

Joint Dislocation Breakout Session

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Joint Dislocations

- GH Joint is most common (~50%)
 - Anterior = ~97%
 - Posterior = ~2-4%
 - Inferior = less than 1%
- Fingers (10%)
- Toes (7.6%)
- Hip (7.3%)
- Elbow (6.5%)

Should I/Can I reduce?

Yes	No
Shoulder	Wrist
Finger	Hip
Elbow	Foot
Patella	Ankle
Knee*	



GH Reduction Techniques

- Kocher Technique (External Rotation Technique)
 - Arm slowly abducted to 90 degrees
 - Gentle external rotation applied
- Milch Maneuver
 - Patient supine
 - Inferior traction applied at elbow
 - Gradual external rotation and abduction of arm
- Stimson Technique (Passive)
 - Affected arm hangs over the side of a table
 - Gravity can eventually reduce the dislocation
- Scapular Manipulation
 - Patient supine
 - Lateral pressure exerted on scapula
 - Gentle traction applied to arm



Finger Dislocations

- PIP (most common)—Hyperextension or lateral forces
 - Reduce
 - Buddy tape
 - RTP
- DIP—Hyperextension or direct blow to tip of finger
 - Reduce
 - Tape/splint
 - RTP
- MCP—Axial forces



Reduction Technique (PIP)

- Distraction
- Clear the joint
- Slide back in



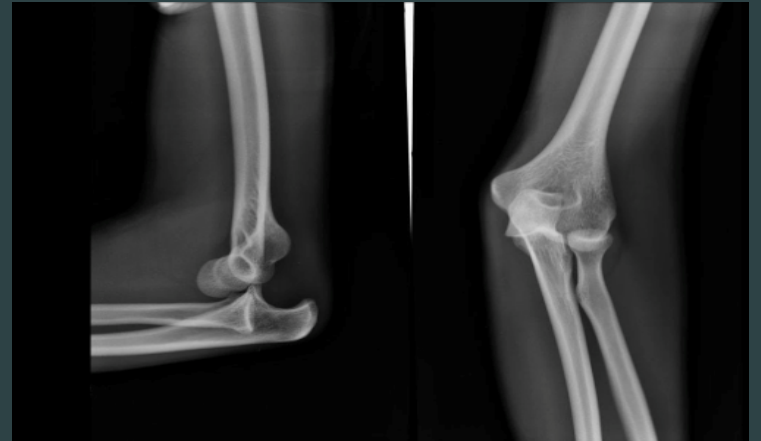
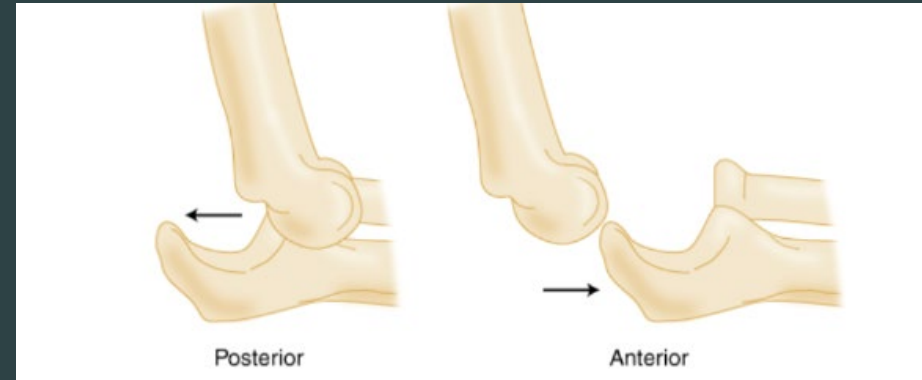
Finger Dislocations—Post Reduction Care

- Possible injury concerns:
 - Salter-Harris fx
 - Volar plate rupture
 - LCL/MCL ligament tear
 - Avulsion fx
- Splint/Tape as indicated
- Refer for x-ray



Elbow Dislocations

- Types
 - Simple: Dislocation without an associated fracture
 - Posterolateral is most common (ulna and radius move posteriorly to the humerus)
 - Complex: Dislocation with associated fracture(s)
 - ~25% of elbow dislocations



Elbow Reduction Technique

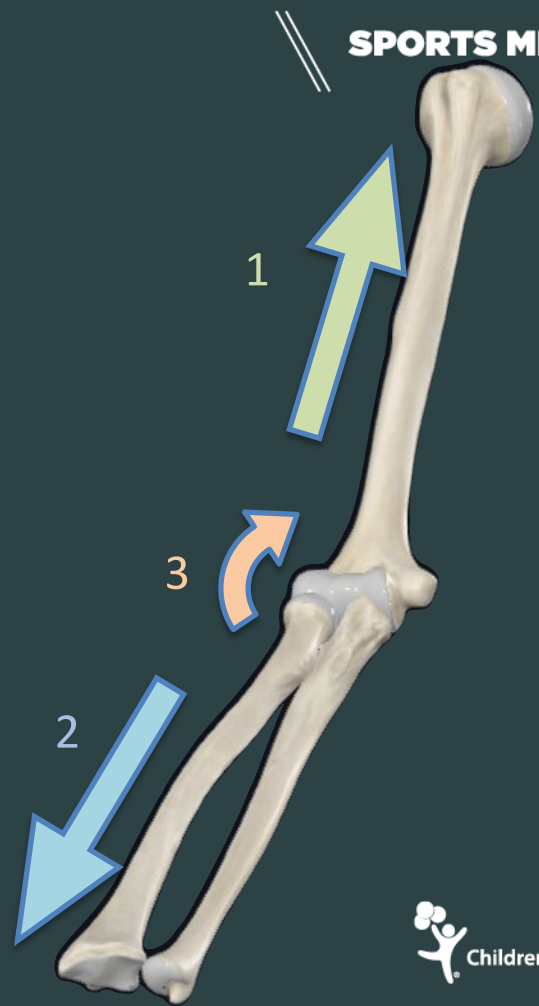
Superior Axial Traction (Humerus)



Inferior Axial Traction (forearm)



Gentle Elbow Flexion



Elbow Dislocation—Post Reduction Care

- Check neuro and vascular function
 - Capillary refill
 - Dermatomes
 - Radial pulse
- Immobilize
- Refer for x-rays and further workup



Knee Dislocations