EMERGENCY RESPONSE TRAINING
A division of Peak Project Management, Inc.

SUSPECTED ANTERIOR SHOULDER DISLOCATION CRITICAL INTERVENTION
INTERVENTION PROCEDURE

When the listed Indications for Use are met, Contraindications of Use are ruled out and Conditions of Use are achieved as outlined in the 'Suspected Anterior Shoulder Dislocation Critical Intervention – Pre-Intervention Checklist', an NUEC 3 certified Provider may apply this 'intervention' in accordance with the following procedure:

NOTE: The intention of this critical intervention is **not** to manipulate the shoulder joint or to manually relocate the shoulder. Rather this critical intervention is intended to relax spasming muscles around the dislocated shoulder joint to allow the joint to move back into its anatomical position, relieve pain and/or neurovascular compromise distal to the injury.

INTERVENTION PROCEDURE

1. Contact medical advisor if available
2. Inform the patient of the intervention and why; obtain informed patient consent
3. Explain to the patient that they must cooperate by relaxing their body and shoulder joint as much as possible
4. If the NUEC 3 Provider is trained and conditions of use are met, provide analgesia using either the Pain Management: Nitrous Oxide Protocol or the Pain Management: Methoxyflurane Protocol – refer to the appropriate protocol related documentation
5. Assist the patient into a sitting position with their back as straight as possible and their shoulders back (shrug)
6. If necessary, reposition the affected arm. While supporting the affected arm and with the assistance of the patient utilizing their uninjured arm, move the affected arm so that the upper arm is alongside the body and the elbow is bent at 90 degrees
7. Sitting opposite the patient, support the patient's arm at the elbow with a slight downward hold (this is not a pull) and have the patient rest their forearm/hand on your opposing shoulder
8. Gently massage the deltoid, trapezius muscles and biceps muscle at the mid-humeral level; if at any point this increases pain or neurovascular symptoms increase, discontinue the intervention
9. Apply this intervention for a maximum of 10 minutes; stop sooner if symptoms improve or abate (i.e. re-established peripheral pulse and/or decrease of neurovascular compromise, patient reports relief of symptoms)