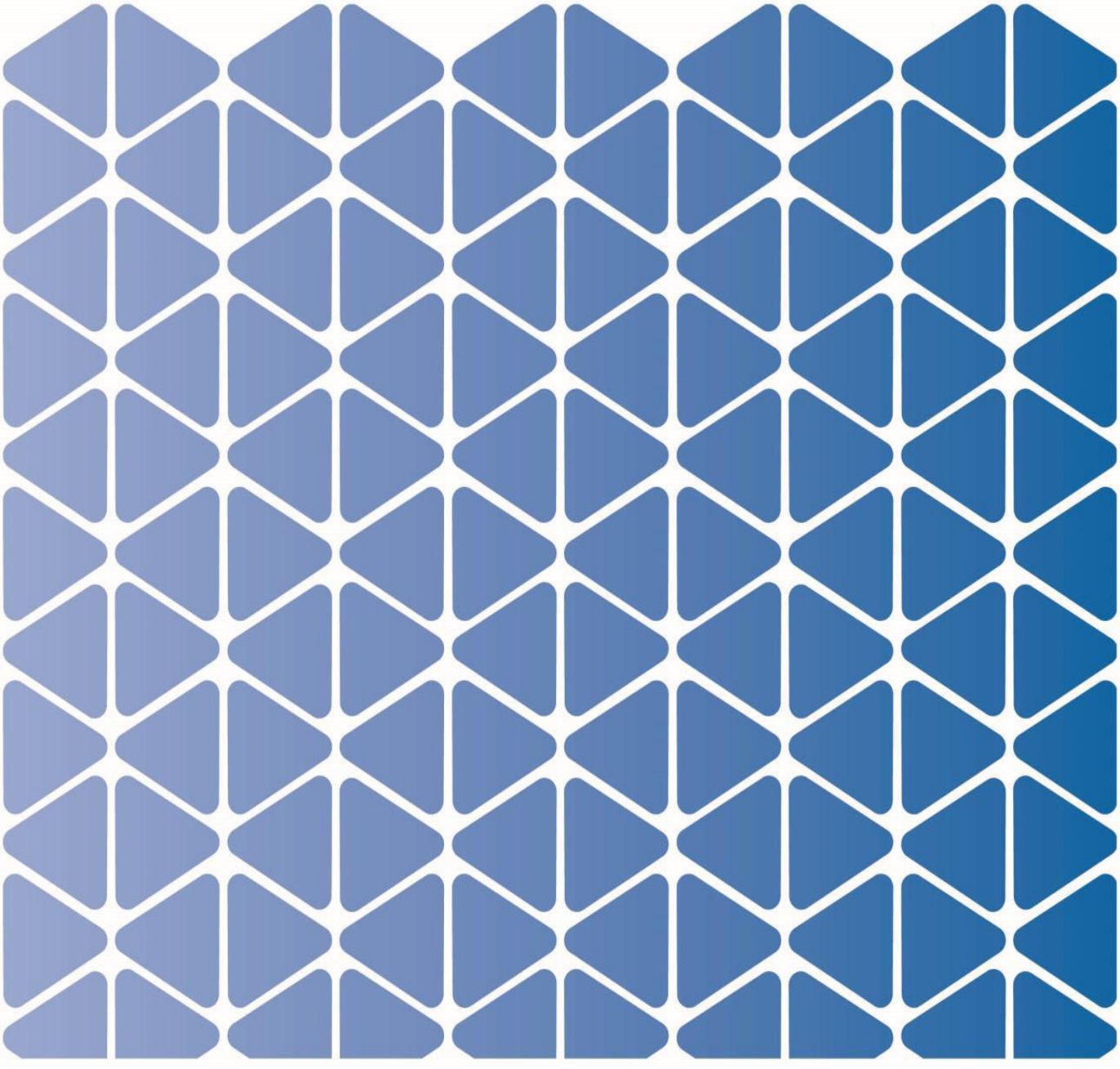
NHS
Worcestershire Acute Hospitals NHS Trust

PATIENT INFORMATION

SHOULDER DISLOCATION

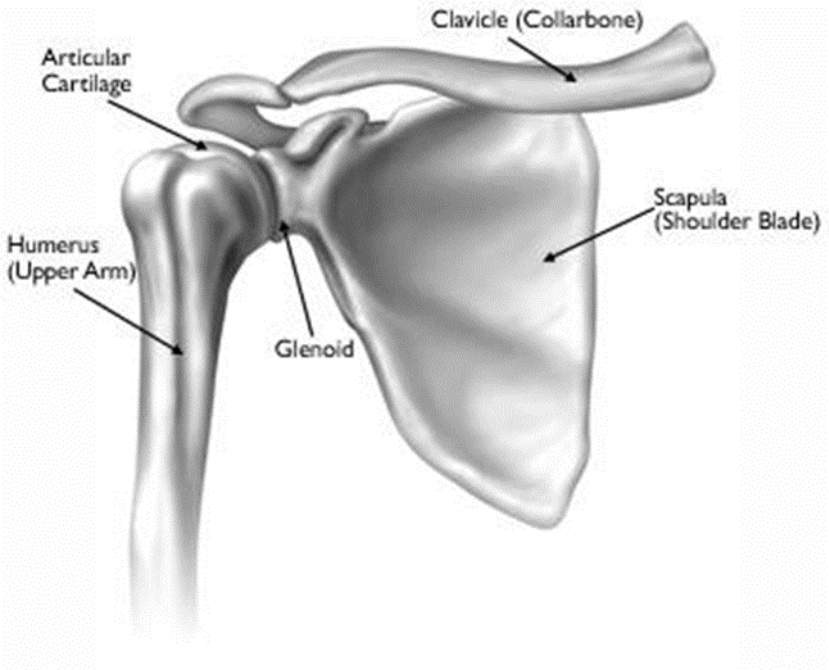


This leaflet will provide you with the information required to begin your rehabilitation following your shoulder injury.

Understanding Your Injury

Anatomy of the shoulder

The shoulder is a ball and socket joint consisting of two bones. The ball at the top of your arm bone (humerus) fits into the socket (glenoid) which is part of your shoulder blade (scapula). It is the most mobile joint in the body and can move in lots of different directions. This advantage of the shoulder also means It is one of the most common joints to dislocate. This can cause pain as it puts strain on the tendons, ligaments and capsule (soft tissues) surrounding the joint.



Atraumatic dislocation

This occurs when the shoulder dislocates with minimal force such as reaching up for an object or turning over in bed. Usually it will 'pop' back in itself or with a little help. Normally this type of dislocation does not need relocating back in to place in A&E

Traumatic dislocation

This is when the shoulder has undergone an injury with enough force to pull the shoulder out of joint such as being tackled in a football or rugby game, a road traffic accident etc. Usually this is the first episode and it would need relocating back in to place in A&E.

If you have any further questions regarding your injury, please ask your Physiotherapist.

Advice Following Your Injury

Pain

Pain is very normal at this stage. It is important that your pain is managed so you can complete your physiotherapy exercises and feel comfortable during the day and when sleeping.

Ensure you are taking the pain medication as prescribed by your consultant or doctor.

Supporting the Arm

You may be given a sling to wear to keep the shoulder comfortable. It is usually worn for a maximum of 2 weeks unless you have broken you shoulder when it may be worn for up to 6 weeks. If it is for a specified length of time, ensure you follow this.

If you have been advised to wear the sling for comfort, you should begin to wean off it as your comfort allows. If you are sitting, you may take the sling off and support the arm on a pillow.

If you are unsure how long you should be wearing your sling for, please contact your physiotherapist.

Sleeping Comfortably

When you have injured your shoulder, it can sometimes be difficult to find a comfortable sleeping position.

When sleeping on your back, try sleeping with a small pillow under the arm, so you keep it supported and off the bed.
If you are a side sleeper, sleep on the non-injured side and hugging a pillow.





Rehabilitation Following Your Injury

Once the shoulder has been restored to its normal position in the socket the rehabilitation process can begin, this can take up to a year to completely regain full strength and function

The rehabilitation is in three phases:

Phase 1 From Day 1 -3 weeks
This phase begins once the shoulder has been put back in the socket. You may be given a sling to keep the shoulder comfortable. It is usually worn for a maximum of 2 weeks unless you have broken you shoulder when it may be worn for up to 6 weeks.

Position to Avoid
Following your shoulder dislocation, you should avoid the combined movement of taking your arm out to the side with your hand up towards the ceiling as seen in the picture, especially if force is applied.
Do not force or stretch the shoulder during this phase



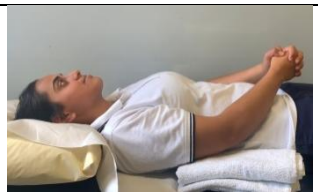
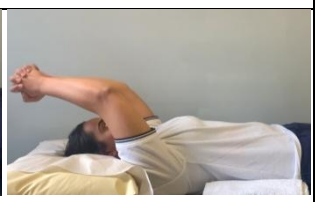
Exercise
Your physiotherapist will provide you with exercises which aim to reduce joint stiffness and begin to increase your range of movement. These exercises should be completed within a relatively pain free range and you should avoid pushing past the point of pain.

Although you may not be able to use your shoulder easily, you can keep the muscles working by exercising your opposite shoulder. For example, try holding a tin of beans in the opposite hand, then push up above your head, then slowly lower down. Then, with your arm straight down by your side, lift your arm straight out to your side so it is parallel with your shoulder, then slowly lower back down. Repeat this 8-10 times. Complete 4 sessions at intervals during the day.

You can also keep active by completing lower limb exercises, abdominal and back postural muscles strengthening exercises which do not use your upper limbs. This will help keep you strong and also help keep the muscles in your shoulders activated.

Your physiotherapist will highlight which exercises you should be completing and how often you should complete them, appropriate to your stage of rehabilitation.

Phase 1 Exercises

Elbow flexion and extension Keep elbow tucked in to side. Bend elbow and bring hand towards shoulder. Straighten elbow out all the way.	 
Shoulder shrugs Shrug your shoulders so you are bringing your shoulder up to your ear, then relax down.	 
Assisted shoulder flexion Support your affected arm with your other arm. Use your other arm to lift up affected arm in front of you, within a comfortable range.	 
Assisted shoulder abduction Support your affected arm with your other arm. Use your other arm to lift up affected arm out to side, within a comfortable range.	 
Table slides Place arm on a table with a towel underneath to slide on. Slide arm forward within a comfortable range, keeping arm flat on the surface. Slide back. You may use your other hand to help you if this is too difficult.	 
Lying shoulder flexion Lie comfortably with a small towel underneath your upper arm. Clasp your hands together and use your non affected arm to lift your affected arm up as far as comfortable. Slowly lower back down. Join in with your affected arm as you feel able.	 

How Often to Complete Exercises

_____

_____

_____

_____

Phase 2 and 3 will be guided by your Physiotherapist when you are contacted by them.

Feedback for Inpatient Therapies

Please scan the QR code or follow the link below:

If you have been seen by a Physiotherapist or Occupational Therapist during your admission, please leave us some feedback by scanning the QR code or following the link and filling in the short survey.

https://apps.worcsacute.nhs.uk/PublicSurvey/AHPFeedback

Ward admitted to:_____

Therapy team who treated you: _____

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.