


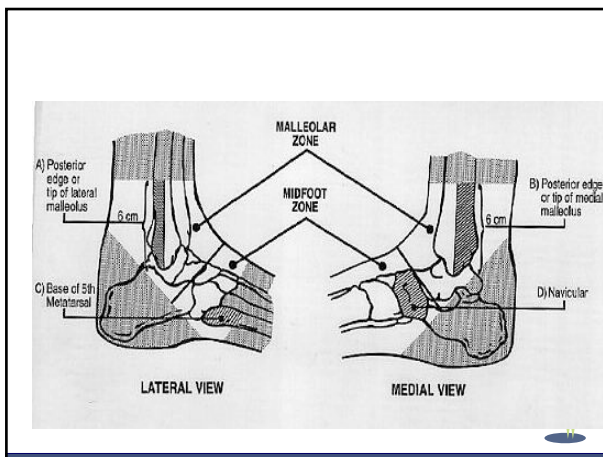
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Health Professional Education

Upper Limb Injuries

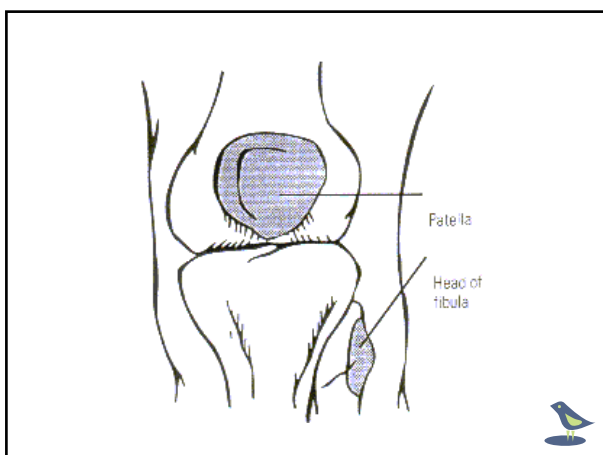
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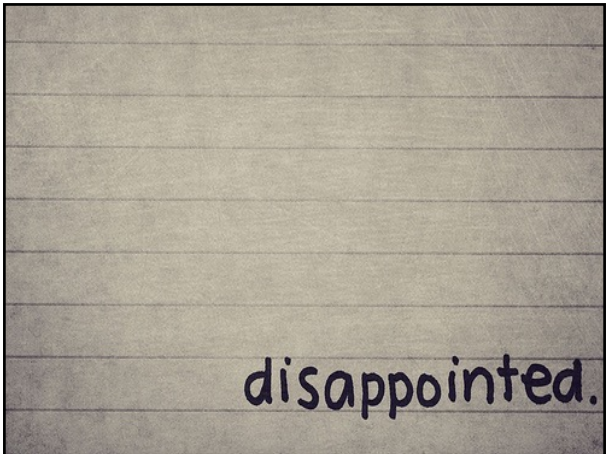
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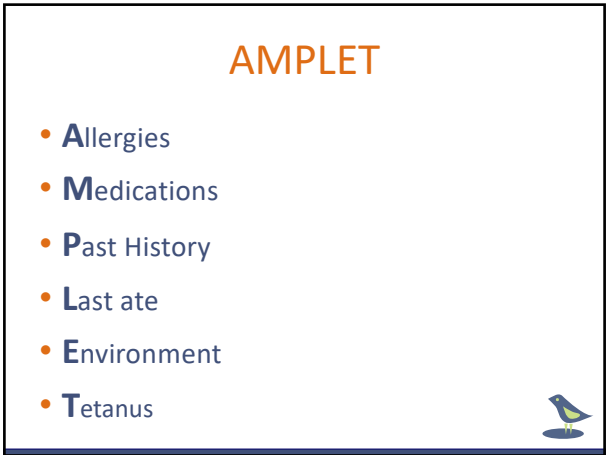
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Slings



Broad Arm Sling



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Limbo Cast Covers



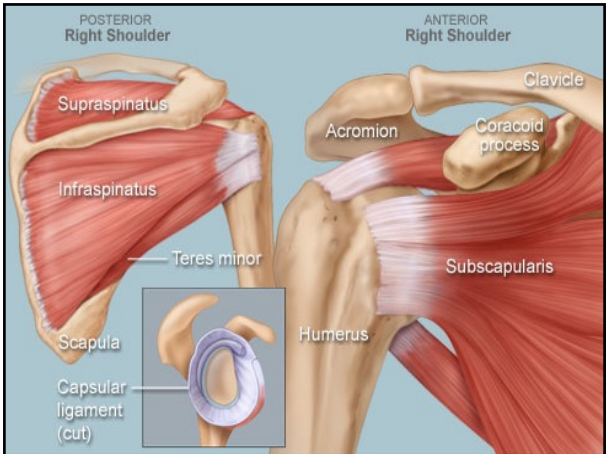
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The Shoulder

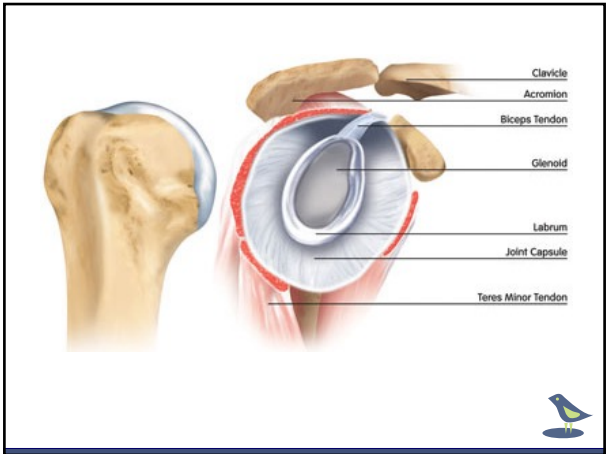
•16 y.o. Male – playing football was tackled and fell to the ground – directly onto right shoulder - c/o pain



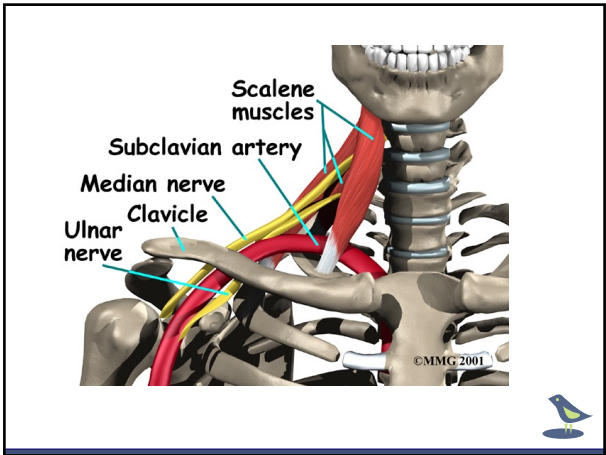
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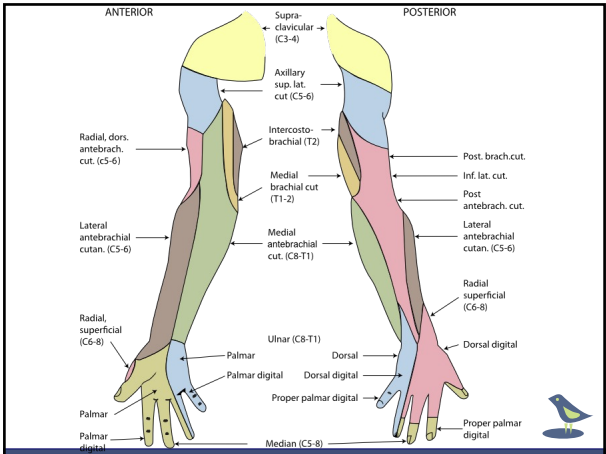
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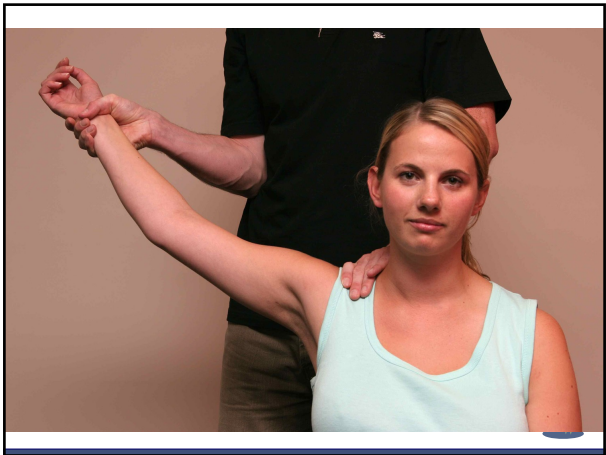
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Shoulder Dislocations

- 99% Anterior Dislocations
- Usually abducted and externally rotated
- May have external, posterior force applied



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Shoulder Dislocations

- 99% Anterior Dislocations
- Usually abducted and externally rotated
- May have external, posterior force applied
- Fall
- Usually male, under 30,
- 1% Posterior Dislocation
 - Seizure
 - MVA Seatbelt
 - Electrocution



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Presentation

- Usually arm abducted across chest
- Anterior fullness
- Loss of deltoid contour
- Extreme pain in first instance
- Usually good history
- Neuro- Tingling over deltoid

About 54% of presentations to the ED were initial dislocations



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Post Reduction Management



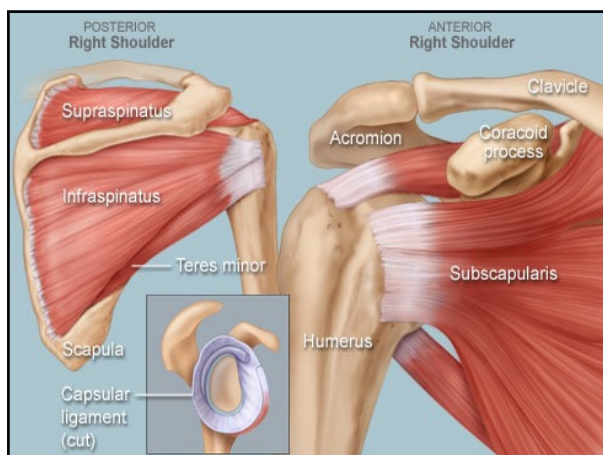
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AC Joint Dislocation

- Not really a dislocation but is a tear of the acromioclavicular ligament



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AC Joint Dislocation

- Not really a dislocation but is a tear of the acromioclavicular ligament
- Results from fall onto point of shoulder
- Prominent outer end of clavicle
- Drooping of shoulder



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AC Joint Dislocation

- Not really a dislocation but is a tear of the acromioclavicular ligament
- Results from fall onto point of shoulder
- Prominent outer end of clavicle
- Drooping of shoulder
- Pain on movement
- Localised tenderness
- Supporting shoulder



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Management

- Stand Patient
- Assess both shoulders
- Local tenderness is always present
- Trip to Hospital
 - Analgesia
 - Xray -both shoulders to compare AP
- Broad arm sling and Ice to shoulder
- Gross disruption may require OT (screw clavicle to coracoid process)



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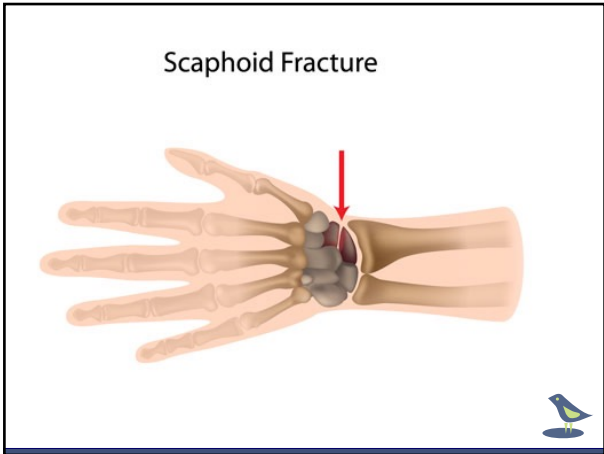
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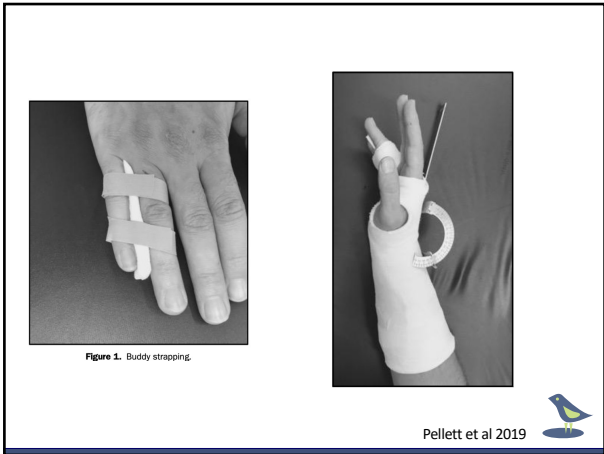
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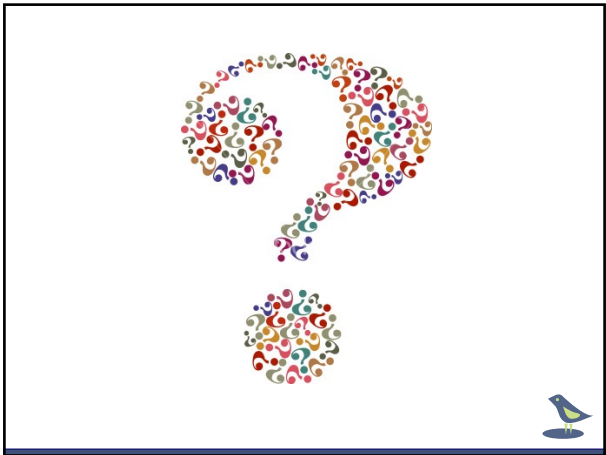
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