



Recurrent Shoulder Dislocation

Doncaster Royal Infirmary
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Tel: 01302 644665

You will be followed up by the consultant.

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 told us you have a history of recurrent dislocations to your shoulder.

The shoulder is a ball and socket joint. During a dislocation the ball moves out of the socket. This can cause pain as it puts strain on the tendons, ligaments and capsule (soft tissues) surrounding the joint. On this occasion you described a significant impact to your shoulder which made it dislocate. It is therefore recommended you wear the sling provided all the time 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. Sometimes after a dislocation there may be a small patch of numbness on the outside of the shoulder, this should resolve with time.

If you have any of the following symptoms please call us 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 else, other than at the site of the original injury or surrounding area.

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.



As your shoulder has dislocated more than once we will arrange for you to be seen by one of the orthopaedic team. This appointment will be in around 6 weeks in order to give your shoulder time to settle from its recent injury. The booking team will telephone you to arrange this.

We have also discussed physiotherapy with you and, if you felt this is something you have not tried and are prepared to commit to we will refer you for a course of physiotherapy.

If you have not received this appointment within one week of receipt of this letter please contact the booking team directly on Tel: 01302 642500.

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. Heavier 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.

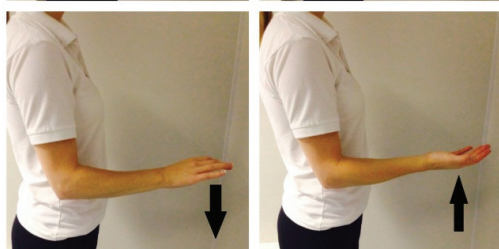
Initial Exercises to do 4-5 times a day:

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

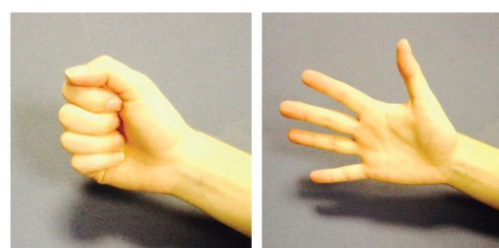
Bend and straighten your elbow so you feel a mild to moderate stretch. You can use your other arm to assist if necessary. Do not push into pain.



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.

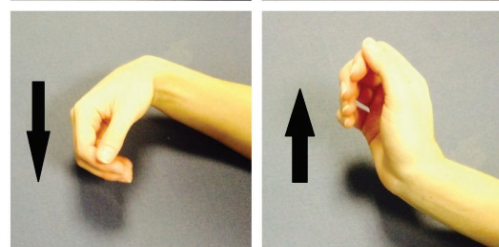


Finger and wrist flexion and extension

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.

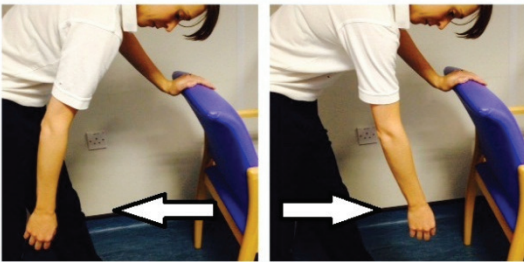
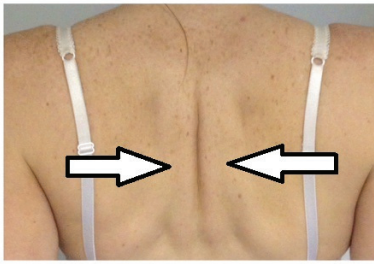




Postural awareness

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.

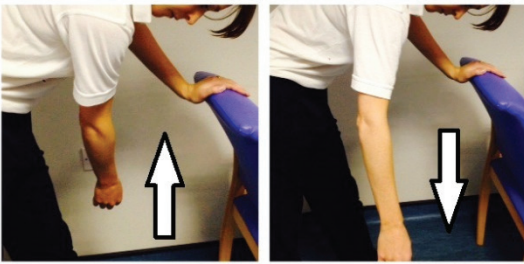


Shoulder pendulum exercises

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.

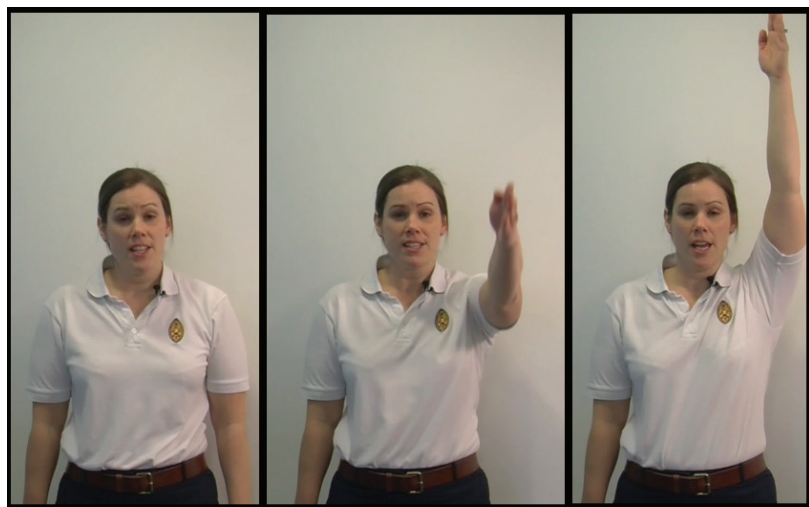
Hold for 5 seconds then return to the starting position.

Repeat 10 times provided there is no increase in symptoms.

Stage 3 exercises to do 4-5 times a day

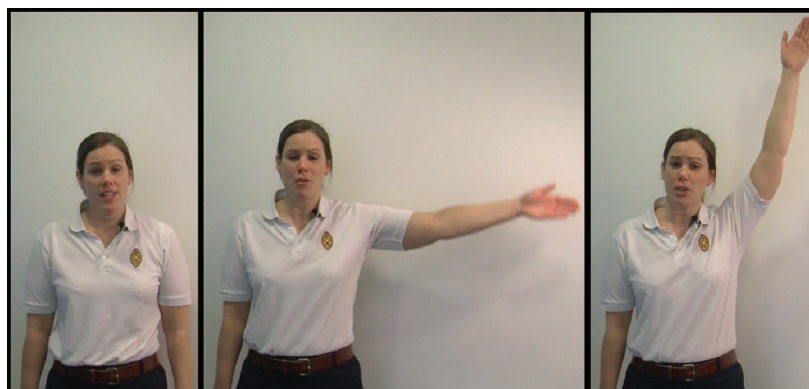
To start at 6 weeks:

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.



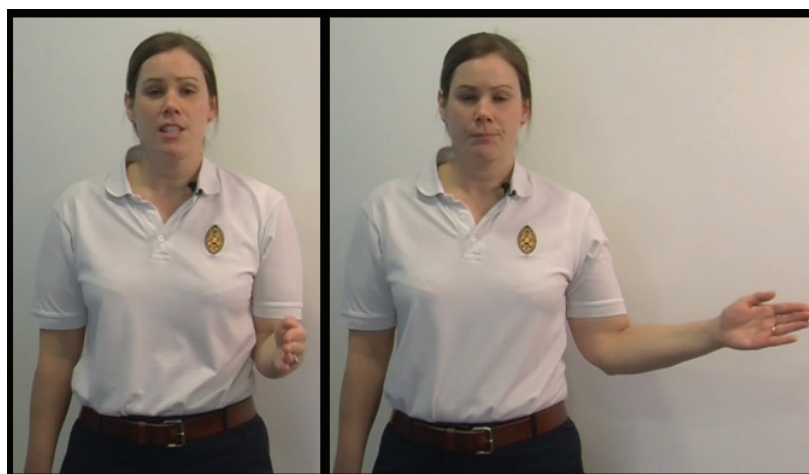
Active Forward flexion:

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.