

Physiotherapy Department

Rehabilitation after shoulder dislocation

Information for patients



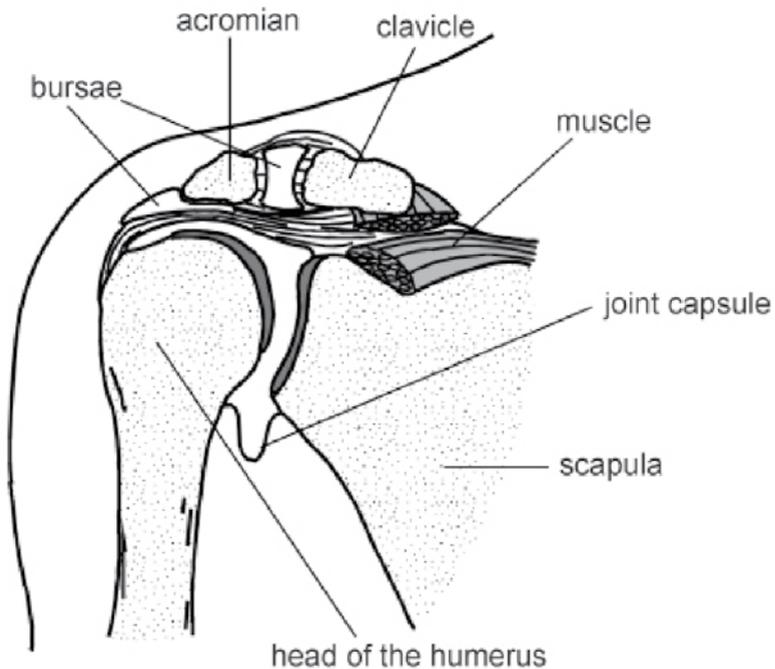
This information leaflet gives you advice on rehabilitation after your shoulder dislocation. It is not a substitute for professional medical care and should be used in association with clinical staff in the Trauma Centre. **There may be individual variations for you which will require specific instructions from your physiotherapist.**

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The Shoulder

The shoulder is a ball and socket joint. Most of the shoulder movement occurs where the ball at the top of your arm bone ('humerus') fits into the socket ('glenoid'), which is part of the shoulder blade ('scapula'). The arm is normally held in the socket by the soft tissue which fits over the joint liked a sock. This is stabilised by fibrous tissue in the capsule, and by the muscles and tendons that rotate the arm.

Dislocation occurs when the ball is wrenched out of its socket. The force required to do this can also tear or partially tear the muscles, ligaments and/or shoulder capsule surrounding the joint.



THE SHOULDER JOINT

Shoulder rehabilitation

Once the shoulder has been restored to its normal position in its socket, this is just the beginning of the rehabilitation process that can take up to a year to complete. It is important for you to strengthen your shoulder fully and to be able to move it through a range of movements without experiencing pain.

The rehabilitation process can be split up into **three phases**, which will be explained in this booklet.

Phase I

This phase starts after the shoulder has been put back into its socket. The **polysling** we have given you will help to keep your shoulder comfortable. It should be worn for a maximum of two weeks, unless you have also broken your shoulder, when you have to wear it for up to six weeks.

Pain can be a problem particularly in the first 2-3 weeks. Your doctor may give you a prescription to help with pain relief, or you can control the pain with basic painkillers, such as paracetamol. Also, you may benefit from putting an ice pack (e.g. a bag of frozen peas in a damp towel) on the sore area for 10-15 minutes.

Your physiotherapist will give you some gentle movements for the arm, out of the sling, to help reduce stiffness and relieve some of the pain. These exercises are on page 7-8 of this booklet. Your physiotherapist will also highlight the importance of good upright posture with your shoulders back and chest up, as this will prevent problems with shoulder muscle balance in the future.

It is important during this stage that you avoid positions that could cause re-dislocation. The **most important position to avoid is holding your arm out at 90 degrees to your side with the palm facing upwards, especially if a force is being applied.**



Phase II

The main focus of this phase is to increase your **range of movement** further, increase your **muscle strength**, especially your rotator cuff, and to re-establish the muscle balance in your shoulder. Your progress will depend on the nature and severity of your injury.

The **rotator cuff** is a group of muscles that rotate the arm, and form a cuff or sleeve around the shoulder joint and capsule. These must work together to keep the shoulder still whilst moving the arm. The physiotherapist will identify any weakness in these muscles and give you exercises from this booklet to strengthen them. Please follow what the physiotherapist has told you when doing the exercises.

The **scapula** is supported by two important muscles, the trapezius muscle and the serratus anterior muscle. These muscles must be strong to control the shoulder blade as the shoulder joint moves. The physiotherapist will assess the muscle control of the scapula and give you an appropriate exercise programme as necessary.

Phase III

The aim of this phase is to make progress towards functional and sporting activities, by helping you to regain the neuromuscular control of your shoulder. This is achieved by exercising the unstable shoulder in positions that challenge the shoulder muscles fully.

This also re-trains your **proprioception**, which is your body's awareness of where a limb is in space. This works by messages relating to joint position awareness being sent to the brain via receptors in the shoulder. When these receptors detect a situation of potential tissue damage, the muscles are caused to contract by the brain. This then causes the joint to move, so decreasing the mechanical stress on the surrounding areas.

The physiotherapist will give you exercises that are as similar as possible to the movements you do during your sporting activities.

Exercises

General points

- Use pain-killers and /or ice packs to reduce the pain **before** you exercise.
- It is **normal** for you to feel aching, discomfort or stretching when doing these exercises. However, if you experience **intense and lasting pain** (e.g. more than 30 minutes), it is an indication to change the exercise by doing it less forcefully, or less often. If this does not help then please discuss this with your physiotherapist.
- **Do short frequent sessions** (e.g. 5-10 minutes, 4 times a day) rather than one long session.
- **Gradually increase the number of repetitions** that you do.
- Aim for the number of repetitions your therapist advises (the numbers given here are rough guidelines).
- Get into the habit of doing them!

Phase 1 Exercises

These exercises ease stiffness and pain in your shoulder, which will help your shoulder to recover. You will need to remove your sling to do these exercises.

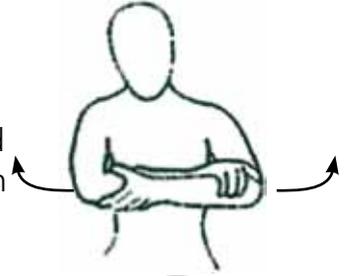
1. Shoulder flexion

Sitting. Support your affected arm with your other hand under the elbow. Gently lean forward. Rock your arm backwards and forwards as far as your pain allows.



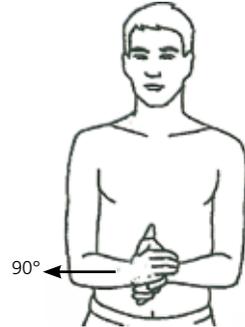
2. Shoulder abduction

Sitting. Support your affected arm with your other hand under the elbow. Gently lean forward. Rock your affected arm from side to side as far as your pain allows.



3. Shoulder lateral rotation

Sitting. Keep your elbow into your side and hold onto your affected arm's wrist. Gently move your hand to 90 degrees to the body. Do not move further than this. Return to neutral.



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Phase 2 Exercises

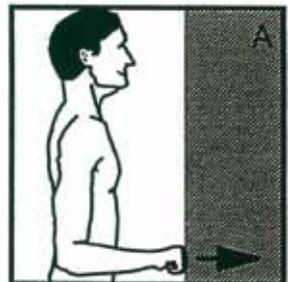
Static strengthening exercises

Static shoulder exercises work the muscles in the shoulder without moving the shoulder itself. For all these exercises, your elbow should be bent to a right angle and your arm should not move.

Repeat each one 10 times and hold for 5-10 seconds. Repeat 3 times daily.

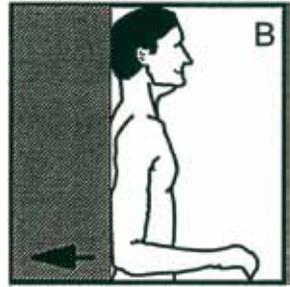
1. Shoulder flexors

Stand facing the wall. Attempt to push your fist forwards into the wall.



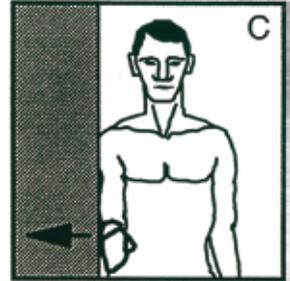
2. Shoulder extensors

Stand with your back to the wall.
Attempt to press your elbow backwards
against the wall.



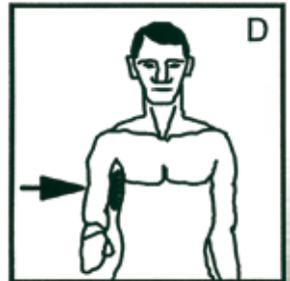
3. Shoulder abductors

Stand with the outside of your affected
arm in contact with the wall. Attempt
to move the whole arm out to the side,
against the wall.



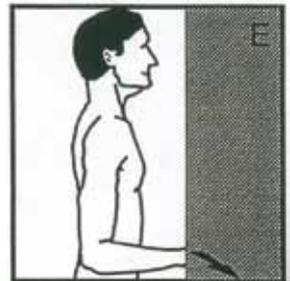
4. Shoulder adductors

Stand with a small rolled up towel
under your affected arm. Attempt to
squeeze the whole arm to your side.



5. External rotators

Stand with the outside of your hand
held against a wall or a jammed open
door. Attempt to move the affected
hand outwards. Do not allow your
elbow to move away from your side.



6. Internal rotators

Stand with the inside of the hand of your affected arm held against a wall or jammed open door. Attempt to move the affected hand inwards. Do not allow your elbow to move away from your side.

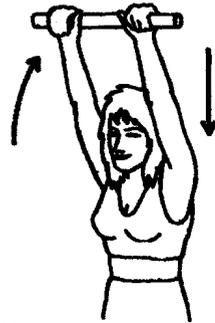


Mobility exercises

These exercises help you regain mobility in your shoulder. You will need a stick, brush, mop or long umbrella. Repeat each one 10 times, 4 times per day, unless otherwise advised by your physiotherapist. If possible, hold for 5 seconds when you get to the end point.

1. Shoulder flexion

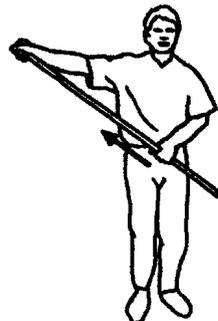
Lift the stick up above your head. You can do this in lying, standing or sitting - as you prefer.



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2. Shoulder abduction

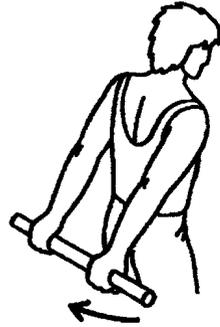
Stand upright, holding the stick in both hands. Keeping your elbows as straight as possible, bring your arms out to the side and upwards towards your shoulder.



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3. Shoulder extension

Stand upright, holding the stick in both hands behind your back. Move the stick away from your back, keeping your elbows straight.



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4. Shoulder internal rotation

Hold your stick behind your back with both hands as close together as possible. Lift the stick up as high as possible.



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5. Shoulder internal rotation (progression)

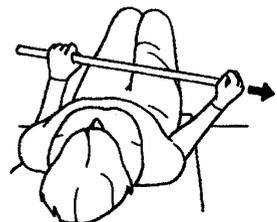
Stand upright. Place a towel over your shoulder and down your back. Take hold of the towel with the affected arm and pull upwards bringing your arm further up your back.



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6. Shoulder external rotation

Standing or lying, with your elbow against your body and at a right angle. Hold stick in your hands. Move the stick sideways thus pushing the arm to be exercised outwards.



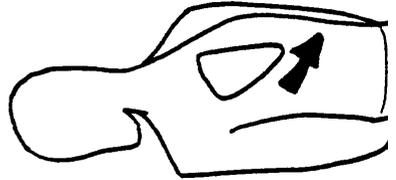
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Scapula setting exercises

In order for your shoulder to return to normal movement, strength and function, it is important that the shoulder blade is aligned and supported sufficiently. These exercises will help to stabilise the shoulder by working on the two main muscles, lower trapezius and serratus anterior. It is important to do these exercises slowly and carefully, and repeat 5-10 times each.

1. Lower trapezius in prone lying

Lie on your stomach, with hands resting by your side and your forehead resting on a folded towel. If necessary you can place a folded towel under your affected shoulder to support it. Gently draw your shoulder blade backwards and down your back, working at 25% effort. Hold for 5-10 seconds. Gently lower back to a neutral position.

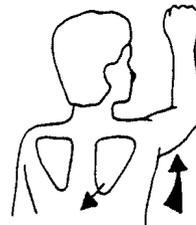


2. Lower trapezius in prone lying (progression)

In the same position as above, draw your shoulder blade backwards and down your back, working at 25% effort. Hold the shoulder blade in this position, and lift and lower the arm about 2cm from the bed/floor. Repeat 5 times, then lower back to a neutral position.

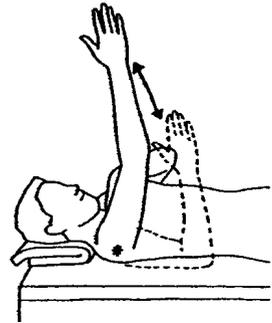
3. Lower trapezius in standing

Stand facing a wall, with your forearm resting against it. Set your shoulder blade by drawing it backwards and down your back. Hold it in this position, whilst you walk your fingers up the wall and back down again.



4. Serratus anterior in supine lying

Lie on your back with your shoulder at 90 degrees to your body, with your elbow straight. Lift your arm vertically to bring your hand closer to the ceiling. Hold for 5-10 seconds. Gently lower down.



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Shoulder strengthening exercises using a Theraband

These exercises are designed to work the muscles around the shoulder with the use of a theraband. You will need to attach the theraband to a stable point at waist height, e.g. closed door handle. Repeat each one 20 times, 3 times daily, unless otherwise advised by your physiotherapist. If possible hold each exercise for 3-5 seconds at the end of the movement then let your arm return slowly.

1. External rotators

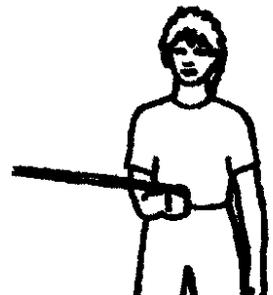
Standing sideways, hold the theraband in your hand, and keeping the elbow into your side pull theraband out to the side, thus rotating your arm outwards. Return to neutral slowly.



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2. Internal rotators

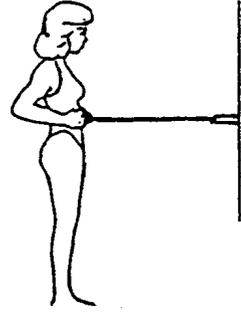
Stand with your affected side nearest the theraband and hold. Keeping your elbow into your side, pull the theraband across your body thus rotating your arm at the shoulder inwards. Return to neutral slowly.



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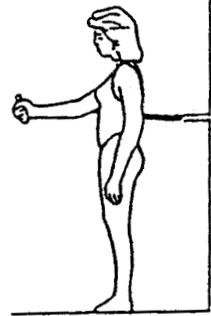
3. Shoulder extensors

Standing facing the theraband, hold it with the affected arm. Pull it backwards, keeping your elbow bent. Return to neutral slowly.



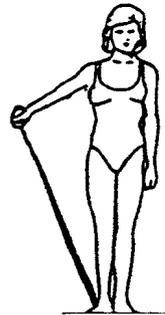
4. Shoulder flexors

Stand with your back to the theraband. Holding the theraband in your hand push your arm forwards in a punching motion. Return to neutral slowly.



5. Shoulder abductors

Stand on one end of the theraband and hold it in your hand. Keeping your elbow straight and your thumb facing upwards towards the ceiling, pull the theraband up diagonally in front of you. Your arm should be at a 45 degree angle from your side. Return to neutral slowly.



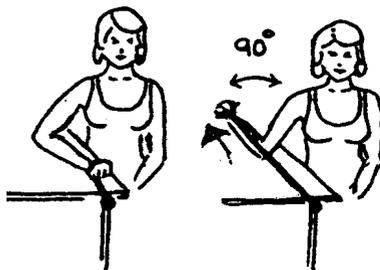
Phase 3 exercises

This phase of your rehabilitation should be guided by your therapist. They will help you to progress your exercises. This may be with the use of stronger resistance against the theraband or doing exercises throughout the whole range of shoulder movement.

Theraband exercises

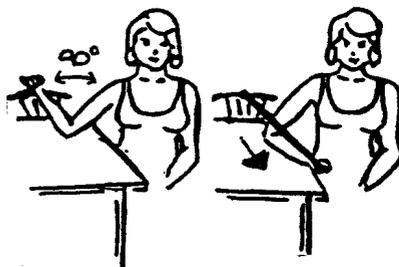
1. Advanced external rotation

Sitting sideways at a table, attach theraband to a secure point in front of you, e.g. table leg or the back of a chair. Place your elbow on the table and hold the theraband, keeping your elbow bent to 90 degrees. Pull the theraband back thereby rotating the arm at the shoulder. Return to neutral slowly.



2. Advanced internal rotation

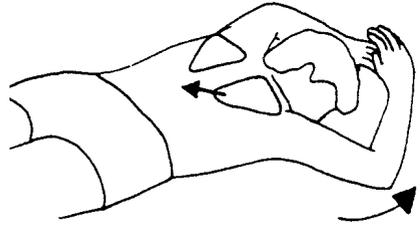
Sitting sideways at a table attach theraband to a secure point behind you e.g. table leg or the back of a chair. Place your elbow on the table and hold the theraband, keeping your elbow bent at 90 degrees. Pull the theraband forwards, thereby rotating the arm at the shoulder. Return to neutral slowly.



Scapula setting exercises

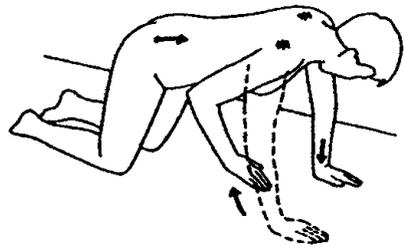
1. Lower trapezius in prone

Lie on your stomach, with your forehead resting on a towel and your hands resting above your head. Set the shoulder blade by pulling your shoulder backward and down your back. Keeping this position, lift your arms off the bed, and feel if one arm is heavier than the other. Hold this position for 5-10 seconds then relax.



2. Serratus anterior in four-point kneeling

Kneel on your hands and knees, with your hands underneath the shoulders, knees underneath the hips. Push your chest and upper back upwards, pulling your shoulder blades backwards. Maintaining this position, lift your unaffected arm off the floor, without letting your shoulder dip downwards. Hold for 5-10 seconds then lower your hand back to the floor. You can progress this by lifting your arm up in front of you.

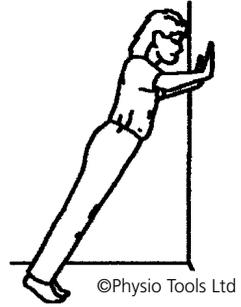


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Weight bearing exercises

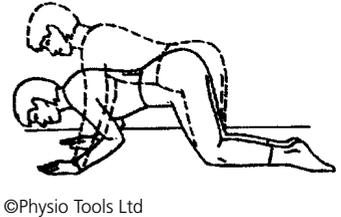
1. Push-ups against the wall

Stand facing the wall, approximately 2 foot lengths away. Place both hands onto the wall and lean onto them, then lower yourself towards the wall as far as you are able and return. Repeat 10 times. You can progress this by only using your affected arm to lower yourself towards the wall.



2. Push ups in four-point kneeling

Kneel on your hands and knees and walk your knees backwards so that your back and upper legs are in line. Keeping your head up and your back straight, lower yourself to the floor and return. Repeat 5-10 times.

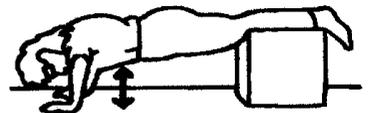


You can make this harder by:

- Placing a cushion under your affected hand
- Placing a ball under your affected hand
- Straightening your legs so that only your toes touch the floor



- Straightening your legs and placing a box / gym ball under your legs



- Combine any of the above

Frequently asked questions

What are the chances of a re-dislocation injury?

As the shoulder is a mobile joint, and held in place by ligaments and muscles, the chances of recurrence will depend on how well these structures heal. If you perform regular strengthening exercises, the structural support will be greatly increased, therefore increasing joint stability, and reducing the chance of re-injury.

The evidence shows that there is a high recurrence rate within the first two years of the initial injury. It is also suggested that recurrence rate is dependant on age. Younger people, especially males, are most likely to re-dislocate. This may be due to having a higher percentage of stretchy collagen or tissue in their joints, and performing higher risk activities.

When can I drive?

This varies from patient to patient and the type of car you have. We advise you not to drive until you are safe to control the car in an emergency situation. You must check that you can use all the controls, and should start with short journeys initially. You may need to inform your insurance company of your injury.

When can I participate in my leisure activities?

Your ability to start these activities will depend on your pain, range of movement and the strength that you have in your shoulder. You can usually return to most normal activities within 2 weeks, except for heavy lifting. Sports involving shoulder movements should not be played for six weeks to three months as advised by your physiotherapist. Please discuss activities in which you are interested with your physiotherapist, and start with short sessions and little effort to begin with.

When can I return to work?

This will depend on the type of job that you have. You will probably be off for 2-4 weeks. However, if you are involved in lifting, overhead activities or manual work then this may be longer. You can discuss return to work with your physiotherapist, consultant or GP. If you need to be signed off, this will need to be done by a doctor.

How to contact us

If you have any questions or concerns about your shoulder, please contact us.

Name of your Physiotherapist:

.....

Telephone: **(01865) 221540/39**

Name of your Consultant:

.....

Red / Blue team

Fracture Clinic: **(01865) 740315**

Fracture Clinic Appointments: **(01865) 220217**

Physiotherapy Reception (Horton General Hospital):
(01295) 229432

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473** or email **PALSJR@ouh.nhs.uk**

Anna Vines (Senior Physiotherapist)
Version 3, August 2012
Review date August 2015

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