

Shoulder Dislocation

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*如有需要，本传单可提供其他语言/版式
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Na żądanie ta ulotka może zostać udostępniona
w innych językach/formatach.

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Information for Patients

This is a follow-up leaflet to your recent telephone consultation with the fracture care team explaining the ongoing management of your injury. Your case has been reviewed by an Orthopaedic Consultant (Bone Specialist) and a Physiotherapist.

You have sustained a dislocation to your shoulder

The shoulder is a ball and socket joint. A dislocated shoulder means that the ball has come out of the socket, usually after some form of accident, such as a fall. This normally takes between six and twelve weeks to heal but in some cases can take up to 1 year.

During this period, it is important that you follow the rehabilitation plan on the following page. Following your rehabilitation plan will help to prevent further injury and help to improve your function. Completing the exercises is important to prevent your shoulder from becoming stiff. It is advisable to take your pain killers as prescribed to enable you to complete your exercises.

Please keep your sling on for the first two weeks to allow the soft tissues to settle. You may find it more comfortable to sleep propped up with pillows.

You can return to driving once your sling has been removed and you feel confident in safely controlling your vehicle.

After a shoulder dislocation there is an increased chance that it may happen again, depending on factors such as your age and how you injured it. If your shoulder dislocates again, A&E should refer you back to us for further management. If you are worried that you are unable to follow the rehabilitation plan, are experiencing pain or symptoms other than at the site of the original injury or surrounding area, have pins and needles down your arm / hand, are struggling to move your arm at all, or have any questions, then please contact us for advice using the contact details on the back of this booklet.

Please see the picture below to understand where this injury is.



Smoking cessation

Medical evidence suggests that smoking prolongs healing times. In extreme cases it can stop healing altogether. It is important that you consider this information with relation to your recent injury. Stopping smoking during the healing phase of your injury will help ensure optimal recovery from this injury.

For advice on smoking cessation and local support available, please refer to the following website: <http://smokefree.nhs.uk> or discuss this with your GP.

Management / Rehabilitation Plan

Weeks since Injury	Rehabilitation Plan
0-3	<ul style="list-style-type: none">• Wear the sling at all times, including in bed at night, apart from when completing exercises or for personal hygiene, for the first two weeks.• After two weeks, you can gradually discontinue using the sling, as pain allows.• Start Stage 1 Exercises.
3-12	<ul style="list-style-type: none">• Gradually discontinue using the sling if you have not already done this.• Move on to Stage 2 exercises to improve your movement.• Begin normal light activities.• You should be able to carry out most of your day-to-day activities
12+	<ul style="list-style-type: none">• Gradually resume normal activities as pain allows.• Heavier or more strenuous tasks may still be difficult and cause discomfort at this stage.• Symptoms will continue to improve over the next few months.• If you are still experiencing significant pain and / or stiffness please contact us for further advice / management .

Exercises

Stage 1 Exercises (3-4 times a day)

Elbow bend & straighten

Bend and straighten the elbow of your injured arm so you feel a mild to moderate stretch. You can use your other arm to assist if necessary. Do not push if it causes pain.

Repeat 10 times.



Forearm rotations

Rest the elbow of your injured arm by your side. Bend it to 90 degrees. Slowly rotate your palm to face up and then face down until you feel a mild to moderate stretch. You can use your other arm to assist if necessary. Do not push if it causes pain.

Repeat 10 times.



Wrist flexion and extension

Move your wrist up and down.

Repeat 10 times 10 times.



Exercises continued on following page

Exercises

Stage 1 Exercises Continued (3-4 times a day)

Finger flexion and extension

Open and close your hand of your injured arm as shown 10 times.

After a few days, hold a soft ball/ball of socks. Squeeze the ball as hard as possible without pain. Hold for five seconds.

Repeat 10 times.



Postural awareness

Bring your shoulders back and squeeze your shoulder blades together as shown in the picture. Do this with or without your sling on.

Hold the position for 20-30 seconds.

Repeat 5 times.

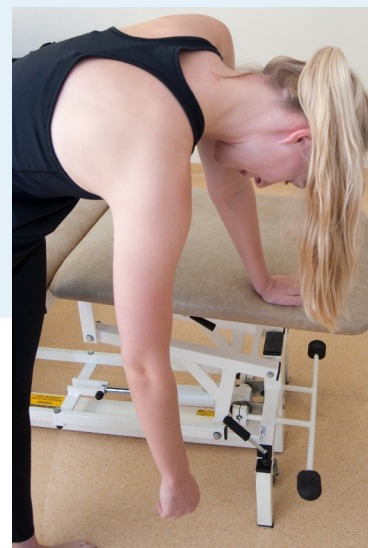


Shoulder pendulum exercises

Stand and lean forwards supporting yourself with the other hand. Try to relax your injured arm and let it hang down.

1. Swing your arm slowly and gently, forwards and backwards.
2. Swing your arm slowly and gently, side to side.
3. Swing your arm slowly and gently, in circles clockwise.

Continue for approximately one to two minutes in total.



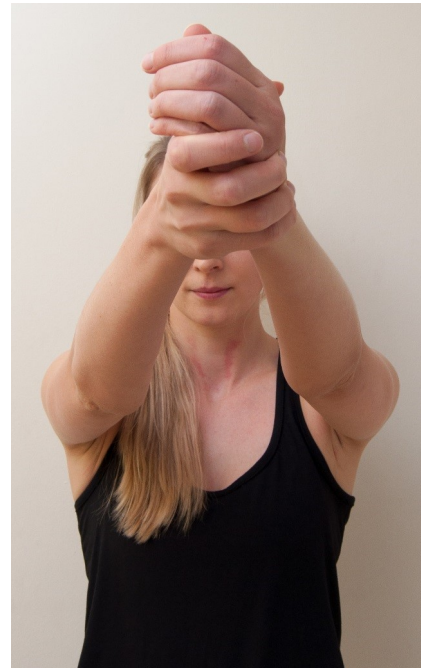
Exercises

Stage 2 Exercises (3-4 times a day)

Active assisted shoulder flexion

Use your other hand to lift your injured arm up in front of you as shown in the pictures.

Repeat 10 times.



Active assisted external rotation

Keep the elbow of your injured arm tucked into your side and your elbow bent. Hold onto a stick/umbrella/golf club or similar. Use your unaffected arm to push your injured hand outwards. Remember to keep your elbow tucked in. Push until you feel a stretch.

If you don't have a stick you could simply hold the injured arm at the wrist and guide it outwards.

Hold for five seconds then return to the starting position.

Repeat 10 times.



Exercises

Stage 3 Exercises (3-4 times a day)

When you have regained full range of movement during the above exercises without pain you can start to do the exercises **without** the support of your other hand; this is known as active range of movement.

Active forward flexion:

With your thumb facing up, try to move your injured arm up, keeping it close beside your body.

Repeat 10 times.



Active abduction:

With your thumb facing up and outwards, try to move your injured arm in a big arc out to the side.

Repeat 10 times.



Active External rotation

With your elbow by your side, rotate your forearm outwards away from your body, keeping your elbow bent to about 90 degrees (right angle).

Repeat 10 times.



Contact Information

Should you have any worries or concerns following discharge from hospital, please contact either:

Fracture Clinic: 0151 430 1403 (9 am-5pm Monday to Friday)

Emergency Department: 0151 430 2399

Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600

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