

Case Report

Spaso Technique for Reduction of Bilateral Anterior Dislocations of Shoulder

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Spaso technique has been in use for anterior shoulder reductions less than a decade. Kocher's manoeuvre, Hippocratic & Scapular methods for reduction of anterior dislocation of shoulder are well known conventional methods in practice. All have a high success rate. They dislocations are rare. We report a patient with bilateral anterior shoulder dislocations following an assault. Spaso technique was used to reduce dislocated shoulders.

Key words: Spaso technique, dislocations.

Bilateral Anterior shoulder dislocations though rare can be reduced by various techniques. Kocher's, Hippocratic & Scapular methods¹⁻³. They require an assistant for counter traction.

Spaso technique has been in use for reduction of anterior shoulder dislocation in Western Australia for more than a decade. First published in 1998 in Emergency Medicine by Spaso Miljesic.⁴ This journal is not listed in WHO Index Medicus.⁵ We report a case where Spaso technique was used.

Case Report:

A twenty-two years old man was brought to accident and emergency department. As stated he was assaulted. Both arms twisted externally. He was pushed to the ground on outstretched arms leading to possible external rotation of shoulders (e.g. trunk internally rotating over a fixed hand). On arrival clinically bilateral anterior dislocation was noted and confirmed radiologically. No neurovascular compromise noted.

Patient was formally consented. The reduction by Spaso technique was performed under intravenous sedation (5-10mg midazolam) and intravenous analgesia (5-10mg morphine sulphate with 50mg cyclizine) titrated according to patient tolerance monitored by pulse oximetry. The patient was positioned supine. Calculated vertical sustained traction was applied by grasping the forearm or the wrist (Figure 1). The patient's own weight provided the counter-traction. While maintaining vertical traction, external rotation of the humerus was performed (Figure 2). The famous clunk was heard or felt signifying successful reduction. The humeral head may be manipulated to aid the reduction. The same procedure was performed on other side. The reductions were confirmed clinically by hearing the loud clunks, restoration of surface anatomy, ease of abduction/ circumduction and confirmatory joint X-ray. The arms were immobilized in the conventional internally rotated & adducted fashion for two to three weeks. The patient was followed up after two

weeks and discharged if fine. Shoulder girdle strengthening exercises were advised.

Discussion

Spaso Method as a procedure in reduction of anterior shoulder dislocations being safe, simple, single operator dependent.

No assistant is required for counter traction in this method as patient own weight act as such. More relaxed & pain free patient is the easier the reduction occur. Kocher's, Hippocratic & Milch manoeuvre⁵ depends on assistant muscle mass & experience. No counter traction in axilla is required. The risk of damaging brachial plexus is even the less. Due to supine position, airway & C-spine is not jeopardized in our study no complications were noted neither by⁶ Yuen et al nor by Miljesic S, Kelly AM.

The simplicity of Spaso Technique i.e. supine position, vertical traction to the limb affected & external rotation sums up the procedure. Biomechanics of shoulder musculature are aligned coursing directly upward inserting into humerus thereby assisting reduction to anatomical position⁷ in contrast to other techniques where each of shoulder muscle is running in different directions when arm is by the side^{8,9}.

Spaso method is single operator dependent and enjoys a high success rate. No assistance was required. Hippocratic method is another alternative, popular among orthopaedic surgeons as less chance of fracturing the osteoporotic bone.

Conclusion:

Spaso technique is relatively new technique for anterior shoulder dislocation. It is safe technically easy to perform and do not require an assistant.

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