

## Physical Therapist's Guide to Shoulder Dislocation: Overview

A joint dislocation is a separation of 2 bones where they meet at a joint. Joints may dislocate when a sudden impact causes the bones in the joint to shift out of place. Because the shoulder is the most mobile joint in the body and has such a wide range of motion, it is more likely to dislocate than any other joint in the body. Dislocations are among the most common traumatic injuries affecting the shoulder.

A shoulder dislocation most often occurs during contact sports, but everyday accidents such as falls can also cause the joint to dislocate. Athletes, non-athletes, children, and adults can all dislocate their shoulders.

A dislocated shoulder usually requires the assistance of a health care professional to guide the joint back into place. After the joint is realigned, physical therapists direct the rehabilitation of your shoulder as you recover, and can help you prevent reinjury.

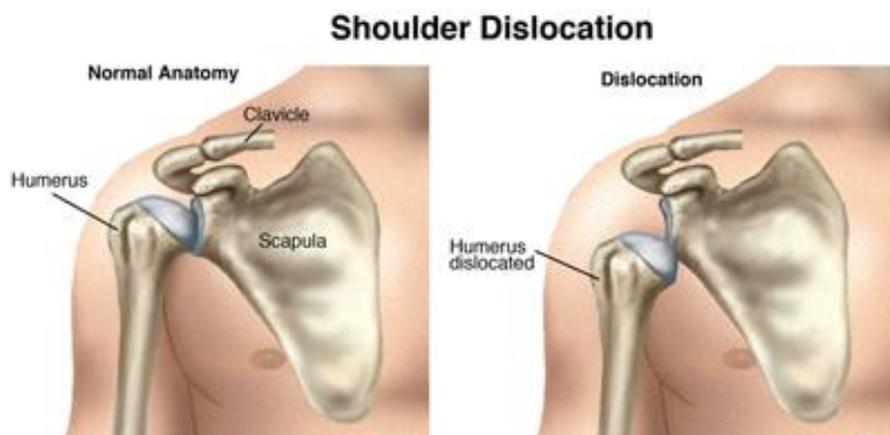
**A shoulder dislocation requires immediate medical attention, especially if you have:**

- **numbness in your arm or hand**
- **discoloration of arm or hand**
- **cold feelings in your arm**

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## What is a Shoulder Dislocation?

The shoulder includes the clavicle (collar bone), scapula (shoulder blade), and humerus (upper-arm bone). The rounded top of the humerus and the cup-like end of the scapula fit together like a ball and socket. A shoulder dislocation can occur with an injury such as when you "fall the wrong way" on your shoulder or outstretched arm, forcing the shoulder beyond its normal range of movement and causing the humerus to come out of the socket. A dislocation can result in damage to many parts of the shoulder, including the bones, the ligaments, the labrum (the ring of cartilage that surrounds the socket), and the muscles and tendons around the shoulder joint.



**Shoulder Dislocation:**

## How Does it Feel?

With most shoulder dislocations, you will feel the humerus coming out of the socket, followed by:

- Pain
- Inability to move the arm
- Awkward appearance of the shoulder

**If you have any signs or symptoms of a nerve or blood vessel injury, seek immediate medical attention.**

The humerus usually remains out of the socket until a physical therapist or other health care provider guides it back into place. X-rays are routinely taken after the dislocation is moved back into place to make sure you don't have a fracture.

Occasionally, the shoulder may go back into place on its own. You might not even realize that you have dislocated your shoulder; you may only feel that you have injured it. If you have injured your shoulder and have pain, your physical therapist will review your health and injury history and conduct a physical examination.

## How Can a Physical Therapist Help?

After the dislocated humerus has been moved back into position, your arm will be placed in a sling to protect you from reinjury and to make your shoulder more comfortable. Your physical therapist will show you how to apply ice to control pain and inflammation.

Your therapist will guide the rehabilitation of your shoulder and, based on the results of the examination and your goals, select treatments such as:

**Range-of-motion exercises.** Swelling and pain can reduce your shoulder movement. Your physical therapist will teach you how to perform safe and effective exercises to restore full range of motion to your shoulder. In addition, the therapist might use a specialized technique called manual therapy to help you decrease pain in the shoulder.

**Strengthening exercises.** Based on how severe your injury is and where you are on the path to recovery, a physical therapist can determine which strengthening exercises are right for your shoulder. Poor strength of the shoulder muscles can result in the shoulder joint remaining unstable and possibly reinjuring.

**Joint awareness and muscle re-training.** Specialized exercises help your shoulder muscles re-learn how to respond to sudden forces. Your physical therapist will design these exercises to help you return to your normal activities.

**Activity- or sport-specific training.** Depending on the requirements of your job or the type of sports you play, you might need additional rehabilitation that is tailored for the demands your activities place on your shoulder. Your physical therapist can develop a program that takes all of these demands (as well as your specific injury) into account. For example, if you are an overhead thrower your physical therapist will guide you through a throwing progression and pay specific attention to your throwing mechanics.

## Can this Injury or Condition be Prevented?

Unless they were traumatic injuries, shoulder dislocations can frequently be prevented. See your physical therapist if you:

- Have pain in your shoulder, especially when doing forceful activities
- Feel as though your shoulder is "slipping" or "moving"
- Hear a popping sound in your shoulder

If you already have a history of shoulder dislocation, you are at a greater risk for reinjury if your shoulder does not heal properly or if you do not regain your normal shoulder strength or joint awareness. Research shows that a very high percentage of dislocated shoulders will dislocate again. Physical therapists play an important role in helping people prevent recurring shoulder problems.

If you return to sports or activities too soon following injury, you could cause a reinjury. Your physical therapist can determine when you are ready to return to your activities and sports by making sure your shoulder is strong and ready for action. Your therapist will guide you through a rehabilitation program to restore your mobility, strength, joint awareness, and sport-specific skills. He or she may recommend a shoulder brace to allow you to gradually and safely return to your previous activities.

## Real Life Experiences

Bob is spending the day snowboarding with friends. Toward the end of the day, the front edge of the snowboard catches in the snow and Bob reaches out his arm to break his fall. He has immediate pain in his shoulder and it feels as if it has come out of its socket. The ski patrol guides him safely down the mountain and to the local emergency department. X-rays show that Bob's shoulder has been dislocated. The emergency physician puts Bob's shoulder back into place and secures it in a sling.

The following week, Bob goes to a physical therapist, who reviews the history of his injury and his general health and performs a thorough examination of the shoulder area. Because Bob's goal is to return to an active lifestyle as soon as possible, the therapist develops a rehabilitation plan of care to restore the mobility, strength, and function of Bob's shoulder. The plan of care begins with decreasing Bob's pain with pain-relieving modalities and initiating gentle range of motion and strengthening exercises. Once Bob's pain has decreased, the emphasis of his rehabilitation is on restoring the dynamic stability of his shoulder through neuromuscular re-education, proprioceptive drills, and rotator cuff and periscapular strengthening. Bob's physical therapist helps Bob to gently restore his shoulder range of motion during this time, while allowing his shoulder to heal. Particular emphasis is placed on educating Bob and avoiding stretches and activities that put too much stress on the anterior structures of his shoulder. Working with his physical therapist, Bob continues to rehabilitate his shoulder and is able to return to competitive snowboarding 8 weeks following his injury, when his shoulder returns to full strength and mobility, and when he is able to practice without his shoulder feeling unstable.

# What Kind of Physical Therapist Do I Need?

All physical therapists are prepared through education and experience to treat patients who have a dislocated shoulder. You may want to consider:

- A physical therapist who is experienced in treating people with musculoskeletal problems. Some physical therapists have a practice with an orthopedic focus.
- A physical therapist who is a board-certified clinical specialist or who completed a residency or fellowship in orthopedic physical therapy. This therapist has advanced knowledge, experience, and skills that may apply to your condition.

You can find physical therapists who have these and other credentials by using [Find a PT](#), the online tool built by the American Physical Therapy Association [www.APTA.org] to help you search for physical therapists with specific clinical expertise in your geographic area.

General tips when you're looking for a physical therapist (or any other health care provider):

- Get recommendations from family and friends or from other health care providers.
- When you contact a physical therapy clinic for an appointment, ask about the physical therapists' experience in helping people with shoulder dislocation.
- During your first visit with the physical therapist, be prepared to describe your symptoms in as much detail as possible, and say what makes your symptoms worse.

## Further Reading

The American Physical Therapy Association (APTA) believes that consumers should have access to information that could help them make health care decisions and also prepare them for their visit with their health care provider.

APTA has determined that the following articles provide some of the best scientific evidence for how to treat shoulder dislocation. The articles report recent research and give an overview of the standards of practice for treatment both in the United States and internationally. The article titles are linked either to a PubMed\* abstract of the article or to free access of the full article, so that you can read it or print out a copy to bring with you to your health care provider.

Godin J, Sekiya JK. Systematic review of rehabilitation versus operative stabilization for the treatment of first-time anterior shoulder dislocations. *Sports Health*. 2010;2:156–165. [Article Summary](#).

Brumitt J, Sproul A, Lentz P, et al. In-season rehabilitation of a division III female wrestler after a glenohumeral dislocation. *Phys Ther Sport*. 2009;10:112–117. [Article Summary on PubMed](#).

Hovelius L, Olofsson A, Sandström B, et al. Nonoperative treatment of primary anterior shoulder dislocation in patients forty years of age and younger: a prospective twenty-five year follow up. *J Bone Joint Surg Am*. 2008;90:945–952. [Article Summary on PubMed](#).

Robinson CM, Howes J, Murdoch H, et al. Functional outcome and risk of recurrent instability after primary traumatic anterior shoulder dislocation in young patients. *J Bone Joint Surg Am*. 2006;88:2326–2336. [Article Summary on PubMed](#).

Millar AL, Lasheway PA, Eaton W, Christensen F. A retrospective, descriptive study of shoulder outcomes in outpatient physical therapy. *J Orthop Sports Phys Ther*. 2006;36:403–414. [Article Summary on PubMed](#).

Buss DD, Lynch GP, Meyer CP, et al. Nonoperative management for in-season athletes with anterior shoulder instability [erratum in: *Am J Sports Med*. 2004;32:1780]. *Am J Sports Med*. 2004;32:1430–1433. [Article Summary on PubMed](#).

Gibson K, Growse A, Korda L, et al. The effectiveness of rehabilitation for nonoperative management of shoulder instability: a systematic review. *J Hand Ther*. 2004;17:229–242. [Article Summary on PubMed](#).

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