

Shoulder Instability

- Symptomatic abnormal motion of glenohumeral joint (GHJ)
- Present as pain or a sense of displacement (subluxation or dislocation)

Causes

- Usually post trauma
- Atraumatic due to minor injury or repetitive use

Differential Diagnosis

- Dislocated Shoulder *****present to Flinders Medical Centre Emergency Department*****

Information Required for Referral

- History
- Previous shoulder dislocations
- Functional limitations
- Associated medical conditions
- Any previous surgeries
- Any previous treatments
- Current medications

Investigations Required for Referral




- X-ray(AP /Lateral Shoulder)
- Ultrasound rotator cuff

Fax to

- Orthopaedics Outpatients Upper Limb Clinic Fax: 08 8374 2591

Red Flags

Red flags should prompt immediate GP referral to **Emergency Department**

-  Paraesthesia
-  Loss of power
-  Obvious brachial plexus or axillary nerve involvement

Suggested GP Management

- Acute: Reduction + sling
- Physio – cuff strengthening
- Refer if
 - < 25year, after first dislocation
 - > 25years, if recurrent dislocation
 - Voluntary if after 3 dislocations greater than 3 months apart and had physio
- Unable to abduct arm following reduction

Clinical Resources

Longo et al. Management of Primary Acute Shoulder Dislocation: systematic review and quantitative synthesis of the literature
Arthroscopy 2014 April: 30 (4)506-22

General Information to assist with referrals and the and Referral templates for FMC and RGH are available to download from the SALHN Outpatient Services website www.sahealth.sa.gov.au/SALHNoutpatients

Version	Date from	Date to	Amendment
1.0	July 2014	July 2016	Original