Classifications

- Can occur anterior, posterior/inferior
- Mainly anterior due to less muscular and ligamentous support
- Anterior dislocations are in 4 types based on resting position of the humeral head

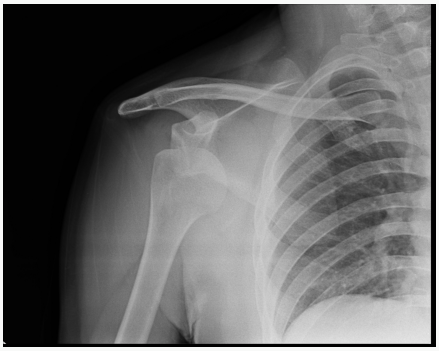
Subcoracoid
Subglenoid
Subclavicular
Intrathoracic

- Subcoracoid and Subglenoid most common
- Majority of inferior dislocations have brachial plexus injury and rotator cuff tears

Presentation

- Traumatic onset - fall that forces excessive ext rot or abduction
- Acute shoulder pain - patient cradles arm and won't move it
- Bulge of humeral head in anterior dislocation
- Muscle spasm over area
- Assess axillary nerve, radial nerve and axillary artery (pulses, capillary refil, peripheral cyanosis, coolness, pallor)

Imaging



- Ant shoulder dislocation
- Indicated for traumatic onsets and first time dislocations
- >40 years old and forceful trauma
- Not usually necessary in younger patients with anterior dislocation and no neurovascular concern

Management

- Reduction , refer to A&E
- Surgery is needed if subclavicular, intrathoracic dislocation, dislocations with associated f# and neurovascular compromise
- Sling up to four weeks
- Gentle ROM exercises and strengthening
- High rate of recurrence