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

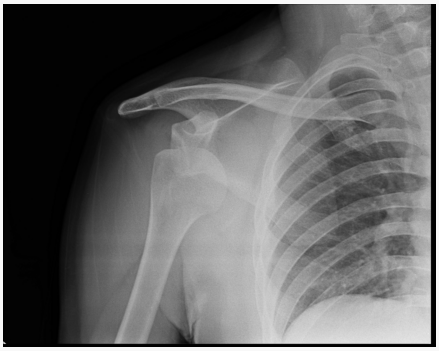
- Acute shoulder pain - patient cradles arm and won't move it

- 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

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