go back to usual activities after 3-6 months.

## Who requires surgery?

- Patients who fail to have a close reduction of the shoulder should have surgery performed as soon as possible
- Complications after the dislocations such as a bony fracture or associated rotator cuff tear
- Patients with their shoulders dislocated more than one time

## Who will have recurrent shoulder dislocations?

A study had shown that recurrent shoulder dislocation is correlated with age.

- 83% had recurrence if < 20 years old
- 63% had recurrence if < 30 years old
- 16% had recurrence if > 40 years old

## What are the structural abnormalities involve after dislocation?

When the humeral head is dislocated out of the socket, it tends to tear apart the capsular structure surrounding the shoulder joint, and the position is usually over the anterior and inferior aspect of the glenoid. The medical term for this is named “Bankart lesion”. When part of the glenoid being avulsed together with the capsule at a similar position, we usually call it a “Bony Bankart”.

When the humeral head is being anteriorly dislocated, the posterior aspect of the ball will hit against the socket and create a dent into the humeral head. In medical term we named it a “Hill Sacs” lesion.

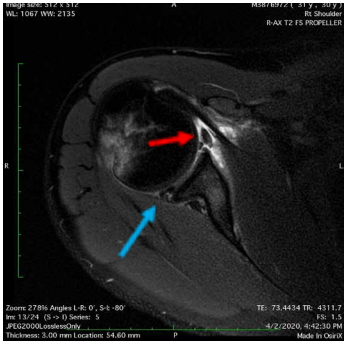



**Fig. 3** Red arrow indicates the front capsule and labrum being peeled off the socket joint. Whereas in normal circumstance it should have a complete black triangle (Blue arrow).

## What does surgery involve?

With the advances of arthroscopic surgery, we will repair the avulsed lesion (soft tissue Bankart Lesion) back to the glenoid to achieve an anatomical repaired. Normally with

the aid of 2-6 anchors inserted with the arthroscopic technique will be able to repair and reconstruct the labrum and capsule.

In the case of a "Bony Bankart lesion", we are able to repair small size Bony Bankart anatomically, however, if the size of the Bony Bankart is too large (>20% of the glenoid surface), open reinforcing surgery is needed.

If the Hillsac lesion is > 25% of the bone loss then repaired of the posterior capsule is needed (Remplissage procedure).

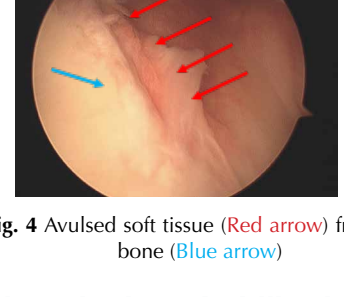


**Fig. 4** Avulsed soft tissue (Red arrow) from the bone (Blue arrow)

**Fig. 5** Repaired soft tissue with suture anchors

## How long is the rehabilitation?

After surgery, the patient needs to wear a shoulder immobiliser for the initial 2 weeks, then it can be taken off and start pendulum exercise. However, the shoulder immobiliser should be used in the initial 6 weeks during outside home activities. After the initial 6 weeks, the patient should be encouraged for some passive mobilisation until it reaches a full range of movement. It should be expected that the full range of movement can be achieved in 4 to 6 months in the post-operative period. Then muscle strengthening is encouraged.

During the initial rehabilitation period, the patient is encouraged to avoid overhead activities. The patient should be able to drive after 6 weeks' time.

## Reference

1. JBJS, 1980 ROWE et al. Text book Cow boy's Companion, A trail guide for arthroscopic shoulder surgeon



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