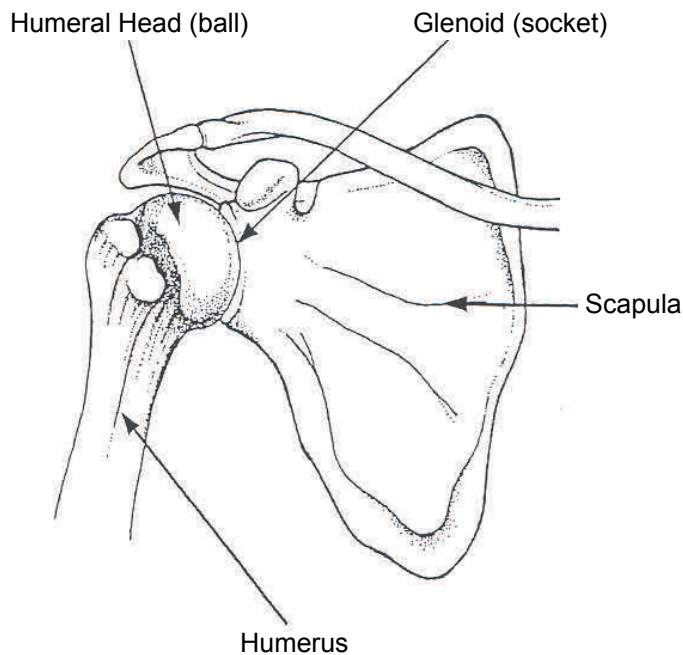


# Anterior Shoulder Dislocation

## Understanding shoulder Dislocations

The shoulder joint is a ball and socket joint. The ball, at the top of the humerus (upper arm), fits into a shallow socket called the glenoid which is part of the scapula (shoulder blade). This joint is very mobile but unstable.

The ball is held into the socket by tissue that fits over the ball like a sock. This is reinforced by ligaments and muscles.



When the ball comes out of its socket it is known as a dislocation. Anterior dislocation is by far the most common type of shoulder dislocation. This can damage the capsule (the soft tissue envelope that encircles the joint), ligament, muscles or bone of the shoulder joint. Once the shoulder has been “put back”, or relocated, x-rays will be performed to check the position and look for any further damage, such as fractures.

## Know the facts

- Once you have dislocated your shoulder there is an increased chance that you will dislocate again.
- The younger you are the more likely you are to dislocate again.

## Tips to help your recovery

- You must wear a sling. The length of time you are in the sling will be determined by your treating doctor or physiotherapist.
- Only remove the sling to perform elbow exercises or to attend to personal hygiene. When removing the sling it is important to keep your upper arm resting by your side. Do not lift your arm to clean under your armpit, you should lean forward and let your arm hang.
- Ice your shoulder for the first 48-72 hours. Ice is helpful for pain and swelling. Use ice packs for *no longer than* 20 minutes every 1-2 hours while awake. Make sure you have a damp cloth layer, such as a towel, between the ice and your skin.
- Take pain medication as instructed by your Emergency Department doctor and continue to speak with your local doctor or pharmacist about maintaining your pain relief.
- Exercises for your elbow and wrist are important to prevent any complications in these joints.

