



SIDELINE MANAGEMENT OF SHOULDER DISLOCATIONS

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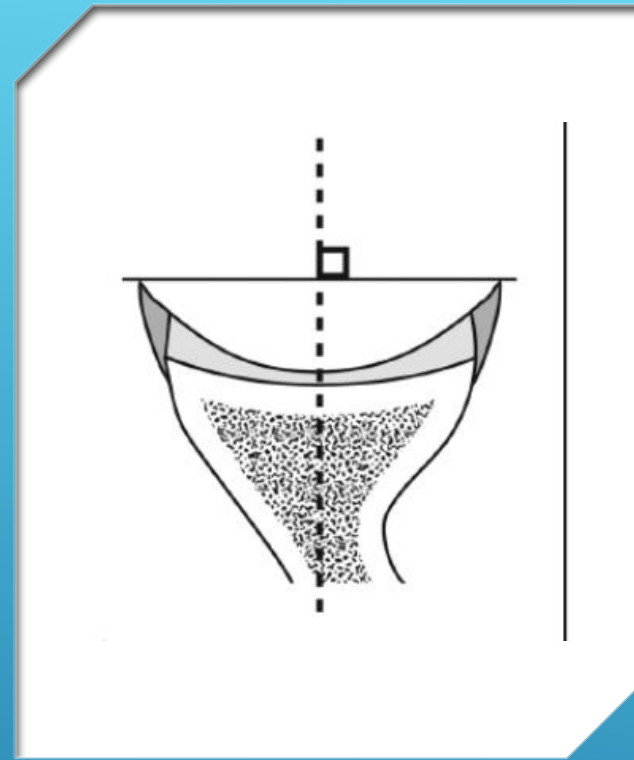
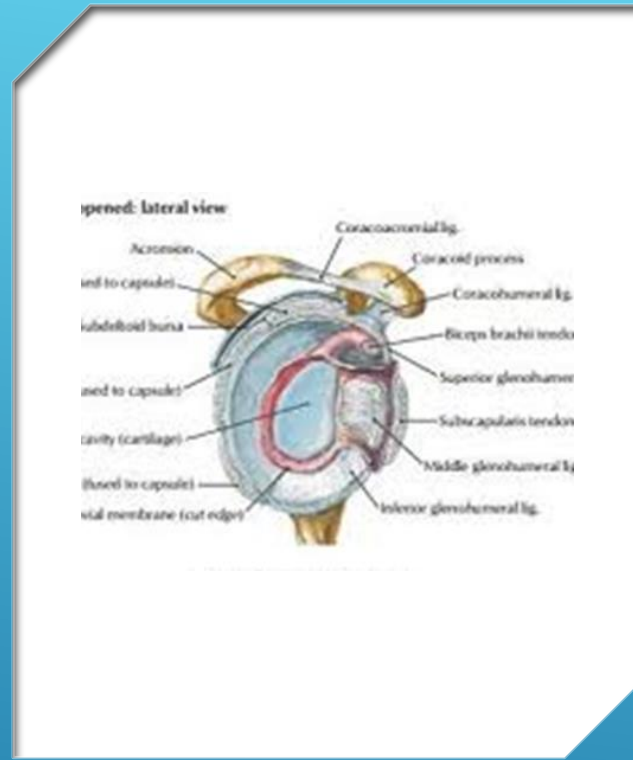
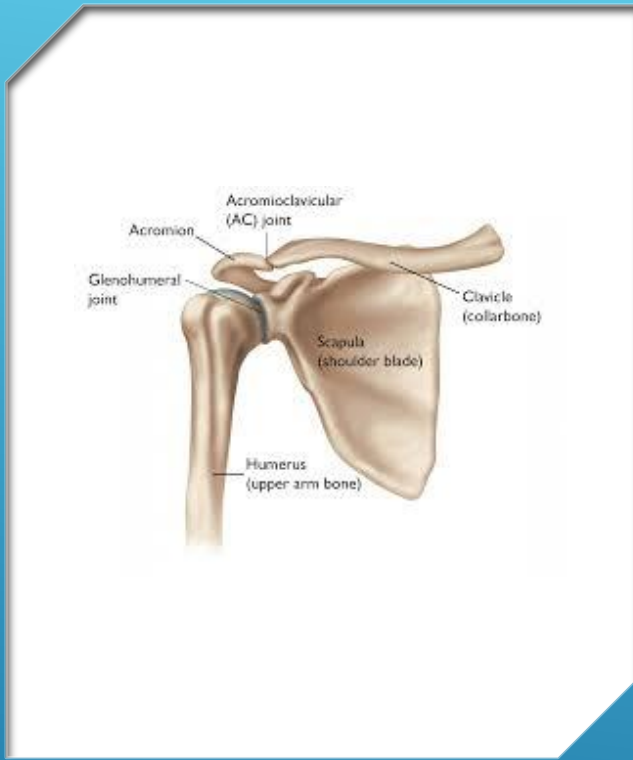
- ▶ I have no financial interest or contractual relationships with any commercial interest relating to this presentation.
- ▶ The views expressed in these slides and today's discussion are my own.

DISCLOSURES



- ▶ Review types of shoulder dislocations
- ▶ Discuss acute management of glenohumeral dislocation
- ▶ Go over and practice techniques for reduction

OBJECTIVES



SHOULDER ANATOMY



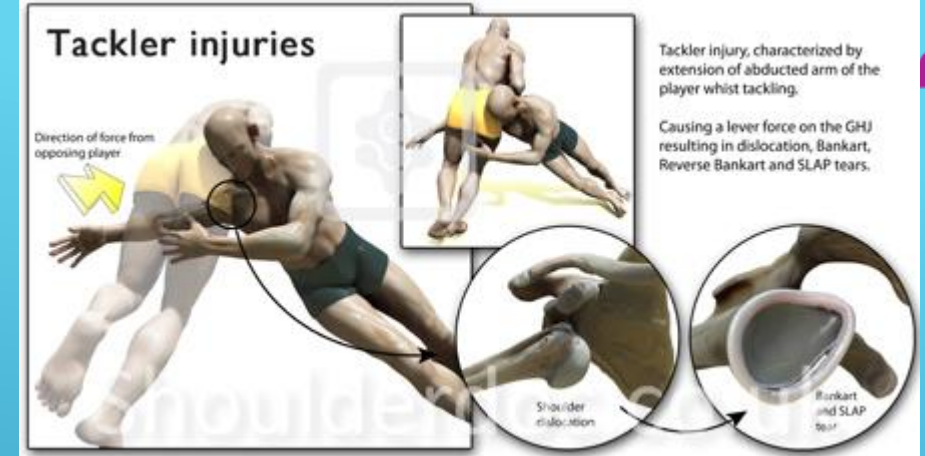
- ▶ GHJ instability: 23% of NCAA shoulder injuries
 - ▶ Highest in football, wrestling, hockey
- ▶ 85% of instability events are subluxation events
- ▶ Dislocations:
 - ▶ 95-97% anterior
 - ▶ 2-4% posterior
 - ▶ 0.5% inferior (luxation erecta)



GLENOHUMERAL DISLOCATIONS



- ▶ Mechanism of injury:
 - ▶ Combined abduction/ external rotation
 - ▶ Hyperextension
 - ▶ Blow to posterior shoulder
- ▶ Presentation:
 - ▶ Arm protected at side
 - ▶ “Flattening of shoulder”
 - ▶ Palpable deformity with step off at posterior acromion



ANTERIOR SHOULDER DISLOCATION



- ▶ • Cervical spine/ head
- ▶ • Acromioclavicular and Sternoclavicular Injuries
- ▶ • Clavicle and Humerus fracture
- ▶ • Elbow/ Forearm/ Wrist injuries



SCREEN FOR ASSOCIATED INJURIES



- ▶ Timing of reduction is important- within 10 minutes is best
- ▶ Many techniques described with varying degrees of success
- ▶ Sideline management should involve a single attempt at reduction
- ▶ If unsuccessful, athlete should go to the emergency department (urgent care is often unable to reduce and cannot provide sedation if needed)
- ▶ The key to all techniques is getting the athlete to relax and not guard

REDUCTION MANEUVERS



- Athlete supine
- Scapula stabilized with hand or sheet around the torso
- Longitudinal traction applied along with slow abduction and external rotation
- Posterior pressure on humeral head can help with reduction



TRACTION- CONTRACTION



- ▶ Sitting or prone position
- ▶ Scapula is mobilized medial with traction applied to arm



SCAPULAR MANIPULATION



- Athlete supine
- ATC has one hand on athlete's shoulder with thumb on humeral head, other hand should control the arm at the elbow
- The arm is slowly abducted with light longitudinal traction and posterior force on humeral head with thumb
- May slowly externally rotate arm to facilitate reduction



MILCH TECHNIQUE



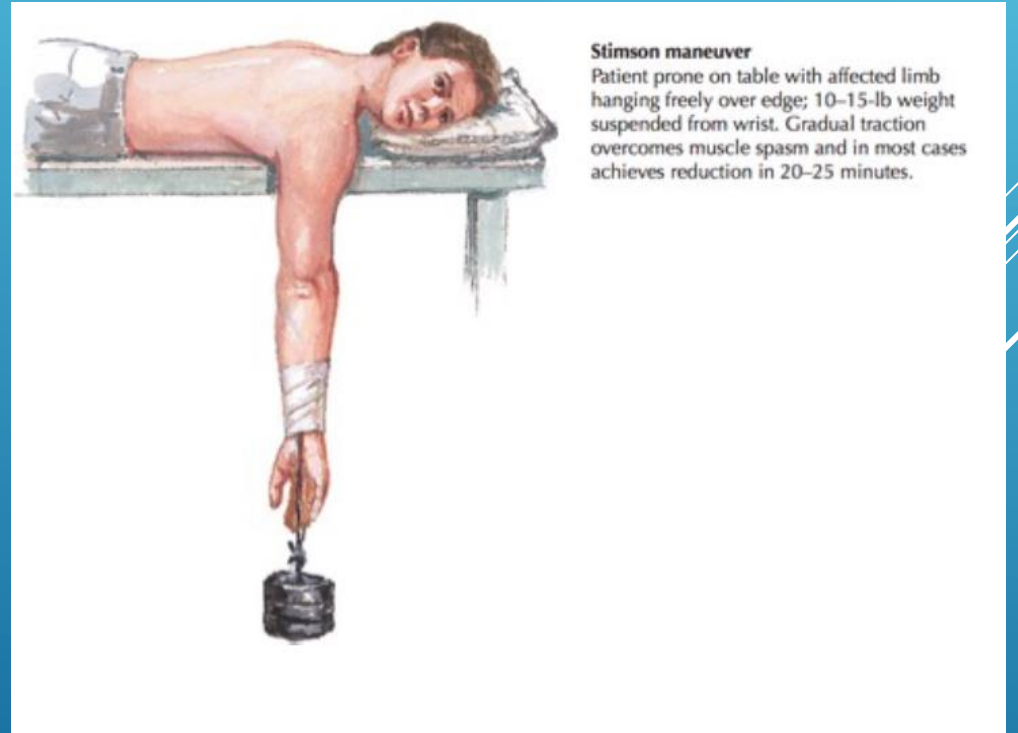
- Athlete supine or seated
- Athlete's arm is kept adducted at side and the humerus is slowly externally rotated



EXTERNAL ROTATION



- Athlete prone with arm hanging from table
- Manual traction or 5lb weight applied
- Can add mobilization of the inferior angle of the scapula-push medial
- May take 15 minutes for reduction to occur



Stimson maneuver
Patient prone on table with affected limb hanging freely over edge; 10–15-lb weight suspended from wrist. Gradual traction overcomes muscle spasm and in most cases achieves reduction in 20–25 minutes.

STIMSON TECHNIQUE



- Athlete supine
- Light longitudinal traction applied along with vertical oscillation of the arm
- The arm is then slowly abducted and gradually externally rotated
- Reduction should occur around 120 degrees of abduction



• FAST, RELIABLE, AND SAFE (FARES) TECHNIQUE



- ▶ Post reduction neurovascular exam
- ▶ Sling
- ▶ Seen in the office day of (or next morning if confident of success of reduction)
- ▶ If unsuccessful, must go to the emergency department
 - ▶ Skip urgent care

POST REDUCTION



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THANK YOU!