

Rehabilitation after Shoulder Dislocation

Information for patients

The shoulder is a ball and socket joint. It is the most mobile joint in the body and can move in lots of different directions. This advantage of the shoulder also means it is one of the most common joints to dislocate. It can dislocate backwards or downwards but it most commonly slips forwards and this is known as an anterior dislocation.

Shoulder rehabilitation

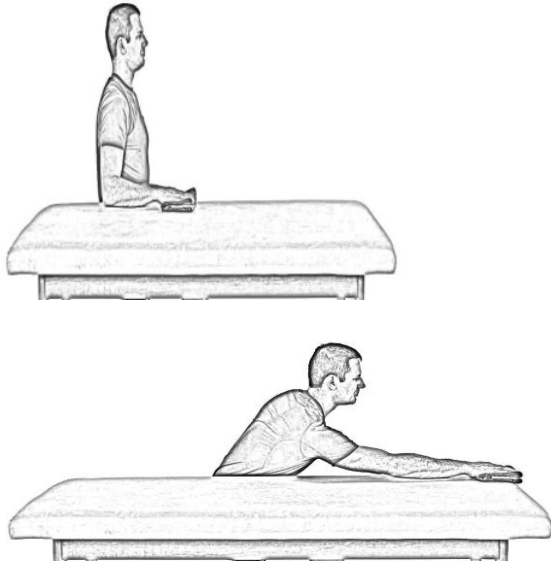
Once the shoulder has been restored to its normal position, this is the start of the rehabilitation process. It is really important to strengthen the shoulder fully and to be able to move it through a range of different movements without experiencing pain or fear of it re-dislocating.

Your rehabilitation starts as soon as the shoulder has been relocated back into the socket. You may be offered a poly-sling or collar and cuff to keep your shoulder in a comfortable position. Unless you have sustained a fracture you should not need to wear your sling for longer than 2 weeks and it should only be used for comfort.

Your shoulder will most likely be painful for the first 2-3 weeks. If you feel your pain relief is not adequate enough you should seek advice from your pharmacist or doctor. You will be given some gentle movements of your arm, out of the sling to help reduce stiffness and to relieve some of the pain. It is safe to move your arm within your pain limits immediately.

Exercises

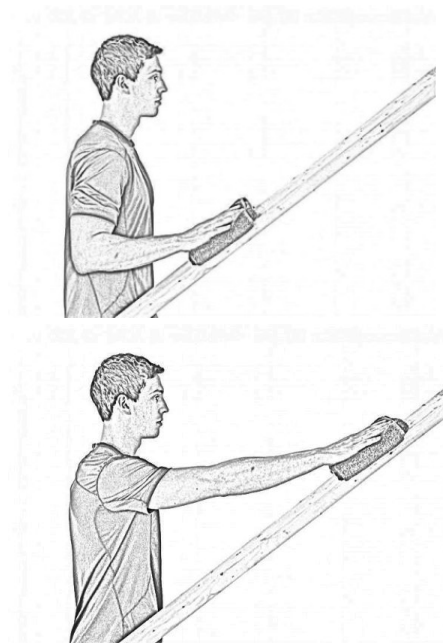
To begin with you should try these gentle stretching and strengthening exercises. Some discomfort is normal, but stop doing if any of these exercises significantly increase your pain.



1. Table Slide Flexion

Start sitting or standing with the arm/hand supported on the countertop or table. Slowly slide your arm in front of you until you feel a stretch. Use a towel or similar to reduce friction.

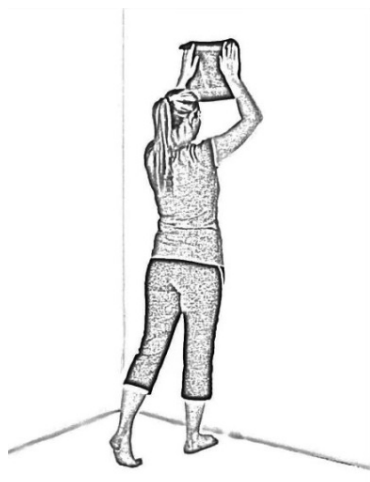
Sets: 1 Reps: 5-10 Frequency: 2-3 x daily



2. Inclined Dusting

Rest your hand on a towel on an inclined surface such as a stair rail. Slide your hand up and down the rail. Repeat.

Sets: 1 Reps 5-10 Frequency: 2-3 x daily



3. Wall Slide

Stand with one foot in front of the other facing a smooth wall or mirror. Place your hands on a towel against the wall. Shift your weight forward as you slide your arms up the wall. Slide your arms down as you move away from the wall.

Sets: 1 Reps: 5-10 Frequency: 2-3 x daily



4. Isometric External Rotation

Stand beside a wall with the affected arm at your side, your wrist against the wall. Push your wrist outward while keeping your elbow at your side and your head still. Relax your arm and repeat. You can use the opposite arm to resist movement at wrist level instead of pushing against the wall.

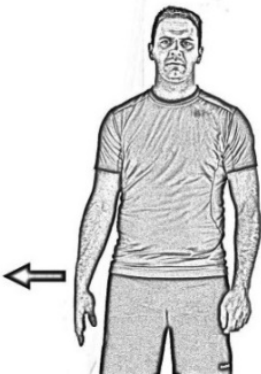
**Hold: 10 seconds Sets: 1 Reps: 5-10
Frequency: 2-3 x daily**



5. Isometric Shoulder Abduction

Stand with your arm straight on the side of your body. Push your wrist against the wall while keeping your body and head still. Do not lean on the wall or use your body weight to push.

**Hold: 10 seconds Sets: 1 Reps: 5-10
Frequency: 2-3 x daily**

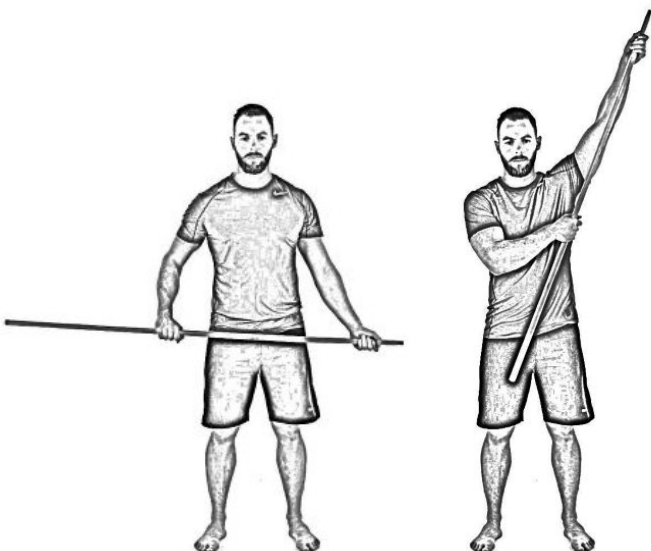


6. Shoulder Abduction with a Stick

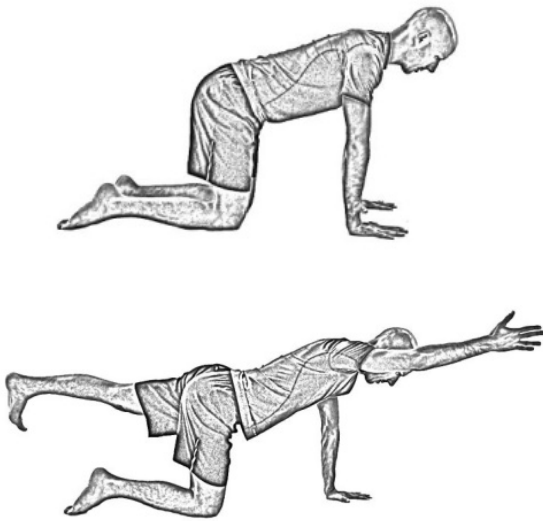
(To commence after 3 weeks)

Stand with a stick in your hands, the palm of the affected arm facing up. With the unaffected arm, gently raise the stick sideways to lift the affected arm toward the ceiling. Do not force the movement.

**Sets: 1 Reps 5-10 Frequency:
2-3 x daily**



As the pain reduces and your range of movement improves you will need to focus on increasing your muscle strength, in particular your rotator cuff strength. The following exercises should be completed with guidance from your physiotherapist.



7. Bird Dog

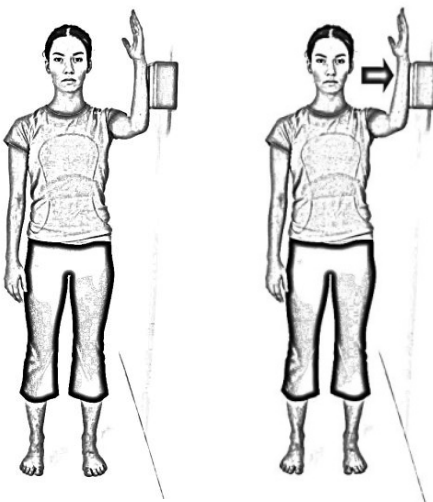
Get on your hands and knees with your knees directly under your hips and your hands directly under your shoulders.

Your back is in a neutral position (slightly arched) and your chin tucked in.

Pull your stomach in gently then lift one arm and the opposite leg without allowing the trunk or pelvis to move or rotate.

Try to reach something in front of you with your hand and touch an imaginary wall behind you with your foot instead of just lifting them up. Lower your leg and arm back to the floor and repeat with the other leg and the opposite arm.

Sets: 1-2 Reps: 10-15 Frequency: 2-3 x daily



8. Isometric Shoulder External Rotation at Shoulder Height

Stand next to the wall.

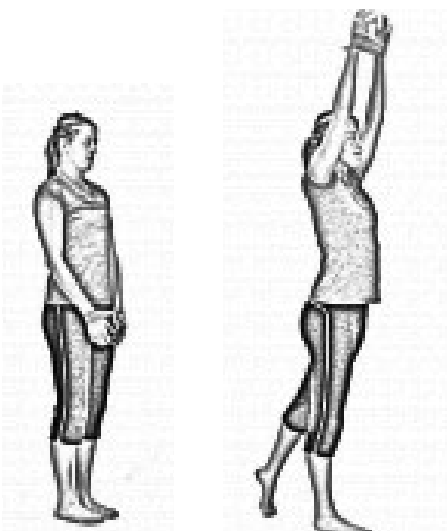
Raise your arm to shoulder height in front of you with your elbow bent to a right angle.

Place a folded towel between the wall and the back of your wrist.

Press the back of the hand into the towel.

Hold the position as directed.

Hold: 10 seconds Sets: 1 Reps: 5-10 Frequency: 2-3 x daily



9. 2 Arm Raise with Band

Stand up with a band around the wrists.

Keep the band taut and raise the arms over head as you take a step forward, shifting your weight on the front foot.

Lower the arms and come back to the starting position.

Sets: 1-2 Reps: 10-15 Frequency: 2-3 x daily

All pictures courtesy of Physiotec unless otherwise stated.

General points for when exercising

- Use painkillers to reduce the pain as advised by your doctor or pharmacist
- It is normal for you to experience discomfort, aching, or stretching when performing these exercises.
- If you experience intense pain for longer than an hour after doing these exercises you should modify them. You can reduce the reps, sets or type of exercise or discuss this with your physiotherapist.
- If your shoulder feels unstable, you should stop doing that particular exercise and revisit it on another occasion. If this feeling persists ask your physiotherapist for advice.

FAQ's

When can I drive?

This varies from patient to patient. We advise you not to drive until you are safe to control the car in an emergency situation. You may need to inform your insurance company of your injury.

When can I return to work?

This will depend on the type of work you do. You will most likely be off work for approximately 2-4 weeks, however if your job involves overhead activities, lifting or manual work this may be longer. You can discuss this with your physiotherapist, consultant or GP.

What are the chances of my shoulder dislocating again?

The chances of recurrences will depend on how well the ligaments, joint capsule and muscles all heal. If you perform the exercises your physiotherapist gives you, the structural support in your shoulder is greatly increased, reducing your chance of re-injury.

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Web Address: <http://www.cht.nhs.uk/services/clinical-services/physiotherapy-outpatients/patient-careinformation/>

If you have any comments about this leaflet or the service you have received you can contact :

Physiotherapy Department
Huddersfield Royal Infirmary

Telephone No: 01484 342434

MSK Physiotherapy Admin Office 01484 9053

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

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برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔

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