

For Immediate Release

**Most Common Myth about Treating a Dislocated Shoulder is that You Don't Have to Treat it**  
***Dr. Kevin Plancher with Plancher Orthopaedics & Sports Medicine with tips on the necessity to treat a dislocated shoulder in a young person to avoid further dislocations and arthritis later in life***

Greenwich, CT & New York, NY, October 2016 – Back in the day, young athletes who dislocated their shoulder – an injury in which the shoulder pops out of its socket – would return to playing their sport right after having the affected arm placed in a brace in a hospital emergency room. But moving forward as if nothing happened was never the right approach, though it remains the main myth about shoulder dislocation, according to orthopaedic surgeon Kevin D. Plancher, MD, founder of Plancher Orthopaedics & Sports Medicine.

While shoulder dislocations are the most common joint dislocation seen in American emergency rooms, accounting for more than half of all dislocations treated in hospitals, Dr. Plancher says many people are surprisingly unaware of the importance of treating a dislocated shoulder in a young person to avoid further dislocations and arthritis in the shoulder down the road.

Known as a ball-and-socket joint, the shoulder is comprised of the “ball” – the rounded top of the upper arm bone – and the “socket” – the cup-shaped outer section of the shoulder blade. The shoulder is dislocated when the ball moves out of its normal location in the socket, either from throwing a ball at great force – as baseball pitchers do; a fall on an outstretched arm; a direct, powerful blow to the shoulder, as occurs during a football tackle; or even a seizure or electric shock.

“Just putting the affected arm in a brace isn't enough to treat a dislocated shoulder, because we now know that the one dislocation can result in subluxations, or shoulders that move too much in the joint leading to an arthritic joint.”

**Symptoms of a dislocated shoulder include:**

- Limited shoulder motion
- The usual presentation to the emergency room includes a distortion in the shoulder's contour or shape – looking either too square or too flat
- A hard “knob” under the skin near the shoulder, which is the top of the arm bone that has popped out of the socket

“A dislocated shoulder on the athletic field is a problem,” says Dr. Plancher, also a Clinical Professor in Orthopaedics at Albert Einstein College of Medicine in New York. “Hopefully an advanced health professional (athletic trainer, physical therapist, nurse practitioner, etc) are nearby on the field to help.”

If the shoulder can't be put back in the socket, one must go to the emergency room for x-rays to confirm the diagnosis.

**Tips on treatment and prevention of shoulder dislocations**

Treatment often requires a medical professional to reduce the shoulder, which often also includes giving the patient pain medications and/or muscle relaxants to ease the process.

“The doctor will pull carefully against the muscles of the shoulder blade until the head of the bone slips back in,” notes Dr. Plancher, who lectures globally on issues related to orthopaedic procedures and sports injury management. “Sometimes, the doctor will use arm weights to make it easier to extend tightened muscles, and rarely surgery is needed.”

Getting back to normal after a shoulder dislocation won't take very long, but it's not an instantaneous process, he says. In addition to the procedure, treatment often involves:

- Wearing a sling or other device to hold the shoulder in place for a minimum of 3 weeks

- Resting the joint
- Icing the shoulder several times each day
- Exercise therapy to improve range of motion, strengthen muscles and prevent re-injury in certain dislocations is essential.

Unfortunately, a shoulder dislocation results in a tear of the lining of the shoulder joint known as the labrum, a cuff of cartilage that makes the shoulder joint more stable and allows for a wider range of movement. Upon dislocation, more often than not (95%) a tear in the labrum occurs. This tear is known as the Bankart lesion and may require surgery to return the stability to the joint and allow the younger athlete to return safely to their sport. "Surgery for first time dislocations is now more common to help fully lessen the effects of long term arthritis."

*Kevin D. Plancher, MD, is a board-certified orthopaedic surgeon and the founder of Plancher Orthopaedics & Sports Medicine.*

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