

## Recurrent dislocation of the Shoulder

Shoulder 14

### Fracture Care Team: Shared Care Plan

**Conquest Hospital Fracture Clinic Reception:** (01424) 758104  
**Conquest Hospital Casting Department:** (01424) 757566  
**Eastbourne DGH Fracture Clinic Reception:** (01323) 414981  
**Main switchboard:** 0300 131 4500

This information leaflet explains the ongoing management of your injury.

**You have told us you have a history of recurrent dislocations of 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 the incident you described has made your shoulder dislocate once again. If you have dislocated your shoulder more than once with low forces there may be changes to the surrounding soft tissues that mean it is easier for the shoulder to come out of its socket.

You have been supplied with a sling for comfort; this means you can gradually stop using the sling when you feel comfortable to do so. Take pain killers as prescribed. You may find it more comfortable to sleep propped up with pillows. To begin with we recommend only gentle movement and light activities to allow the soft tissues to settle. After this please follow the staged management plan outlined below. If you are worried that you are unable to follow this rehabilitation plan, or have any questions, then please contact the Fracture Care Team for advice.

### Picture of injury



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. 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

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 scheduled for approximately 6 weeks in order to give your shoulder time to settle from its recent injury. The Fracture Care Team will be in contact with 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 leaflet please contact the Fracture Care Team on the details provided above.

### Please follow the Management / Rehabilitation plan shown below

Weeks since injury	Rehabilitation plan
0 - 3	Wear the sling for comfort and remove to follow the initial exercise programme below. Avoid heavy lifting, sports and heavy activities.
3 - 6	Progress to Stage 2 exercises below to help regain movement of your shoulder. Continue to wear the sling for comfort. Avoid heavy lifting, sports and heavy activities.
6 - 12	Start to discard the sling between weeks 6 and 8 as comfort allows. Return to normal light activities using the arm and shoulder. Progress to Stage 3 exercises below to increase the strength of your shoulder. You should be able to largely carry out routine day to day activities but avoid heavier tasks. Start to lift your arm over-head if possible.
12	Continue your recovery by following stage 4 exercises below. Return to heavier tasks as comfort allows.

### 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 pendular exercises.



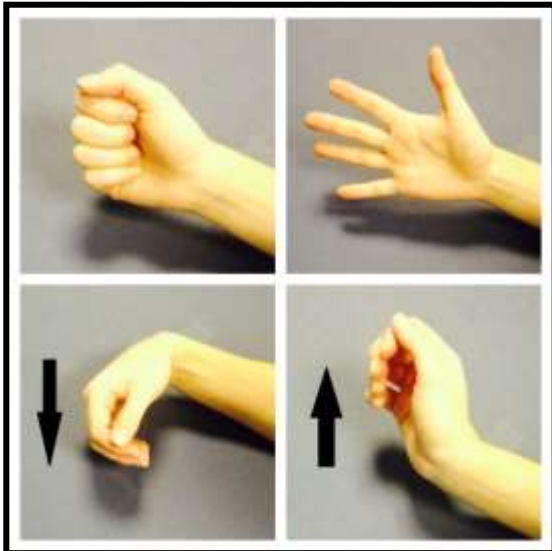
#### Elbow Bend to Straighten

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.

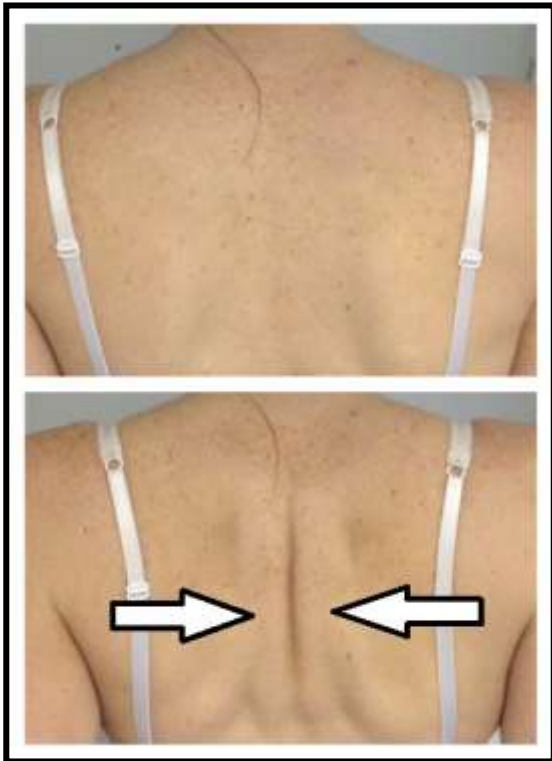
Repeat 10-15 times provided there is no increase in symptoms.



### **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 pendular exercises**

Stand and lean forward supporting your injured arm with your other hand as shown in the picture. Try to relax your injured arm.

1. Assist your arm slowly and gently forwards and backwards.
2. Assist your arm slowly and gently side to side.
3. 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 3 weeks after your injury



### Active-assisted Forward Flexion:

Hold your injured arm as in the photo. Gently raise your injured arm as far as comfort allows. It may help to face a mirror initially to make sure the top of your shoulders stay level

Repeat 10 times provided there is no increase in symptoms.



### Active-assisted Abduction

Hold your injured arm as in the photo. Gently push your injured arm to the side (away from your body) as far as comfort allows. It may help to face a mirror initially to make sure the top of your shoulders stay level.



### 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 gently push the hand of your injured arm outwards by  $10^0$  (approximately 2cm or 1" of movement only). Remember to keep your elbow tucked in. Push until you feel a gentle 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. Each week, gently increase the amount of movement by  $10^0$  as comfort allows.

### Stage 3 exercises to do 4-5 times a day - To start 6 weeks after your injury.

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 elbow bent to about 90 degrees, gently lift your arm out to the side



## Stage 4 exercises to do 4-5 times a day - To start after 3 months



### **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.

## Sources of information

This information leaflet has been developed by the Fracture Care Team at Brighton and Sussex University Hospitals Fracture Care Team and adapted for use at East Sussex Healthcare NHS Trust. Information updated during the COVID-19 pandemic to ensure that patients with injuries have information, support and care despite social distancing.

## Important information

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

## Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4500 Ext: 734731 or by email at: [esh-tr.patientexperience@nhs.net](mailto:esh-tr.patientexperience@nhs.net)

## Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

## Other formats

**If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.**

**Tel: 0300 131 4500 Email: [esh-tr.AccessibleInformation@nhs.net](mailto:esh-tr.AccessibleInformation@nhs.net)**

After reading this information are there any questions you would like to ask? Please list below and ask your nurse, practitioner or doctor.

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## Reference

Thank you to the Brighton and Sussex University Hospitals NHS Trust and to Kate Weatherly, Specialist Orthopaedic Physiotherapist for the first version.

**This leaflet can also be found at: [www.esht.nhs.uk/leaflet/recurrent-dislocation-of-the-shoulder/](http://www.esht.nhs.uk/leaflet/recurrent-dislocation-of-the-shoulder/)**

The following clinicians have been consulted and agreed this patient information:

Mr Guy Selmon – Consultant Orthopaedic Surgeon  
Mr Andrew Skyrme – Consultant Orthopaedic Surgeon  
Mr Jamie Buchanan – Consultant Orthopaedic Surgeon  
Mr Albert Bonnici – Consultant Orthopaedic Surgeon  
Mr Hemant Thakral – Consultant Orthopaedic Surgeon  
Helen Harper-Smith – Professional Lead Physiotherapist  
Hilary Kircher – Clinical / Operational Lead Outpatient Physiotherapist

The Clinical Specialty/Unit that have agreed this patient information leaflet:  
Department of Trauma and Orthopaedics

Next review date: April 2023  
Responsible clinician/author: Helen Harper-Smith – Professional Lead Physiotherapist  
Mrs Scarlett McNally – Consultant Orthopaedic Surgeon

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