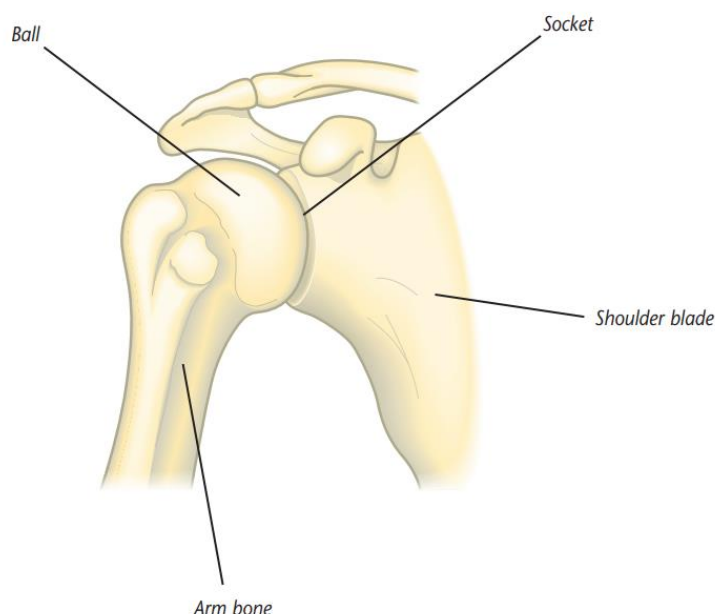


# Acute Posterior (Backwards) Shoulder Dislocation

This leaflet provides information about helping patients to manage an acute posterior shoulder dislocation. If you have any further questions or concerns, please speak to the staff member in charge of your care.

## What is an acute posterior shoulder dislocation and why have I got it?

Your shoulder is a ball and socket joint. A posterior shoulder dislocation occurs when the ball of the upper arm bone (humerus) is forced out of the cup shaped socket (glenoid) in a backwards direction. This type of injury usually occurs following a traumatic event, such as a fall, but can occur in people without any cause.



**Right shoulder frontal view**

## What is the treatment?

Your shoulder may have relocated itself back into joint on its own. If not, then our Emergency Department Healthcare Professionals will have put your shoulder back into place. You will have had an x-ray before and after being relocated in the Emergency Department, to make sure it is in the correct position.

## Should I wear a sling?

You will have been provided with an abduction sling in the Emergency Department which should be worn until your appointment in the Shoulder Dislocation Clinic. If your appointment has not happened within the first week, it is safe to remove the sling and move the shoulder as soon as you feel able to do so for washing and dressing. Early movement and exercises will help prevent stiffness of the shoulder, elbow and wrist joints and for you to return to your normal life more quickly. However, you should try to avoid the “hand behind back” position in the early stages of your recovery.

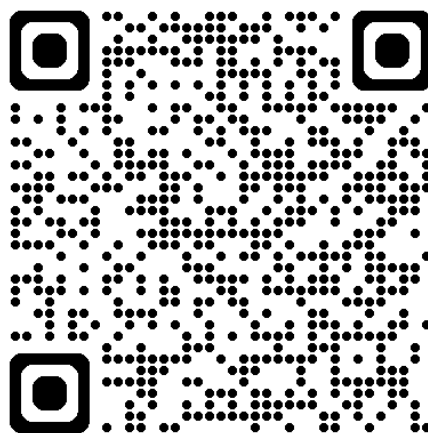


**Hand Behind Back Position**

Please see the image below for correct sling fitment and the QR code on how to get your sling on, off and adjusting.



**Correct Sling Position**



**Sling on / off and adjustment**

## What can I do initially to manage my shoulder?

**Relative rest** – Reducing your activity levels for the first 24 to 72 hours will allow your symptoms to settle and for any pain medication which you may be using to take effect. When sleeping you may find it more comfortable to sleep upright with pillows for support, placing them under your arm on the affected side. You should aim to get back to your normal sleeping position as soon as you feel comfortable to do so. Good sleep is important in your recovery.

**Movement** – You should move your hand, wrist and elbow frequently to avoid stiffness and to help you to return to your normal life more quickly. You can move your arm to the front and side as far as acceptable levels of pain allow. If it is difficult to move, you can use your other arm to support it. This may vary depending on how many times you have previously dislocated the shoulder. The exercises shown at the end of this leaflet can be started immediately.

**Ice packs** – You can use ice packs wrapped in a cloth around your shoulder. Avoid putting ice directly on the skin to prevent an ice burn. Applying the ice pack for up to 20 minutes can be helpful in reducing pain, swelling and bruising. When first applying, check the area frequently to make sure the skin and underlying tissues are fine. Once you are happy with this you can leave the ice pack in place for the full 20 minutes every two to three hours for the first few days following dislocation.

**Pain medication** – Common pain medication such as paracetamol or ibuprofen may help to reduce your pain. It is best to talk to your pharmacist or doctor for advice on whether they will interfere with any other medication that you are already taking or on how much and how often to take these. If you feel they are not strong enough to manage your symptoms, please discuss this with your GP.

## What happens next?

**Referral to the Shoulder Dislocation Clinic** – On being discharged from the Emergency Department, you will have an appointment made to be seen in the Shoulder Dislocation Clinic. Your appointment with our clinic should be within seven days of your dislocation. You will receive details of this appointment via a text message or through the post. In the clinic you will be seen by a specialist healthcare professional from the Upper Limb Unit. We will review your shoulder to check that you are improving as we would expect and to make sure there are no complications with your soft tissues and nervous system.

If required you will be referred for further investigations such as X-rays, an ultrasound scan, CT, MRI or a nerve conduction study, especially if you are having trouble lifting your arm or are experiencing pins and needles and / or numbness down the arm or experiencing continuing episodes of shoulder instability. These further investigations may be on the day of the clinic appointment or booked on a later date.

**Will I need surgery?** – Shoulder dislocations can often be treated without the need for surgery. Research suggests that following a first time dislocation there is no difference in the outcome of surgery to stabilise the shoulder if you have it soon after your dislocation or later following other treatments. Any surgery completed later may present a possibility of a slightly bigger operation being needed but the final outcome will be the same either way, even if this is following further dislocations.

Surgery may be a consideration if the shoulder feels unstable after six months of looking after the shoulder yourself or if with physiotherapy you still have problems continuing. Your age, activity level, work and hobbies all play a part in a decision around your choices. A healthcare professional will carefully discuss this with you to help you make a choice that is right for you.

**Physiotherapy** – At your Shoulder Dislocation Clinic appointment the healthcare professional will discuss possible treatment options with you and through a joint decision making process you will decide the best way to manage your shoulder dislocation. Physiotherapy exercises aim to strengthen and improve the co-ordination of the muscles around the shoulder to help make the joint stable. Some people dislocating their shoulder for the first time only need a one-off session providing advice, education and home exercises. We will deliver this physiotherapy management at your first clinic appointment.

Alternatively, you may choose to be seen by a physiotherapist for further appointments to access this process.

## **Patient Initiated Follow-Up (PIFU)**

When care in the shoulder dislocation clinic has been completed, all patients with a one-off session of physiotherapy and those who are referred for continuing physiotherapy will be given a patient initiated follow up (PIFU).

## **How does Patient Initiated Follow-Up work?**

If you are given a PIFU appointment you will not be booked in to a routine follow-up appointment. Instead, you can now ring us for an appointment if you feel you need one. This would include if you feel you need further physiotherapy. This will help to reduce unnecessary visits to hospital. You will remain on our list for a period of six months, unless advised otherwise, during which time you can contact us for a follow-up appointment.

Your GP will also be informed. Please note the initial appointment will be a telephone consultation, so we can determine how best to help you.

## **When should I contact the service?**

It is important that you follow all the advice you were given in your appointment. If you have any continuing concerns or need further advice then please contact us for an appointment.

**Please note** - You can only book an appointment for the condition for which you were previously seen. Please see your GP if you have any concerns about other medical issues.

## How do I book a follow-up appointment?

Booking an appointment in the shoulder dislocation clinic is easy.

Either email [TandO.Secretaries@stgeorges.nhs.uk](mailto:TandO.Secretaries@stgeorges.nhs.uk) with the subject "PIFU request" or call switchboard on 020 8675 1255 and ask to speak to a member of the Trauma and Orthopaedic secretaries' team. (Monday to Friday 9am to 4pm)

\*Please ensure you notify us of any changes to your contact details and mailing address.

## What happens after six months?

If your recovery has gone to plan and you have not needed to contact us, we will notify and discharge you. You would then need a new referral from your GP should the problem return. For long term conditions, a clinician will review your notes and possibly arrange a follow up appointment with you if one is necessary. We will notify you.

## When not to use Patient Initiated Follow-Up

If you require urgent medical advice, you should still contact your GP or NHS 111 or if you are unwell, your local Emergency Department (A&E). For concerns not related to this condition or if you are feeling unwell, your GP remains your first point of contact.

## What should I do if my shoulder dislocates again?

If your shoulder happens to dislocate again then you should attend the Emergency Department. If you notice that your pain significantly increases or you are experiencing new or worsening pins and needles or numbness or you notice a significant loss of strength in the shoulder and arm, without further dislocation, then please contact the Shoulder Dislocation Clinic for an earlier review. Our contact details are at the end of this information sheet.

## What should I do if I have a history of my shoulder repeatedly dislocating?

There are a small number of people whose shoulder(s) dislocate regularly with minimal cause and no history of an injury. There are many reasons that can contribute to this happening. If you think this applies to you, we encourage you to come to the Shoulder Dislocation Clinic to discuss this further with our specialist healthcare professionals to assess whether there is any further management to offer. This may potentially reduce the number of dislocations you experience or provide support in self-managing your dislocations more easily. Below is a link to a useful video to help you self-manage relocating your shoulder if you have no history of trauma with your dislocation.

If you are unable to self-relocate, then please attend your local Emergency Department for assistance.

[Non-traumatic Shoulder self re-location relaxation video](#)

## **How long does it take to heal?**

It normally takes around six weeks for most of your symptoms to settle but you may return to your normal activities as soon as you feel comfortable to do so. It may take up to six months before you are fully recovered, so restarting recreational activities that require physical contact or work that requires lots of overhead positioning of the arms with heavy loads may take longer to feel comfortable. Please be aware healing times can vary and may be influenced by things such as changes to the soft tissue structures because of your injury, age, existing medical conditions, not following the recommended medical advice and lifestyle choices such as smoking and drinking alcohol. Not eating a mixed varied diet with good vitamins, minerals, protein and carbohydrate in each meal can also affect your rate of healing.

## **How do I return to sporting or high demand activities?**

It may take up to six months from the date of your dislocation to return fully to sports such as rugby or tennis and working in overhead jobs such as plastering but non-contact and non-overhead sports such as hockey and table tennis and desk-based work will be possible much sooner. The exercises provided in our Dislocation Clinic or from Physiotherapy will help you return to your normal activity.

There is a chance your shoulder might dislocate again, despite you following your exercise programme, especially if you take part in contact sports, such as rugby or with overhead movements, such as plastering a ceiling. The chances of this happening reduce normally with time and after about a year you have an equal chance of this happening as with the un-dislocated side.

You can expect the shoulder to ache as you gradually start to use it more. If it becomes too painful then consider reducing your activity level to see if the pain settles back down. Then try to progress gradually again once you feel able. If the pain does not settle, then please contact the Dislocation Clinic on the details below for advice.

## **Helpful things to know**

### **Return to work / Fit to Work Note**

You can return to work when you feel comfortable to do so. If you feel unable to return to work, please approach your GP for a Fit to Work Note.

### **Driving**

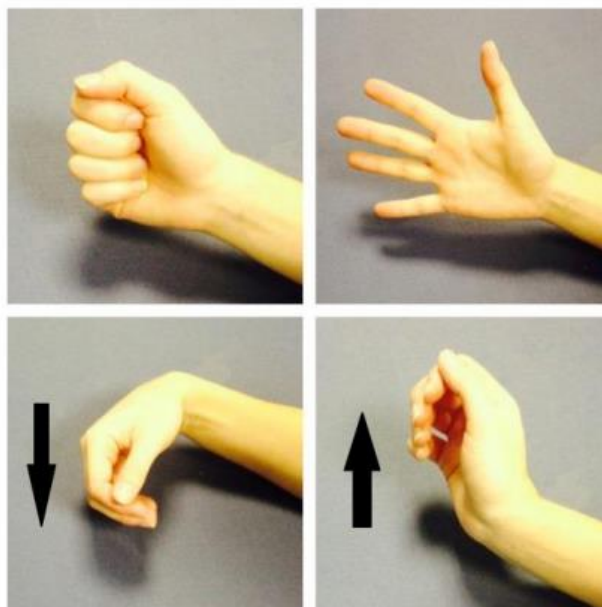
You should not drive when wearing your sling. You should only drive when you no longer require the sling and can complete an emergency evasive manoeuvre in complete control



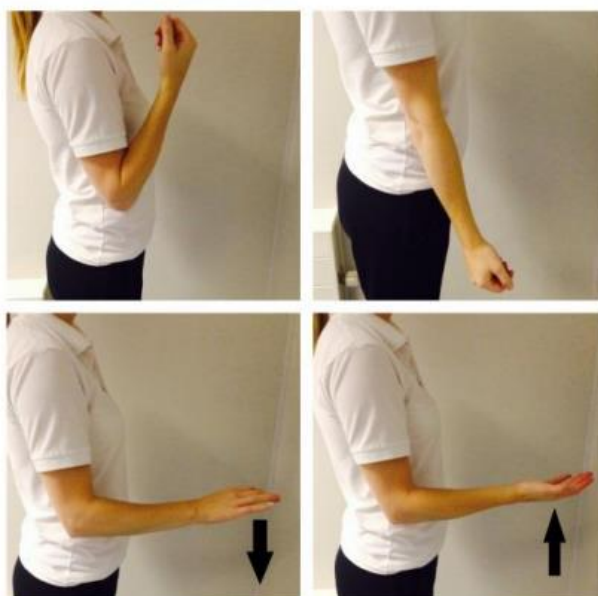
of your vehicle. Your injury may affect your insurance so please discuss this further with your insurance provider.

## Early Exercises

Aim to complete the exercises 4-5 times per day for 1-2 minutes each out of the sling.



**Top: Open and close your hand**  
**Bottom: Bend your wrist up and down**



**Top: Bend the elbow up and down**  
**Bottom: Turn the hand over from palm up to palm down with the elbow bent.**

If at any point you have any questions or queries that are not addressed in your clinic appointment or this help leaflet, please contact the Dislocation Clinic.

## Useful contacts

### Shoulder Dislocation Clinic

Email: [tando.secretaries@stgeorges.nhs.uk](mailto:tando.secretaries@stgeorges.nhs.uk) (please include your full name and date of birth in the email).

Telephone: 020 8725 2032 / 0218 (please include your full name and date of birth if you leave a message. The phone is answered between 9am and 5pm Monday to Friday excluding bank holidays).

### Central bookings team

Telephone: 020 8725 0007 (for all appointment enquiries including physiotherapy).

### Wandsworth physiotherapy services

If you have been referred from the Shoulder Dislocation Clinic to St George's Physiotherapy from outside of the Wandsworth area or if you are a Wandsworth based patient and this has not happened, please contact the Shoulder Dislocation Clinic on the details above.

If you have any questions regarding your Physiotherapy referral status you can telephone the central bookings team on: 020 8725 0007 or email:

[MSKPhysioEnquiries@stgeorges.nhs.uk](mailto:MSKPhysioEnquiries@stgeorges.nhs.uk).

**For all other Physiotherapy services outside of Wandsworth you will need to contact your GP or your local service directly.**

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit [www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)

## Was this information helpful? Yes / No

Please let us know, contact [patient.information@stgeorges.nhs.uk](mailto:patient.information@stgeorges.nhs.uk) and include the leaflet title.

Thank you.

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## Additional services

### Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.



A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

The Walk-in and Advisory telephone services are closed on Wednesdays.

Please contact PALS in advance to check if there are any changes to opening times.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough wings.

**Tel:** 020 8725 2453 **Email:** [pals@stgeorges.nhs.uk](mailto:pals@stgeorges.nhs.uk)

### **NHS UK**

The NHS provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

**Web:** [www.nhs.uk](http://www.nhs.uk)

### **NHS 111**

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

**Tel:** 111

### **AccessAble**

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website ([www.accessable.co.uk](http://www.accessable.co.uk)). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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