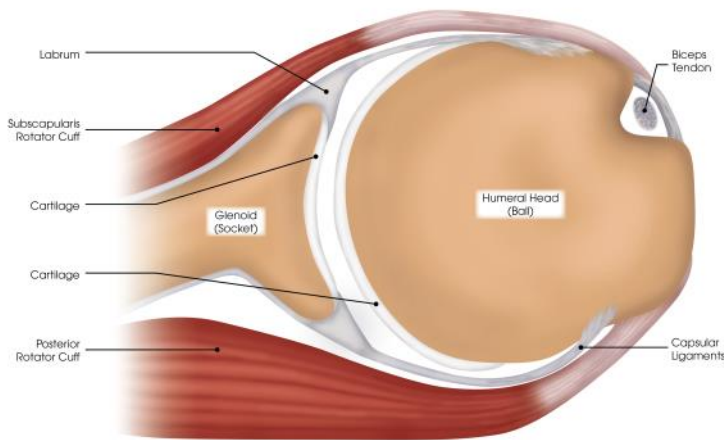


## Shoulder dislocations not always a season ender

The shoulder possesses a remarkable range of motion, making it one of the most mobile and important joints in the body. Unfortunately, this increased mobility and structural complexity make it susceptible to injuries. In high school sports, more than half of the shoulder injuries are dislocations that occur when the athlete's arm is forced upward and outward behind the athlete's body, dislocating the humeral head (ball of the upper arm bone) out the front of the glenoid (shoulder socket). This injury also can tear ligaments and the labrum that help hold and stabilize the ball in socket.

When a shoulder dislocation occurs on the field, team athletic trainers and/or a team physician will examine the athlete to insure no other injuries have occurred before reducing ("popping") the shoulder back in place. This quick response from the medical team is important to



restore blood flow to the dislocated humeral head and to reduce the shoulder atraumatically (without further injury) before the shoulder muscles start to spasm and tense up. Following the reduction, early evaluation by a sports medicine physician is important to determine the extent of the injury. A physical examination, X-rays, and an MRI are performed to rule-out neurovascular (nerves and blood vessels) injuries, fractures, and ligament or rotator cuff tears.

Some fractures and tears to the rotator cuff require early surgery. Fortunately, in athletes younger than age 40, most injuries only result in tears to the ligaments and surgery can be delayed.

Signs/symptoms of an anterior dislocation may include, but are not limited to:

- Severe pain
- Loss of shoulder/arm function
- **Loss of or decreased wrist pulse. This may indicate blood vessel involvement that can cause decreased circulation to the arm and is a serious problem requiring emergent care.**
- Numbness, tingling, weakness, or paralysis of the arm
- Shoulder wanting to "fall out of place"
- Shoulder deformity noted

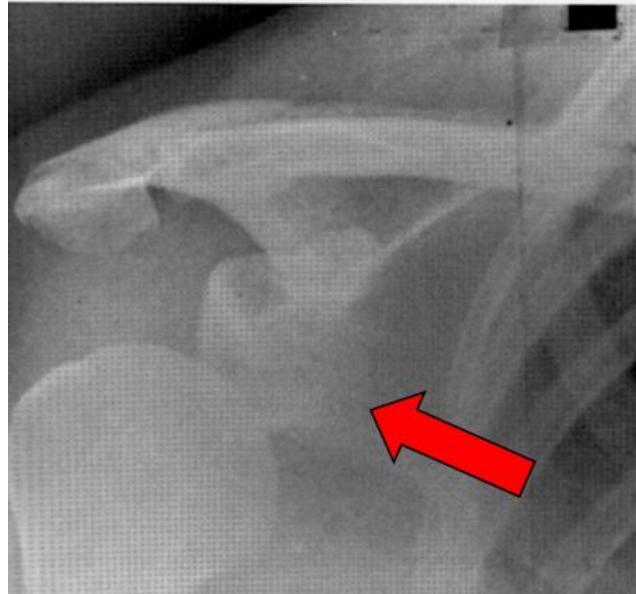
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Initially the physician will refer the athlete to a physical therapist to restore the motion, strength, proprioception (position sense) and function of the shoulder. Following several weeks in an appropriate rehabilitation program, some in-season athletes may return to play; however, most contact sports require bracing to help prevent further dislocations. Braces restrict motion and may hinder performance and preclude return to certain positions and sports (throwing arm in quarterbacks and wrestling).

Without surgery to repair (re-attach) the ligaments in the shoulder, athletes younger than age 25 have an 80 to 100 percent chance of repeat dislocation. Recent studies also suggest that early surgery to repair the ligaments may result in a better outcome as related to recurrent dislocations, development of arthritis and patient satisfaction.

The surgery can be performed with specialized arthroscopic instruments through two small, less than ½ to 1 cm incisions. Surgery is followed by six weeks of immobilization in a sling and a specific rehabilitation program with a physical therapist.



X-ray of an anterior shoulder dislocation

Physical therapy helps regain strength, mobility and normal function to the affected shoulder. Typically physical therapy includes a wide range of treatment options such as:

- Strengthening of surrounding muscle structures of affected shoulder
- Stretching tight muscles or joints
- Pain management with various modalities
- Home exercise program and education on prevention
- Manual therapy to improve joint mobility and function

Return to activities and contact sports is typically allowed after four to six months. Success rates and patient satisfaction are high, with low risks for repeat dislocation.

Shoulder dislocations are serious injuries that can result in injury to the cartilage, bone, ligaments and rotator cuff. Fortunately, if treated properly with an expert medical team of athletic trainers, physical therapists, and primary care and orthopaedic sports medicine physicians, athletes with shoulder dislocations can return to play.