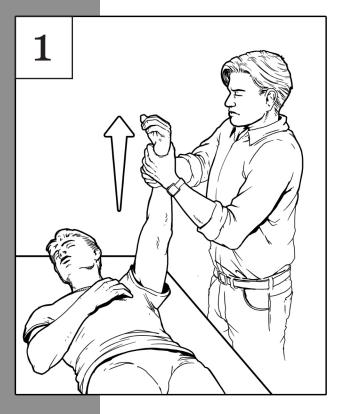
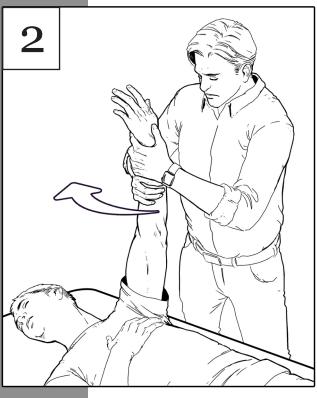
Shoulder Reduction Basics, part 5:

THE SPASO TECHNIQUE





THE BASICS

- The Spaso technique is a simple method of reducing anterior shoulder dislocations, requiring only a single operator
- Success rates vary from 67% to 88%
- Associated with short reduction times and low complications
- Does not require sedation
- *ALWAYS* examine neurovascular status *before* and *after* reduction (finger grip and sensation over deltoid)

PATIENT POSITION

- Patient rests supine on an examination table

REDUCTION TECHNIQUE *PANEL ONE:*

- The examiner grasps the distal forearm and wrist of the dislocated arm with both hands
- The examiner gradually elevates the dislocated arm to 90 degrees (perpendicular to the table)
- The examiner gently applies steady upward traction to the dislocated arm

PANEL TWO:

- The examiner applies gentle external rotation to the dislocated arm while maintaining upward traction
- There is often an audible "clunk" as the humeral head glides back into the glenoid fossa and reduction is achieved
- If reduction does not occur, the examiner may attempt to guide the humeral head back into the glenoid fossa by applying pressure with one of his hands

NOTES

- Depending on time from dislocation to presentation, the muscles surrounding the humeral head are often in a state of significant spasm
- Do not make any sudden or rushed movements, this only causes the muscles to spasm further
- Often the key to a successful reduction with the Spaso technique is waiting patiently while maintaining traction for the muscles to relax
- An assistant may facilitate muscle relaxation by massaging the muscles around the humeral head, similar to the Cunningham method
- Alternatively, intermittently relaxing pressure on the upward traction sometimes causes the patient's muscles to relax in turn, and allows the humeral head to reduce
- Reduction should occur in less than 5 minutes. If reduction has not occurred by this time, try maneuvering the arm into "zero position" where all the muscles surrounding the humeral head are aligned in the same direction. With a freely rotating scapula, that will occur at 165 degrees abduction and 45 degrees forward flexion. Once this is achieved, traction in this direction should allow the humeral head to reduce