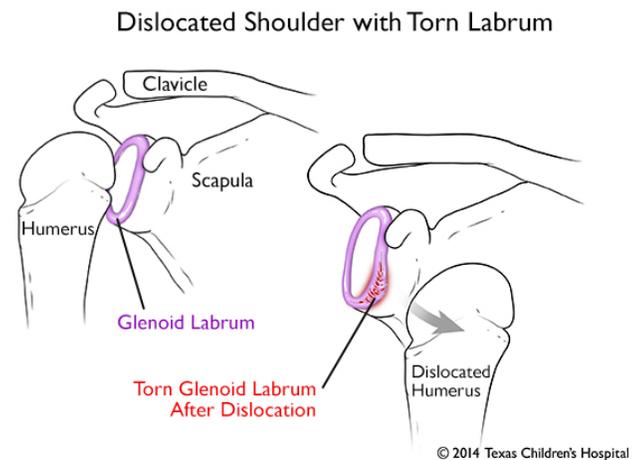


# Shoulder Injuries: Dislocated Shoulder and Labral Tear

The anatomy of the shoulder allows it to be one of the body's most mobile joints. It is not like a ball and socket but instead more like a golf ball and a golf tee. The tee portion is called the glenoid, and the ball portion is called the humeral head (top of the humerus). This allows the arm to rotate freely in many directions. Because of this mobility, however, the shoulder is easy to dislocate. A **dislocated shoulder** occurs when the humeral head comes partially or completely out of place.

When the shoulder dislocates, the outer rim of the glenoid (called the **labrum**) is often injured. Damage also occurs to the ligaments and capsule that normally hold the shoulder in place.



**Labral tears** can also occur when the shoulder slides partially out of joint. Shoulder pain in throwing athletes can also be due to a labral tear that has gradually formed over time.

## CAUSES AND RISK FACTORS

A **dislocated shoulder** can occur while playing contact sports, such as football or hockey, or in sports where athletes are likely to fall – skiing, volleyball or gymnastics. A sudden, powerful blow to the shoulder causes the dislocation. Less commonly, the ligaments around the shoulder can be so loose that the shoulder can dislocate without much force at all. Once the shoulder dislocates, it is much more likely to happen again. After a second time, the risk is even greater. The younger the athlete, the more likely that dislocation will happen again. A **labral tear** without dislocation most commonly happens to baseball pitchers, weightlifters and golfers.

## SYMPTOMS AND TYPES

According to the American Academy of Orthopedic Surgeons (AAOS), there are **2 types of dislocations: partial and complete**. Both partial and complete dislocation cause pain and unsteadiness in the shoulder. A **partial dislocation** (subluxation) means the head of the upper arm bone (humerus) is partially out of the socket (glenoid). The labrum may or may not be injured in this situation. The second type is a **complete dislocation** means it is all the way out of the socket.

Symptoms of a dislocated shoulder can include:

- Pain
- Swelling
- Numbness
- Weakness
- Bruising

The injury may cause muscle spasms, causing more pain.

## SYMPTOMS AND TYPES (cont'd)

The most common direction of shoulder dislocation occurs when the shoulder slips forward (anterior instability). This means the upper arm bone moved forward and down out of its joint. When the shoulder dislocates more than once, it is known as shoulder instability. Symptoms of a labral tear may include aching in the shoulder joint and catching of the shoulder. Pain may be felt with certain overhead activities (e.g. throwing).

## DIAGNOSIS AND TESTS

If your child is suspected of having a **dislocated shoulder**, he or she should be taken to the emergency room to take an X-ray. In children and early adolescents, it is more likely that the upper end of the humerus will fracture instead of dislocate. It is important to tell the doctor how the injury happened and if the shoulder has ever been dislocated before. The emergency room physician should recommend referral to a specialist.

When a **labral tear** is suspected without a dislocation, X-rays will not show the damage because it is soft tissue that is not visible in X-rays. The doctor may instead order a magnetic resonance imaging (MRI) scan with contrast injected directly into the shoulder to better illustrate the labrum.

## TREATMENT AND CARE

According to the AAOS, treatment for a **dislocated shoulder** involves the doctor placing the ball of the upper arm bone (humerus) back into the joint socket. This process is called closed reduction. Severe pain stops almost immediately once the shoulder joint is back in place. Rarely, the shoulder cannot be put back in place with manipulation only, and surgery is required. After putting the arm bone back in place, your child's physician will usually treat a dislocated shoulder with a sling for comfort and pain medication.

Treatment for **labral tears** with subluxation or overuse injury may require surgery, although certainly not in all cases.

## LIVING AND MANAGING

There is not set number of days or weeks that an athlete with a dislocated shoulder or labral tear should wait to play sports again. Returning to normal activities after lowering the risk of re-injury should be the goal. When the shoulder has full range of motion again and feels as strong as the uninjured shoulder, the athlete is likely ready to start playing again. Football players often wear a brace to prevent re-injury to their previously dislocated shoulder.



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