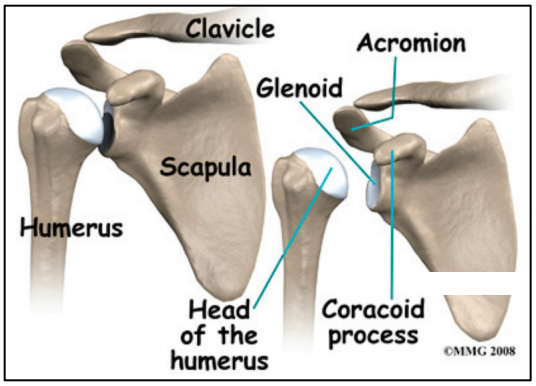
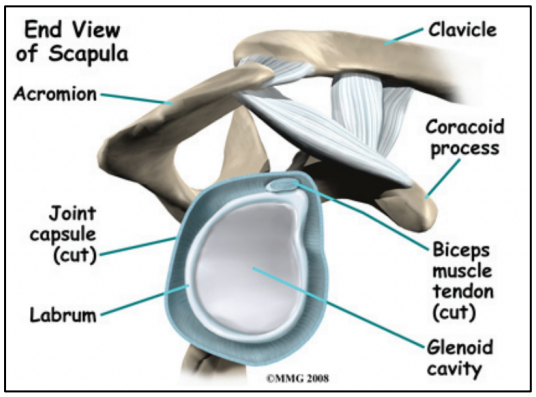
First Time Shoulder Dislocation

Introduction





Images from www.Eorthopod.com (2021).

A shoulder dislocation is an injury to the glenohumeral joint where the humerus (ball) completely shifts out of the glenoid (socket). Most dislocations are anterior (out the front), but can also be posterior (out the back), or inferior (downward). Some dislocations reduce (re-align) spontaneously, while others require someone to reduce the joint. Shoulder dislocations are usually due to a traumatic injury, but can also be from causes such as seizures, ligamentous laxity (loose-jointedness), or previous injuries.

Anatomy

The shoulder joint is similar to a golf ball resting on a golf tee, with the glenoid being fairly shallow. This allows shoulders to have increased motion relative to other joints in the body, but also makes them more at-risk for dislocation. To help deepen the socket, there is a soft tissue rim around the glenoid edge called the **labrum**. There are also four **rotator cuff** muscles which surround the humeral head and help to hold the ball into the socket. During a dislocation it is common to tear a portion of the labrum from its attachment on the glenoid rim. There is also a risk of nerve damage causing numbness or weakness which is usually temporary, fracture of either the humeral head or the glenoid rim, and a risk of tearing the rotator cuff, particularly in individuals over age 40.

Diagnosis

The diagnosis of a shoulder dislocation is made by history, physical exam and x-rays. Depending on the timing of your evaluation relative to when your dislocation occurred, your medical provider will likely assess your shoulder range of motion, strength, and nerve function. There are also special physical exam tests to evaluate for shoulder instability. Depending on your evaluation, additional imaging tests may be ordered. MRI can be used to diagnose injuries to the soft tissues of the shoulder such as the labrum or rotator cuff, as well as to see bony injuries that may not be visible on x-ray. In addition, CT scans occasionally may be used to more fully evaluate fractures or other bony changes if these are suspected.

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Risk Factors

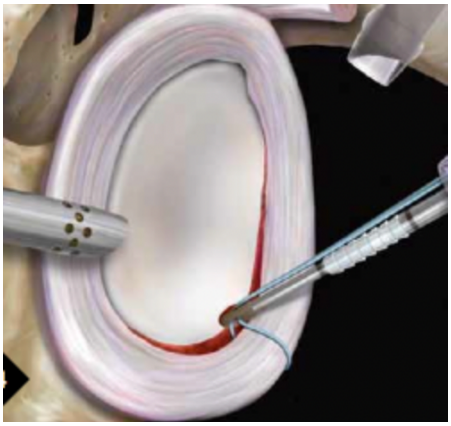
Certain groups of patients are at higher risk for recurrence after an initial shoulder dislocation. These higher-risk characteristics include younger age, participation in contact sports, glenoid or humeral bone loss, history of previous shoulder dislocations, or generalized ligamentous laxity.

Treatment

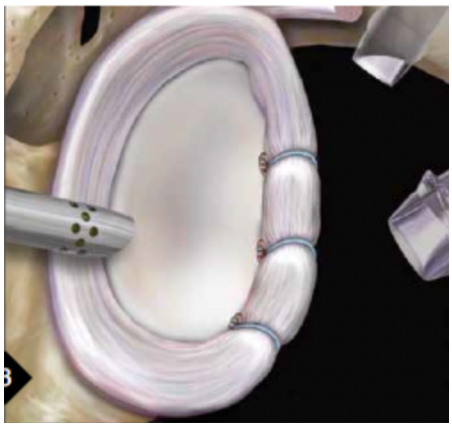
Your surgeon will discuss different treatment options with you, including both nonoperative and operative treatments at the time of your appointment. Nonoperative treatment includes a short period of sling immobilization (1-2 weeks) followed by physical therapy. Physical therapy will begin with gentle range of motion and pain control exercises followed by strengthening of the muscles around the shoulder and scapula (shoulder blade) to help prevent the shoulder from dislocating again. Many patients are initially treated with a trial of nonoperative management.

Surgical treatment may be recommended for patients at high risk of recurrence based on clinical or imaging findings or for those who do not improve with nonoperative management. This is a discussion your medical provider will have with you to personalize your treatment to you. The type of surgery will depend on your symptoms, activities and imaging findings.

The most common surgical treatment for shoulder instability is arthroscopic labral repair. This involves multiple small, 1cm incisions around the shoulder using sutures to repair the torn labrum and joint capsule back to the glenoid rim. For patients with significant bone loss from the glenoid, a surgery can be done using an incision in the front of the shoulder to replace the missing bone using your own bone from part of the shoulder blade or clavicle, from the wing of your pelvis, or bone from a cadaver. After surgery, you can expect to work closely with a physical therapist during your recovery to regain motion and strength, with an expected return to full activities or sports around 4-6 months.



Anterior Labral Tear



Arthroscopic Labral Repair

Latarjet Procedure (bone transfer)

Images courtesy of Arthrex: Glenohumeral instability. www.arthrex.com (2021).