

BASIC INFORMATION

Description

Shoulder luxation (dislocation) occurs in one of two forms: traumatic or congenital/degenerative. In the traumatic form, the ligaments that maintain alignment of the shoulder are ruptured during a severe traumatic event, and the shoulder dislocates. In the congenital form, the ligaments never properly develop. The neck of the scapula (shoulder blade) may also be misshapen. Traumatic luxation can occur in any age or breed of dog, but it is rare in cats. The congenital form usually occurs in small-breed dogs.

Causes

Traumatic shoulder luxation results from serious accidents, such as blunt force trauma (such as being hit by a car or kicked by a horse or a fall from a height). Congenital luxation occurs as the dog grows, but clinical signs may not be apparent until young adulthood.

Clinical Signs

The most common clinical sign is lameness of varying intensity. Other signs of trauma may accompany traumatic shoulder luxation. Congenital luxation may occur in both shoulders, whereas traumatic luxation generally occurs only on one side. Depending on the direction in which the joint is dislocated, the leg may be held at an odd angle in a number of different directions. If the luxation is traumatic and chronic, lameness and pain may be less than expected.

Diagnostic Tests

Orthopedic examination usually identifies the luxation, along with pain and crepitus (a crunchy or “bubble-wrap” sound) in the area of the joint. X-rays reveal the dislocation and any other fractures or injuries that may be present in cases of traumatic luxation. Malformation of the scapula is seen in cases of congenital luxation.

TREATMENT AND FOLLOW-UP

Treatment Options

Recent traumatic luxations can often be reduced (put back in place) while the dog is under anesthesia. A splint or Velpeau bandage is placed on the leg for 10-14 days to allow scar tissue to form and stabilize the shoulder. More chronic luxations and those that are very unstable must usually be surgically stabilized, using methods that reconstruct the supporting ligaments of the joint.

Congenital luxations are also stabilized by surgical reconstruction of the shoulder ligaments. If the scapula is misshapen, removal of the end of the glenoid, which is the bone closest to the joint (excision arthroplasty), generally resolves the pain associated with the luxation. A mild alteration in gait may persist after this procedure. Fusion of the shoulder joint also alleviates pain but results in a somewhat awkward gait. Joints that are surgically stabilized may be placed in a special bandage called a *Velpeau bandage* to protect the surgical repair.

Follow-up Care

The dog is confined to a cage for 2-6 weeks after application of a splint or surgical repair, depending on the type of luxation and treatment used. Dogs also benefit from physical therapy exercises to maximize range of motion and function of the affected shoulder joint.

Prognosis

Prognosis for recent traumatic luxations is generally good. Chronic traumatic and congenital luxations are more difficult to successfully resolve. Excision arthroplasty or fusion may be considered for those joints that are very unstable or remain unstable despite conventional therapy.