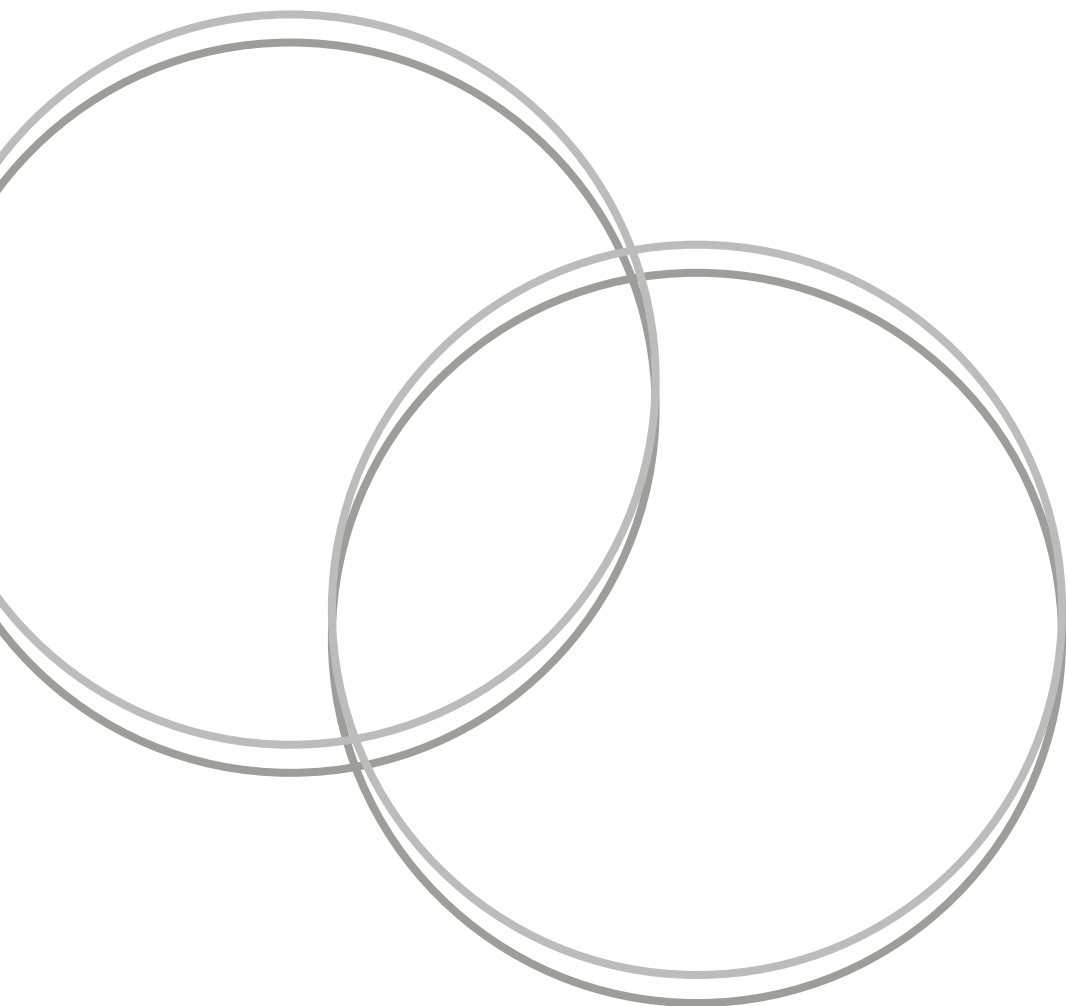


# Shoulder Dislocation – Advice Leaflet

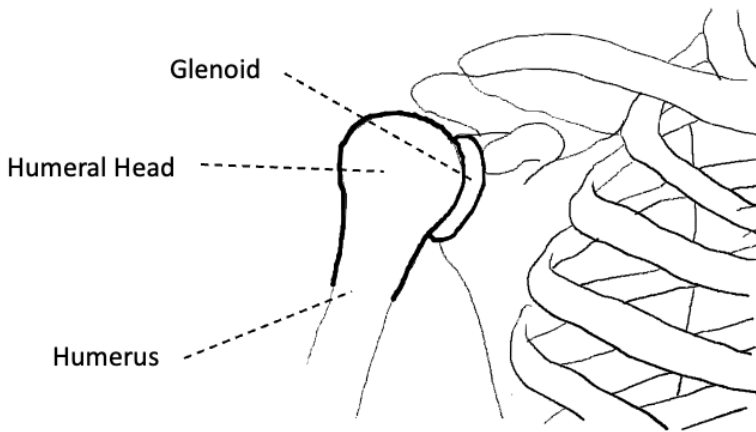
Information for patients



# The Shoulder

Your shoulder is a ball and socket joint. Most shoulder movements occur where the ball at the top of your arm bone (Humerus), fits into the shallow socket (Glenoid) which is part of the shoulder blade (scapula). This is similar to a golf ball sitting on a tee.

The design of the shoulder allows for lots of movement. This can make it less stable. Ligaments and muscles help keep the shoulder joint in the correct position.



## **What is a Shoulder Dislocation?**

A shoulder dislocation is when the ball of the upper arm comes out of the socket (glenoid), which is part of the shoulder blade (scapula). Most shoulders dislocate forwards (anterior). Some can also dislocate backwards (posterior), and downwards (inferior)

A subluxation refers to a partial dislocation of the shoulder joint, when the ball of the humerus bone only partially slides out of the socket of the shoulder blade.

Sometimes if the shoulder dislocation has occurred due to a collision e.g., tackled in a rugby or football game, then a bone may also be broken.

## **Treatment in The Emergency Department**

Whilst in the Emergency Department you will have had your shoulder relocated. There are different methods to do this but your doctor or ENP will have used the most appropriate method for you.

You will be placed in a sling that supports your arm. The sling will also have a strap that goes around your waist to stop you lifting your arm up once your shoulder has been relocated. Moving the shoulder and lifting the arm in the first few days after your injury may cause the shoulder to dislocate again. The sling and waist strap should help reduce the risk of this happening.

## **Follow-up**

You will have trauma clinic follow up approximately 1 week after your injury unless the trauma doctors would like to see you at a different time. Once seen in trauma clinic you will be given physiotherapy exercises to do to help your shoulder recover.

## **Supporting the Arm**

You will be given a sling to wear to keep the shoulder comfortable and keep it in a safe position. The sling has a strap that goes around your waist. This waist strap stops you accidentally lifting your arm up whilst your shoulder is recovering.

The sling is usually worn for 2 weeks but you may have to wear it for longer if you have also broken a bone.

## **Sleep**

When you have injured your shoulder, it can sometimes be difficult to find a comfortable sleeping position. You may find it more comfortable to sleep propped up with pillows. When sleeping on your back, try sleeping with a small pillow under the arm, so you keep it supported and off the bed. If you are a side sleeper, sleep on the non-injured side and hugging a pillow.

## **Dressing**

When dressing put the injured arm in first and when removing clothes, take the injured arm out last.

## Exercises to do in the first week after your Injury

- Do not lift your elbow above the height of your shoulder when doing your exercises.

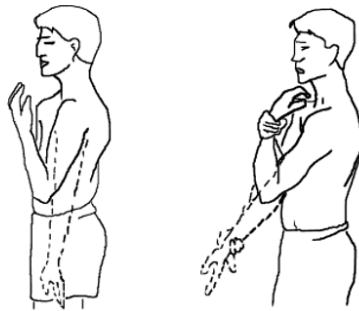
## The exercises

We suggest that the following exercises are held for 5 seconds and repeated 10 times.

### 1. Elbow Flexion/Extension

When Standing:

- a) Bend and straighten your elbow fully.  
Stand with your arm fully straight beside you in a relaxed position, then gently bend the arm at the elbow so that the palm of the hand moves towards the shoulder.
- b) Apply some added gentle pressure with your other hand to help your arm to bend, and then help your arm to straighten.



## 2. Supination/Pronation

When sitting:

Rest your arm on a table or armrest of a chair.

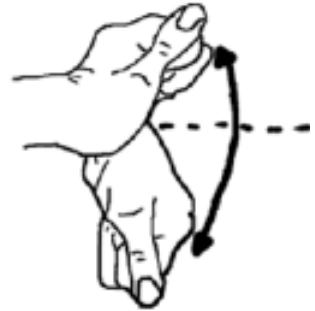
Hold your elbow into your side with your forearm in front of you in a comfortable position.

Turn the palm of your hand up then down, keeping your elbow still.



## 3. Wrist flexion and extension

Keeping your forearm still, move your wrist up and down.



## 4. Finger flexion and extension

Open and close your hand and fingers of your injured arm.

After a few days, hold a soft ball/ball of socks, squeeze the ball as hard as possible without pain.



## **Smoking cessation**

Medical evidence suggests that smoking prolongs fracture healing time. In extreme cases it can stop healing altogether. It is important that you consider this information with relation to your recent injury. Stopping smoking during the healing phase of your fracture will help ensure optimal recovery from this injury.

## **How to contact us**

If you continue to have pain 8 weeks after your injury, despite taking regular painkillers and caring for your injury as advised, or if at any point you are worried your injury is not healing, please contact the New Patient Clinic for an appointment.

## **Useful telephone numbers**

New Patient (Fracture Clinic) at:

John Radcliffe Hospital, Oxford

Monday to Friday, 9.00am to 5.00pm

Saturday and Sunday 9.00am to 11.00am

Tel: **01865 220 217**

## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust  
[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)



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