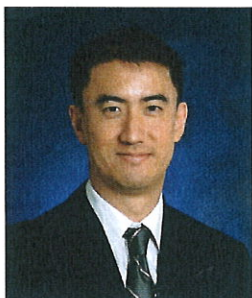


# What Are The Treatment Options One Can Consider?



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**D**islocations of the shoulder joint can affect individuals of all ages. This usually occurs following a fall onto an outstretched or extended arm. This can also occur when the shoulder or arm is forcibly pushed backwards. When this occurs, the shoulder will pop out of its socket, and usually, comes to rest in front of the shoulder joint. This results in a tear of the ligament that supports and stabilises the shoulder, and will result in pain and severe distress. In such cases, immediate reduction of the dislocation is necessary.

Initial treatment for a first shoulder dislocation is generally non-surgical. The patient undergoes a course of physiotherapy to strengthen the muscles around the shoulder capsule and re-trains both the shoulder and the shoulder blade. This is done to prevent subsequent dislocations. If this fails, a complication known as recurrent dislocations, will occur.

This risk of recurrent dislocations is much higher in younger individuals and can be as high as 95 percent for those in their twenties. The percentage then decreases to 50 percent for individuals in their forties. Some doctors recommend surgery in the first instance, especially for high risk patients such as throwing athletes and younger patients with ligament laxity as the risk of recurrence can be very high.

Recurrent dislocations should be prevented not just for pain control. Each dislocation has the risk of injuring surrounding tissues and rotator cuff tears which require subsequent surgery. Nerves that support the

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shoulder can also be injured each time a dislocation occurs. With repeated dislocations, the bone supporting the shoulder gradually erodes. This will result in unstable shoulders, making subsequent surgery very difficult.

The surgery method most often recommended is keyhole or arthroscopic surgery. During this procedure, the torn ligament that stabilises the shoulder is brought back to its ideal position and sewed into place with plastic implants (suture anchors or screws). This method of treatment tends to have a success rate of more than 95 per cent. Pain is also minimal.

The rehabilitation period usually spans 4.5 to 6 months before a return to sports is viable. With a professional athlete (e.g. throwing athlete or individuals involved in martial arts), the recovery process may take more time.



**Shoulder arthroscopy tends to have a success rate of above 95 per cent.**