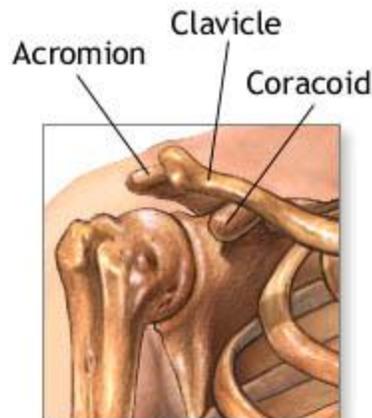
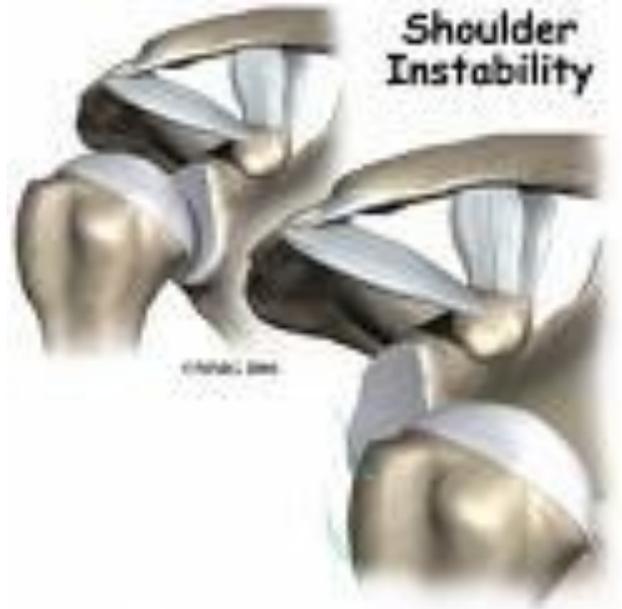


The shoulder joint is your body's most mobile joint. It can turn in many directions, but this advantage also makes your shoulder joint easy to dislocate. A partial dislocation (subluxation) means the head of the upper arm bone (humerus) comes partially out of the socket (glenoid). A complete dislocation means it's all the way out. Both partial and complete dislocations cause pain and unsteadiness in your shoulder. Your muscles may have spasms from the disruption, and this can make it hurt more. If your shoulder dislocates time and again, you have recurrent shoulder instability.

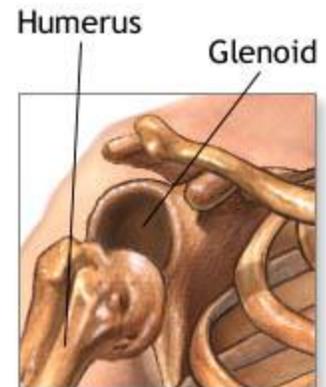
Symptoms to look for include swelling, numbness, weakness and bruising. Sometimes dislocation may tear ligaments or tendons in your shoulder. In rare cases, a dislocation may cause damage to your nerves.

Your shoulder joint can dislocate forward, backward, downward or in multiple directions. The most common type of shoulder dislocation is when your shoulder slips forward (anterior instability). This means your upper arm bone moved forward and down out of its joint. It may happen when you put your arm in a throwing position.

It is important to tell your doctor how you dislocated your arm and if you have ever dislocated it before. Does your shoulder dislocate in your sleep? Can you dislocate your shoulder at will (voluntary)? Has your shoulder gone back into place on it's own or have you had to go to the emergency room to have your shoulder put back into joint (reduced)? What types of activities do you enjoy doing and what is required at your job? Do you have multiple joints that are "loose" (hypermobile)? All of this information plays a factor in how your injury is treated.



Normal anatomy



Dislocated shoulder

Initial Treatment

GET MOVING! After a dislocation injury, you should begin moving your arm as soon as you are able to do so comfortably. Some patients are given a sling to wear for the first one or two days, but only if they are having significant pain. You should ice the sore area of the shoulder for 20 minutes, 3-4 times a day to help decrease swelling and reduce pain.

A course of physical therapy to help restore your shoulder's range of motion and to help strengthen your muscles is generally prescribed. Rehabilitation exercises may also help prevent your shoulder from dislocating in the future. The physical therapy program begins with gentle range of motion and muscle toning exercises and progresses to strengthening program using light weights (a soup can will do) and high repetitions.

If a dislocation occurs several times (becomes recurrent), or if you are an athlete, a brace can sometimes help stabilize the shoulder. However, if therapy and bracing fail, then you may need surgery. Surgery can repair or tighten torn or stretched ligaments, which help hold the joint in place. Overall, about 40% of people who dislocate their shoulder will require surgery.

The most common and successful type of surgery is called a "Bankart" or "Capsular Shift" repair. It can be completed via an arthroscopic or an open technique depending on your sports and activity level.

