



Primary Dislocated Shoulder

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You will not be routinely followed up.

This is a follow-up letter 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 Fracture Care Extended Scope Physiotherapist.

You have sustained a dislocation to your shoulder for the first time.

The shoulder is a ball and socket joint which was disrupted during your dislocation. Please keep the sling provided on for the first three weeks to allow the soft tissues to settle, after this please follow the staged management plan outlined below. Take pain killers as prescribed. You may find it more comfortable to sleep propped up with pillows.

If you are worried that you are unable to follow this rehabilitation plan, or have any questions, then please phone the Fracture Care Team for advice.

Sometimes after a dislocation it is normal to get a small patch of numbness on the outside of the shoulder; this should resolve with time.

We do not routinely follow up patients with this injury, but we would like to know if you have any of the following symptoms so we can explore this further with you:

- Pins and needles down your arm/hand
- If you are struggling to move your arm at all
- If you are experiencing pain and symptoms anywhere other than at the site of the original injury or surrounding area.

If you have any of these symptoms please phone us on the above number so we can discuss this more.



If after six weeks following the guidance below you are still experiencing significant pain, or are struggling to get your full range of movement back, then please contact us to discuss this further.

After a shoulder dislocation there is an increased risk that it could happen again. This depends on age, how you injured it and individual factors.

If it dislocates again then A&E should refer you back to the Virtual Fracture Clinic.

We can then discuss whether you should see a shoulder specialist.

Please follow the Management/rehabilitation plan shown below:

Weeks since injury	Rehabilitation Plan
0-3	Wear the sling all the time. Even at night in bed. Except for exercises and personal hygiene. Start initial exercises.
3-12	Try not to use the sling. Return to normal light activities using the arm and shoulder. Increase movement using the Stage 2 exercises below. You should be able to largely carry out day to day activities. More arduous tasks may cause discomfort. Start to lift your arm over-head if possible.

Smoking cessation

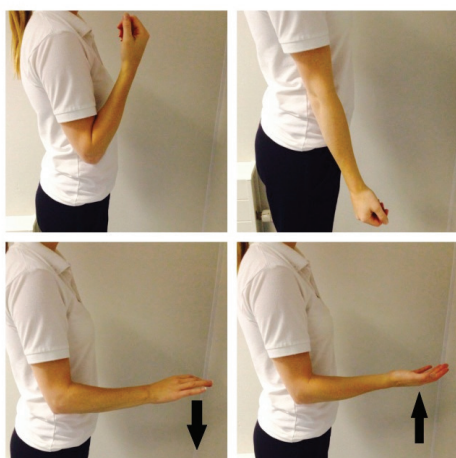
Medical evidence suggests that smoking prolongs fracture healing time. In extreme cases it can stop healing altogether. It is important that you consider this information with relation to your recent injury. Stopping smoking during the healing phase of your fracture will help ensure optimal recovery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

Initial Exercises to do 4-5 times a day:

If you have stiffness in your elbow or hand from wearing the sling, you may wish to perform these exercises first. However, once they become easy you can start with the posture and pendulum exercises.

Elbow Bend to Straighten

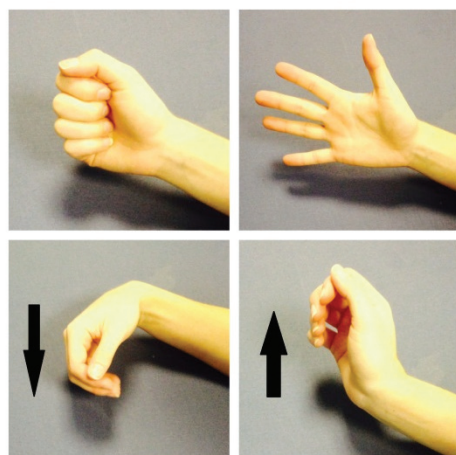


Bend and straighten your elbow so you feel a mild to moderate stretch. You can use your other arm to assist if necessary. Do not push into pain.

Forearm Rotations

Put your elbow at your side. Bend it to 90 degrees. Slowly rotate your palm up and down until you feel a mild to moderate stretch. You can use your other arm to assist if necessary. Do not push into pain.

Repeat 10-15 times provided there is no increase in symptoms.



Finger and wrist flexion and extension

Open and close your hand as shown 10-15 times.

Then move your wrist up and down 10-15 times.

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

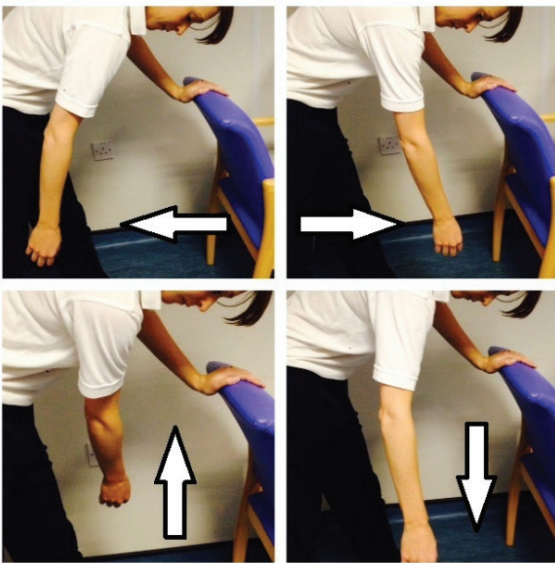
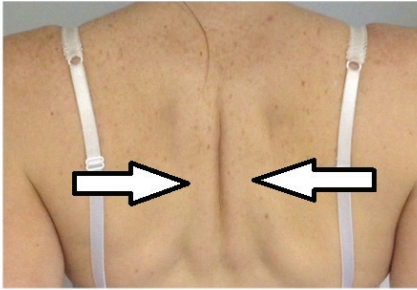
Hold for 5 seconds and repeat 10 times.



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 and repeat 5 times provided there is no increase in symptoms.



Shoulder pendulum exercises

Stand and lean forward supporting yourself with your 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 1-2 minutes in total provided there is no increase in symptoms. Remember to try and relax your arm.

Stage 2 exercises to do 4-5 times a day

To start at 3 weeks:



Active assisted Shoulder flexion

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

Repeat 10 times provided there is no increase in symptoms.



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.

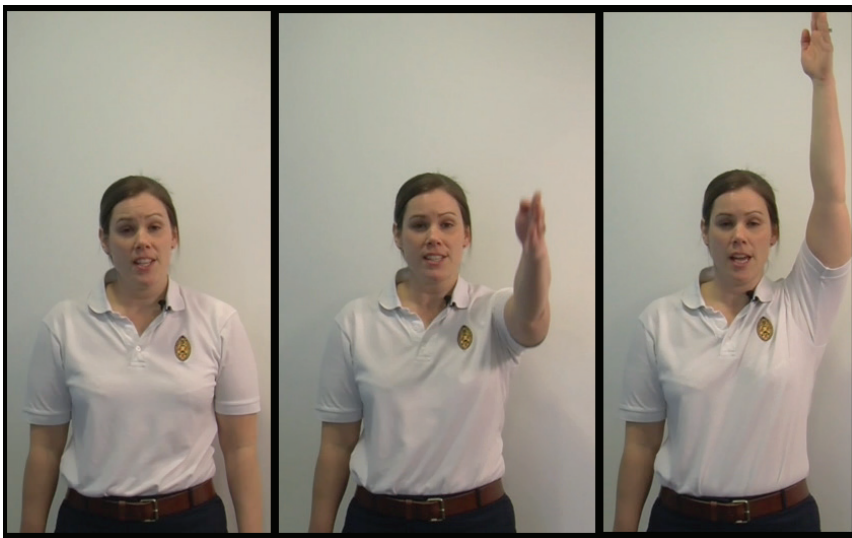
If you don't have a stick you could simply hold the injured arm at the wrist and guide it outwards.

Hold for 5 seconds then return to the starting position. Repeat 10 times provided there is no increase in symptoms.

Stage 3 exercises to do 4-5 times a day

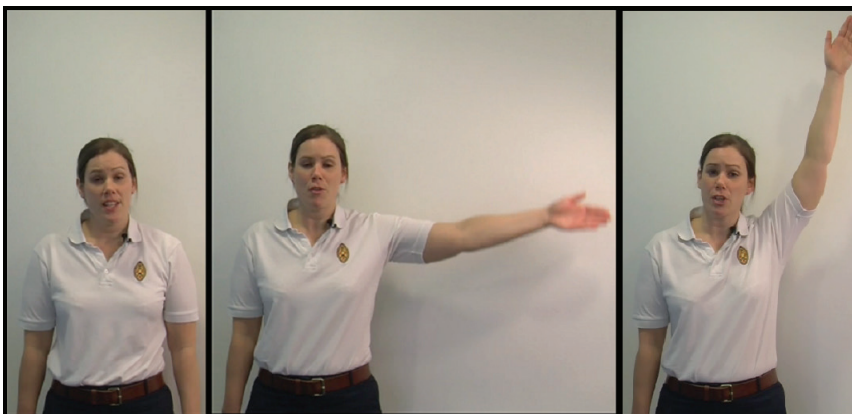
To start at 6 weeks:

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. Then when you have regained your full range of movement without the support of the other arm you can start to build up your regular activities.



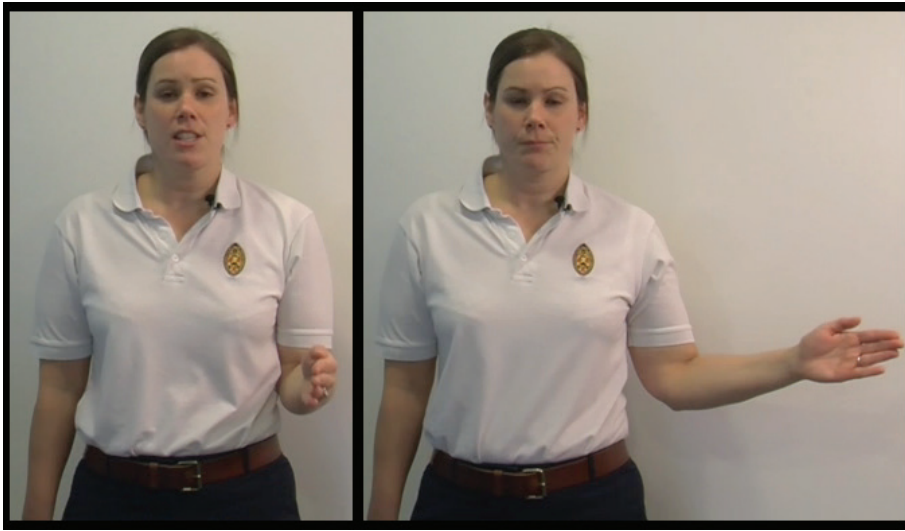
Active Forward flexion:

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



Active Abduction

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



Active External rotation

With your elbow by your side, rotate your forearm outwards, keeping your elbow at about 90 degrees in flexion.

Repeat all of these 3 exercises 10 times each, 4-5 times a day.

Only go as far as you can naturally, without doing any trick movements to try and get further. This will increase over time and should not be forced.

If you are having problems progressing with the exercises and have a follow-up consultation booked, please do let the clinician know so that they can review the exercises and refer you on to Physiotherapy if necessary.

If you are on an independent management programme, then please contact us using the number at the top of the letter so that we can also arrange physiotherapy for you.