

This is a follow-up letter to your recent telephone consultation with the Fracture Care Team explaining the ongoing management of your injury. Your case has been reviewed by an Orthopaedic Consultant (Bone Specialist) and Fracture Care Physiotherapist.

You have told us you have a history of recurrent dislocations to your shoulder.

The shoulder is a ball and socket joint. During a dislocation the ball moves out of the socket. This puts strain on the tendons, ligaments and capsule (soft tissues) surrounding the joint.

About your injury: On this occasion the incident you described that made your shoulder dislocate was of low force. If you have dislocated your shoulder more than once with low forces there may be changes to the surrounding soft tissues that mean it is easier for the shoulder to come out of its socket.

Healing: It takes approximately 6 weeks for the soft tissue trauma to settle down. If you have been supplied with a sling this is for comfort; you can stop using the sling when you feel comfortable to do so. Do light activities only to begin with. This allows the soft tissues to settle.

Pain and numbness: Take pain killers as prescribed. You may find it more comfortable to sleep propped up with pillows. You may get a small patch of numbness on the outside of the shoulder. This is normal and should resolve over time.

Please contact us if you have any of the following symptoms:

- Pins and needles down your arm/hand
- If you are struggling to move your arm at all
- If you are experiencing pain and symptoms anywhere other than at the site of the original injury or surrounding area

Follow up: You will be seen by a Shoulder Specialist in around 6 weeks. If you have not received this appointment within one week of receipt of this letter please contact us via detail below. We will have also discussed physiotherapy with you and, if you felt this is something you have not tried and are prepared to commit to, we will refer you for a course of physiotherapy. They will send you a letter in the post with your appointment.

York Virtual Fracture Clinic Contact details:

Phone: 01904 726575

Email: virtualfractclinic@york.nhs.uk

Please follow the management plan below

Area of injury:



If you are worried that you are unable to follow this rehabilitation plan, or have any questions, then please phone the Fracture Care Team for advice.

Or, if you are experiencing pain or symptoms, other than at the site of the original injury or surrounding area, please get in touch using the telephone or e-mail details at the top of this letter.

What to expect:

Weeks since injury	Rehabilitation plan
0-2	<ul style="list-style-type: none"> ✓ Wear the sling all the time - even in bed at night. ✓ Remove the sling for personal hygiene and to do your exercises. ✓ Start the 'Initial Exercises' below straight away. It might take a few days practice to feel comfortable with them. ✗ No lifting, activities or sport.
3-12	<ul style="list-style-type: none"> ✓ Try not to use the sling ✓ Begin normal light activities with the arm and shoulder. ✓ Increase movement as shown in the Stage 2 exercises. ✓ You should be able to largely carry out day to day activities. ✗ Heavy or overhead tasks may cause discomfort. ✓ The Specialist may give you further instructions regarding your rehabilitation.

Advice for a new injury:

Cold packs: A cold pack (ice pack or frozen peas wrapped in a damp towel) can provide short-term pain relief. Apply this to the sore area for up to 15 minutes, every few hours. The ice must never be in direct contact with the skin.

Rest: Try to rest your shoulder for the first 24-72 hours. However, it is important to maintain movement. Gently move your shoulder following the exercises shown. These should not cause too much pain. This will ensure your shoulder does not become stiff and it will help the healing process.

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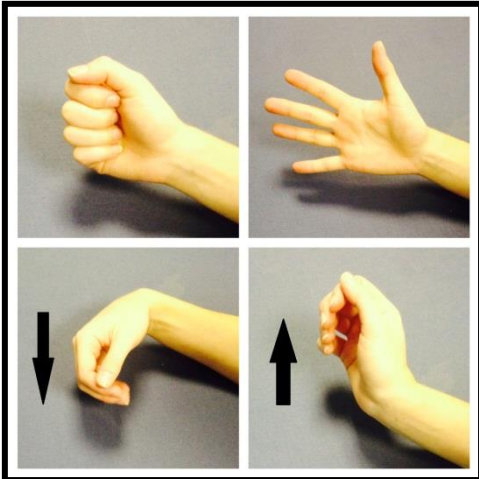
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Exercises

If you have stiffness in your elbow or hand from wearing the sling, you may wish to perform these exercises first. However, once they become easy you can start with the posture and pendulum exercises.

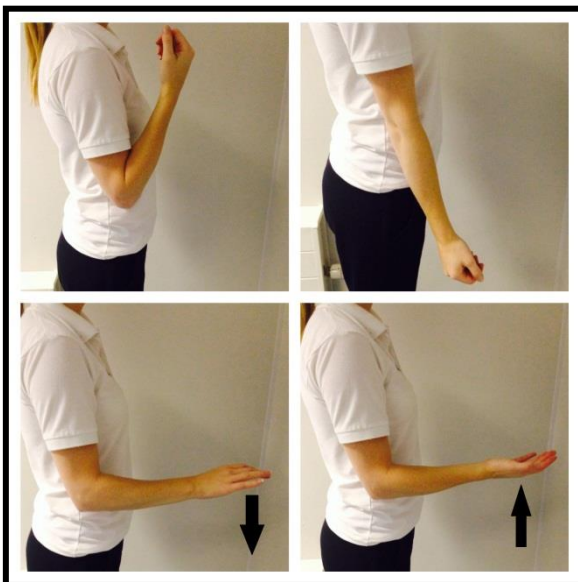
Initial Exercises to do 4-5 times a day:



Finger and wrist flexion and extension

Open and close your hand as shown 10-15 times.
Then move your wrist up and down 10-15 times.

After a few days, hold a soft ball/ball of socks. Squeeze the ball as hard as possible without pain.
Hold for 5 seconds and repeat 10 times.



Elbow Bend to Straighten

Bend and straighten your elbow so you feel a mild to moderate stretch. You can use your other arm to assist if necessary. Do not push into pain.

Forearm Rotations

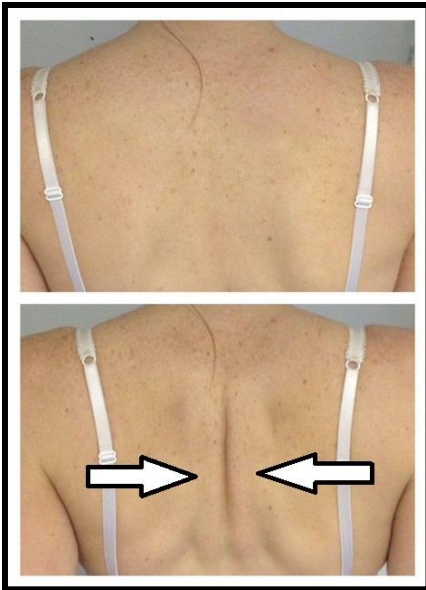
Put your elbow at your side. Bend it to 90 degrees. Slowly rotate your palm up and down until you feel a mild to moderate stretch. You can use your other arm to assist if necessary. Do not push into pain.

Repeat 10-15 times provided there is no increase in symptoms.

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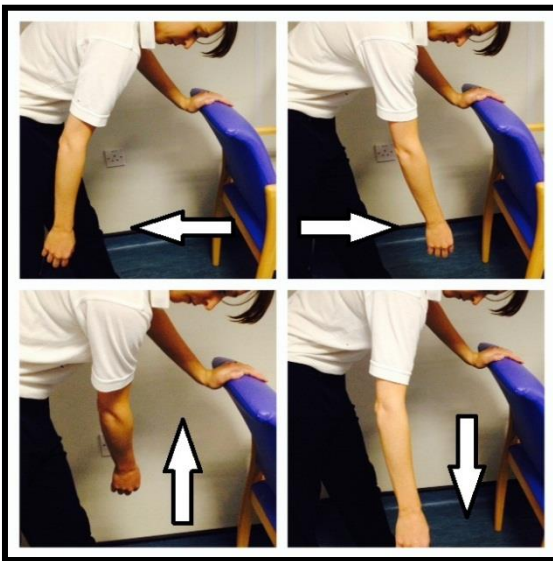
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Postural awareness

Bring your shoulders back and squeeze your shoulder blades together as shown in the picture. Do this with or without your sling on.

Hold the position for 20-30 seconds and repeat 5 times provided there is no increase in symptoms.



Shoulder pendulum exercises

Stand and lean forward supporting yourself with your other hand. Try to relax your injured arm and let it hang down.

1. Swing your arm slowly and gently forwards and backwards.
2. Swing your arm slowly and gently side to side.
3. Swing your arm slowly and gently in circles clockwise.

Continue for approximately 1-2 minutes in total provided there is no increase in symptoms. Remember to try and relax your arm.

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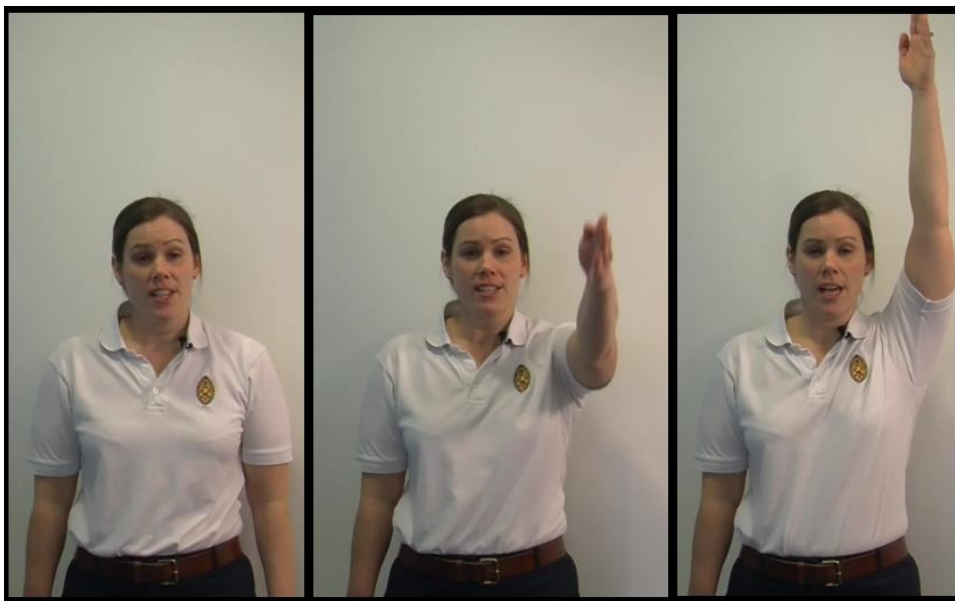
Stage 2 Exercises

To start when you feel comfortable and to do 4-5 times a day:

When you have regained full range of movement during the above exercises without pain you can start to do the exercises without the support of your other hand; this is known as active range of movement. Then when you have regained your full range of movement without the support of the other arm you can start to build up your regular activities.

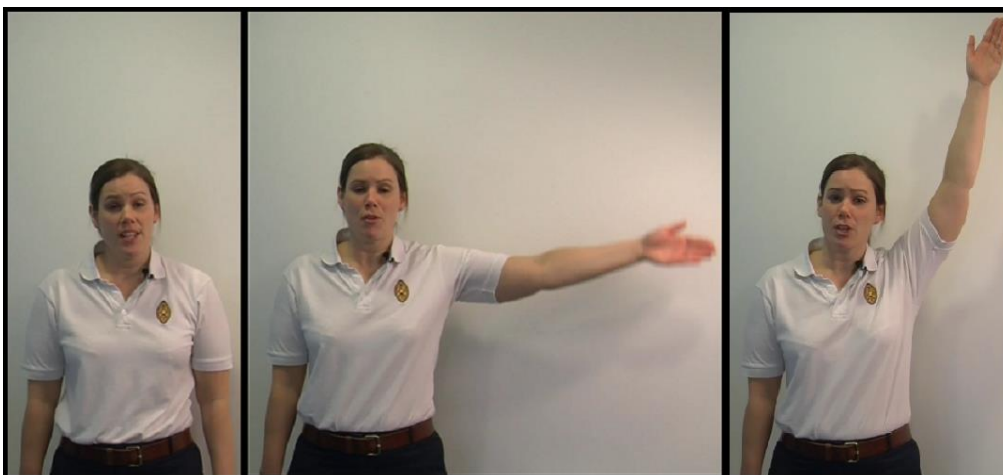
Active Forward flexion:

With your thumb facing up, try to move your arm up, keeping it close beside your body.



Active Abduction

With your thumb facing up and outwards, try to move your arm in a big arc out to the side.



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Active External rotation

With your elbow by your side, rotate your forearm outwards, keeping your elbow at about 90 degrees in flexion.



- ✓ Repeat all of these 3 exercises 10 times each, 4-5 times a day.
- ✓ Only go as far as you can naturally, without doing any trick movements to try and get further.
- ✓ The movement will increase over time and should not be forced.

If you are having problems progressing with the exercises and have a follow-up consultation booked, please do let the clinician know so that they can review the exercises and refer you on to Physiotherapy if necessary. If you are on an independent management programme, then please contact us using the number at the top of the letter so that we can also arrange physiotherapy for you.

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