Orthopaedic and Sports Injuries Services "OASIS"

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Recurrent Dislocation of the Shoulder

Recurrent dislocation of the shoulder usually follows a traumatic episode. The dislocation may be anterior, posterior or multidirectional. The most common cause of posterior dislocation is epilepsy. It is important to identify habitual dislocation (voluntary). The most common type of dislocation is the anterior.

GP assessment

1) Confirm the diagnosis. Positive apprehension test.
2) Exclude general disease such as ligament laxity or epilepsy.
3) Establish the dislocation - Anterior - Posterior - Multidirectional
4) Unilateral or bilateral.
5) X-ray to exclude other pathology.

Conservative treatment

- Physiotherapy and shoulder girdle exercises, specifically to strengthen Subscapularis.
- Control of epilepsy.
- Avoid activities with the arm in abduction and external rotation.

When to refer

- Recurrent attacks of dislocation.
- Restricted activity.

When not to refer

- Uncontrolled epilepsy.

Aims of treatment

The aim of treatment is to stabilise the shoulder joint surgically. This can be done either arthroscopically or open procedure. Arthroscopy has the advantage of clear utilisation of the structures and allows addressing other problems as well as dislocation of the shoulder, such as damage to the angle of the biceps, i.e., (SLAP lesion) superior labrum tear, anterior and posterior.

Not every case is suitable for arthroscopy some may require an open Laterjet Procedure.

Advice to patient

Patient should be advised regarding restricted activity in post-op period. Shoulder will be immobilized for 6 weeks post-op then followed by physiotherapy.

Risk

1) Anaesthetic risk.
2) Recurrence of dislocation although unusual but can happen – incidence less than 10%
3) Restricted range of movements especially with open repair.

If you are interested in making an appointment to discuss a treatment,
please click here to contact us, or telephone 01215807406

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