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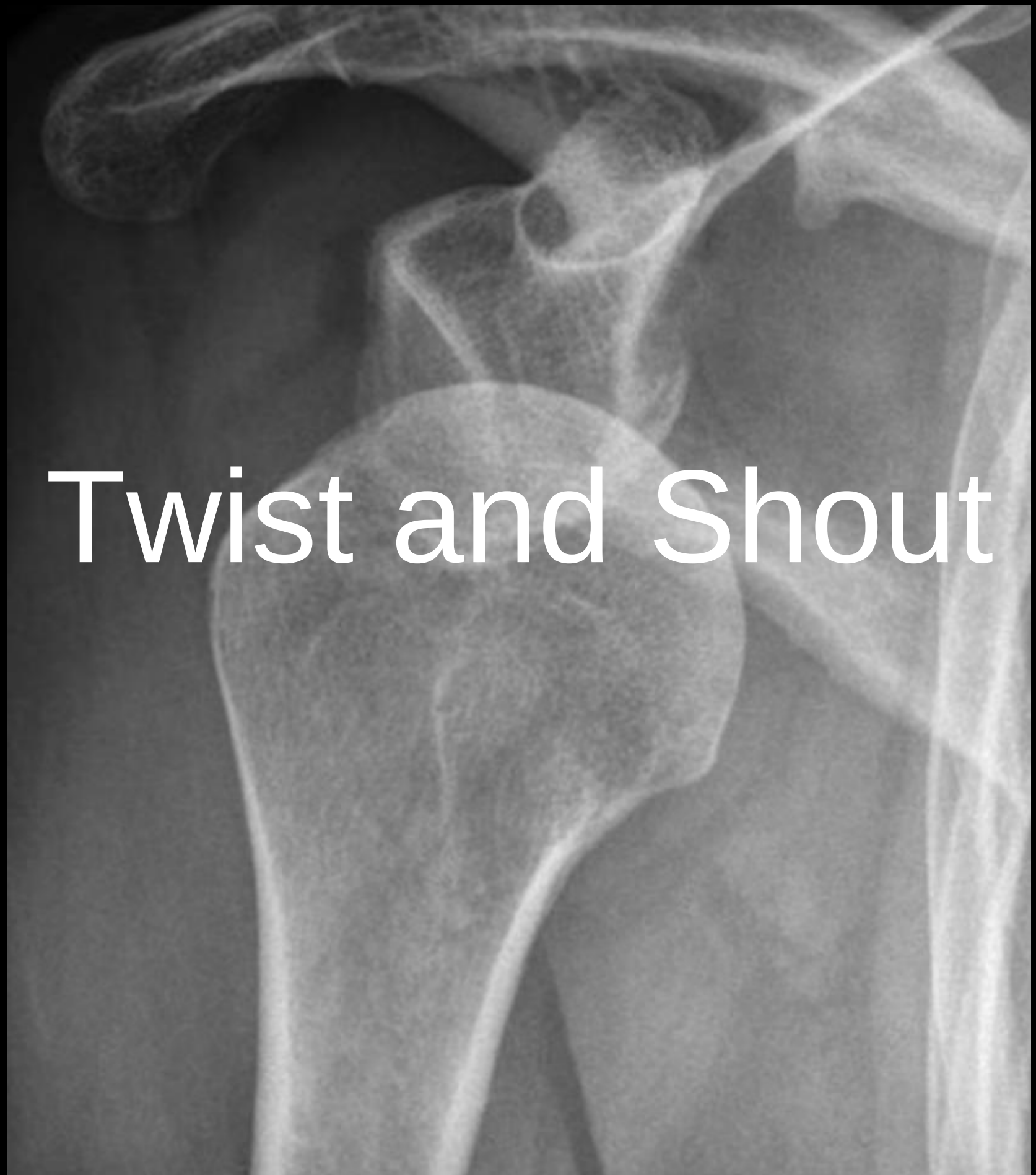
Canterbury District Health Board,
Christchurch

Thursday, August 11, 2016

(Room 9)

14:00 - 16:00 WS #12: Pre Hospital Care Forum

16:30 - 18:30 WS #17: Pre Hospital Care Forum (Repeated)





Cunningham

Kocher

Hippocratic

Stimson

Mitch

Cooper

Scapular manipulation

External rotation

Spaso

Matsen Traction-countertraction

Eskimo

FARES

Snowbird

Chair

Manç's method

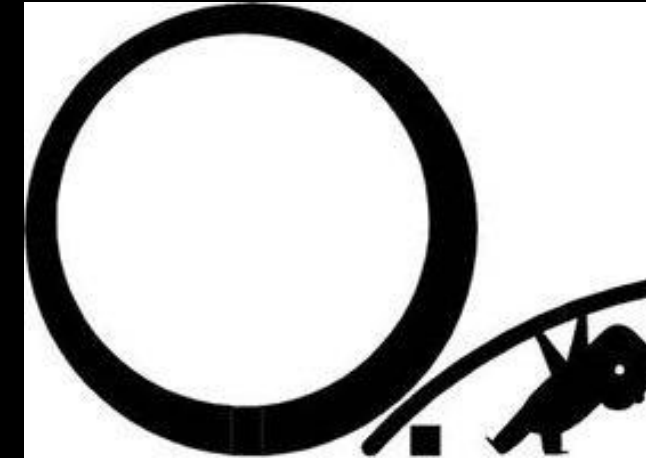
Oxford Chair Technique

GONAIIS

Sools

BOB manoeuvre

Boss-Halzach-Matter



Traction and Torque



Analgesia and Sedation

Shoulder Position



Adducted

Hippocratic
Kocher



Flexed forward

Stimson
Spano



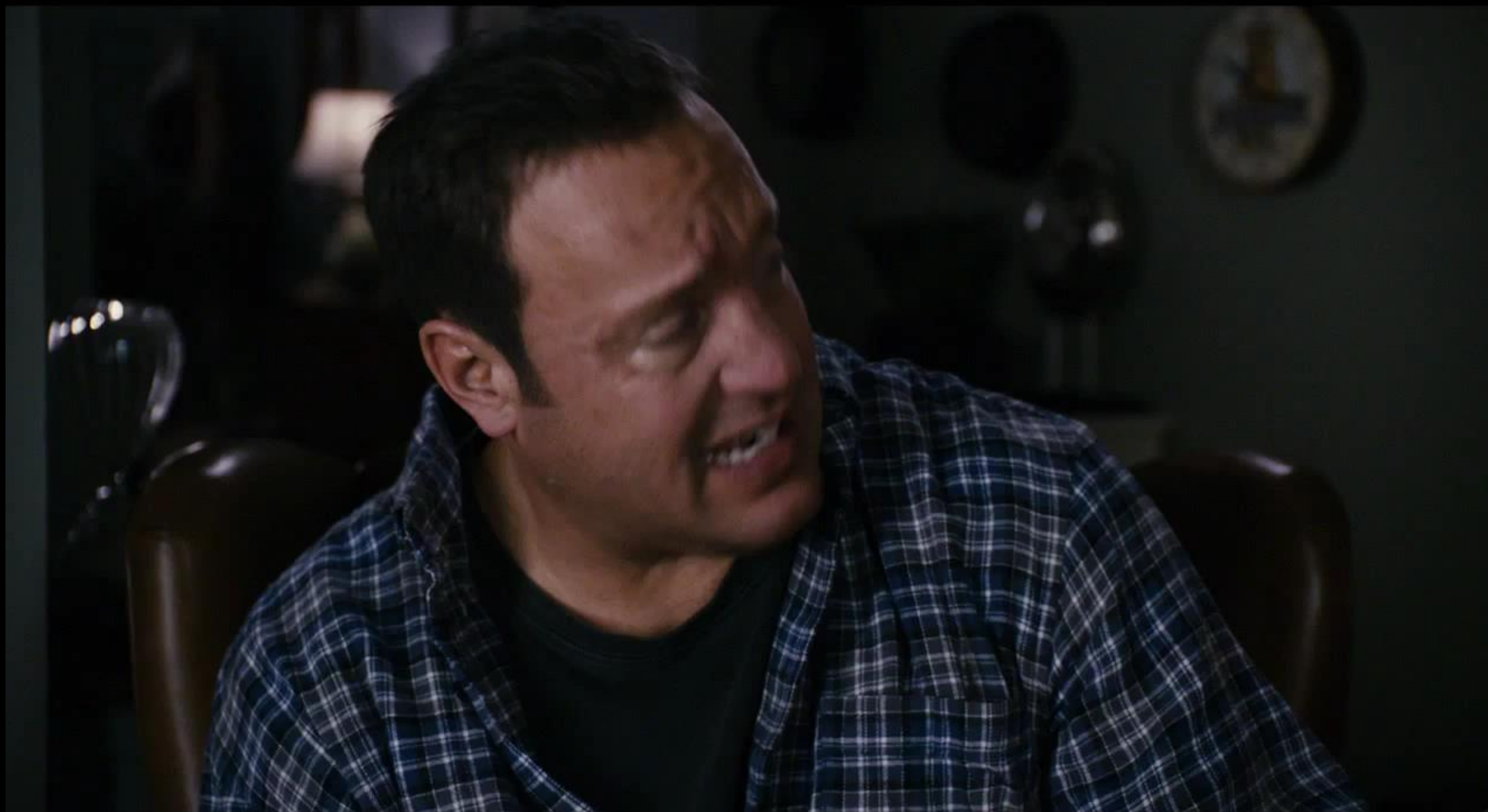
Abducted

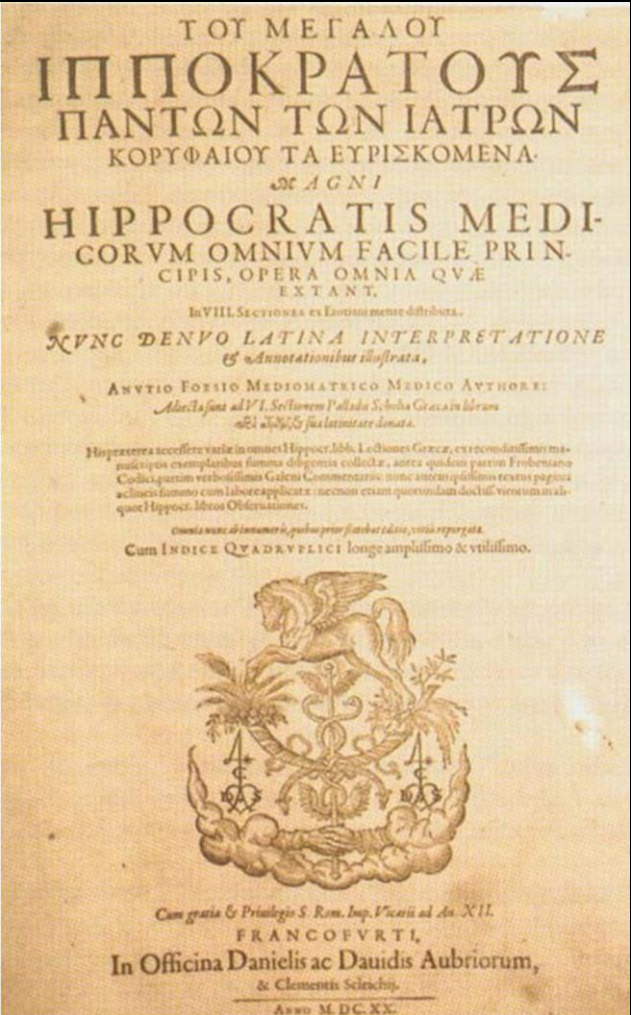
Eskimo
FARES



Elevated

Milch





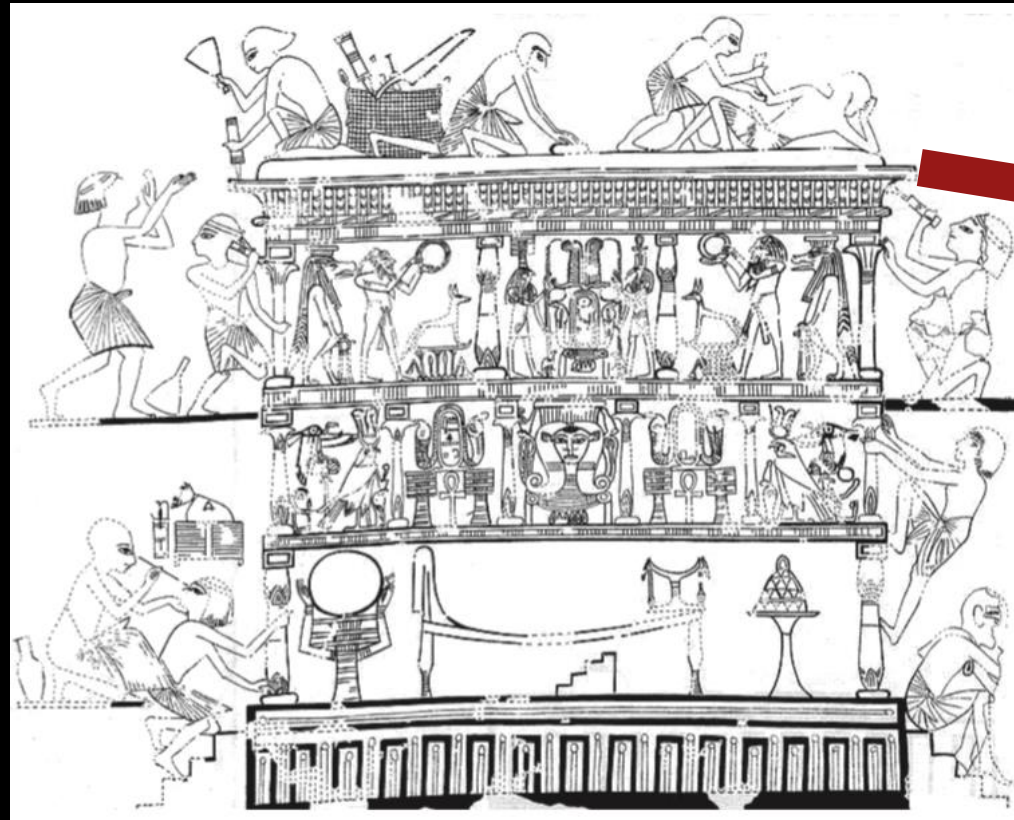
~415 B.C.



Kocher



1870



Tomb of Ipwy 1200 B.C.
Ramses II Sculpture

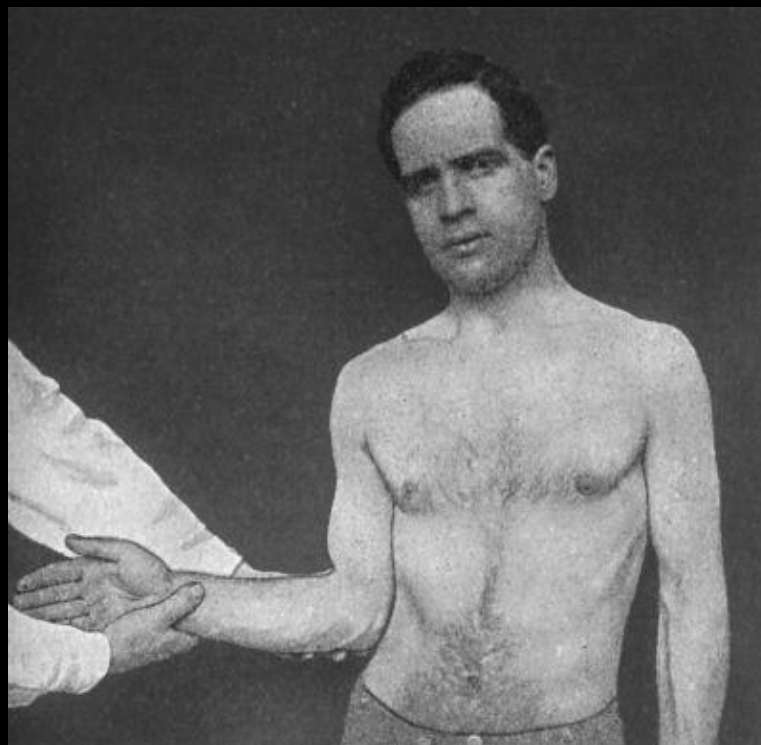


The Egyptian
Orthopaedic Journal

Official Publication of the Egyptian Orthopaedic Association

s do not agree with one another and these descriptions do not correspond with the original

Kocher



1870

ing the arm, with elbow flexed, close to the side of the body, outward rotation until a res
ntered, elevation forward of the externally rotated arm in the sagittal plane as far as it will go, and finally slow inward rotation.” Ko

Kocher 1870



Position

Self-Reduction Techniques

MUN 13-31 GLA 77:44 TMO REVIEW

COPA AMERICA
Chile 2015
0 DAYS LEFT



beIN HD
SPORTS



USA SEVENS RUGBY
MARCH 4 - 6 | LAS VEGAS

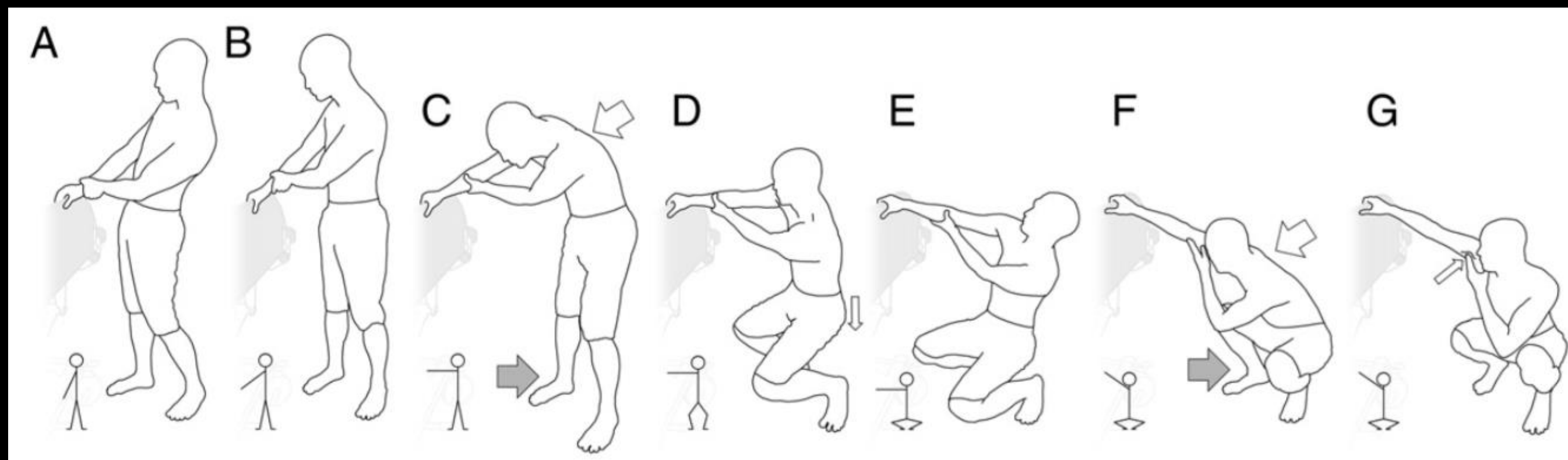


Stimson 1901





Boss-Holzach-Matter 1993



GONAI'S 2016

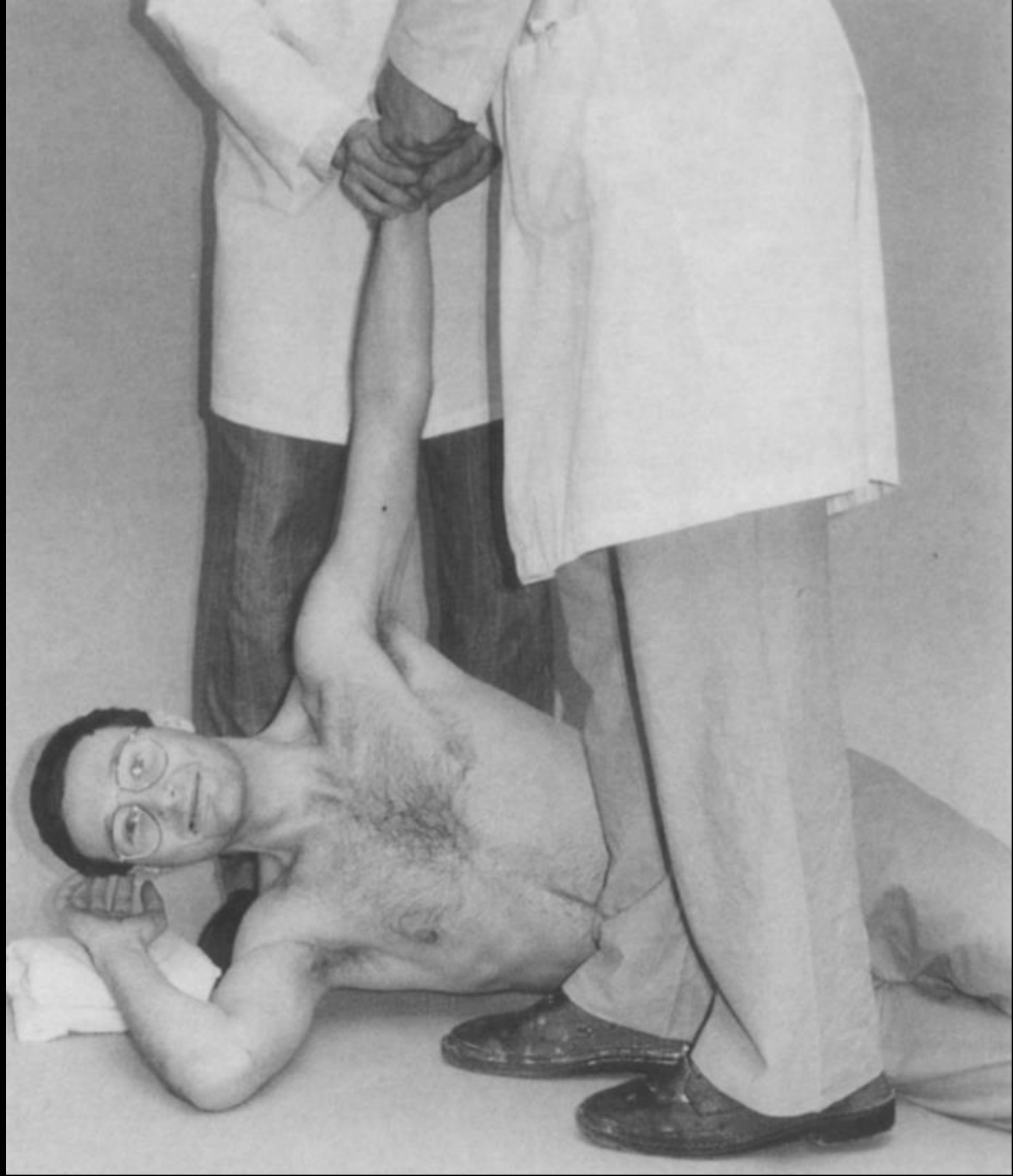
Teamwork Techniques



(Matsen) Traction-Countertraction

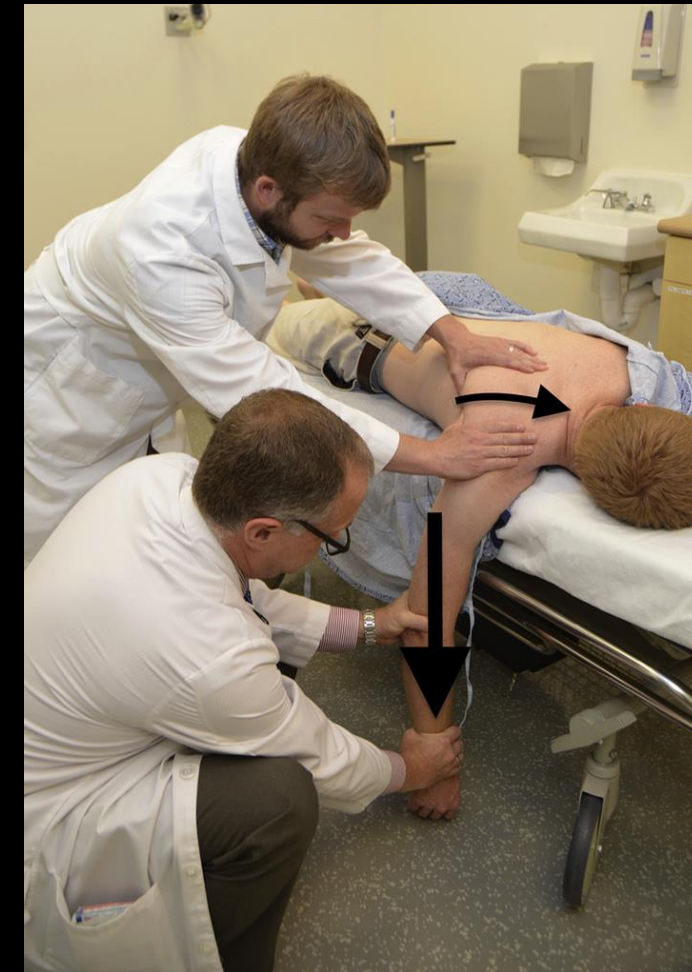


Eskimo



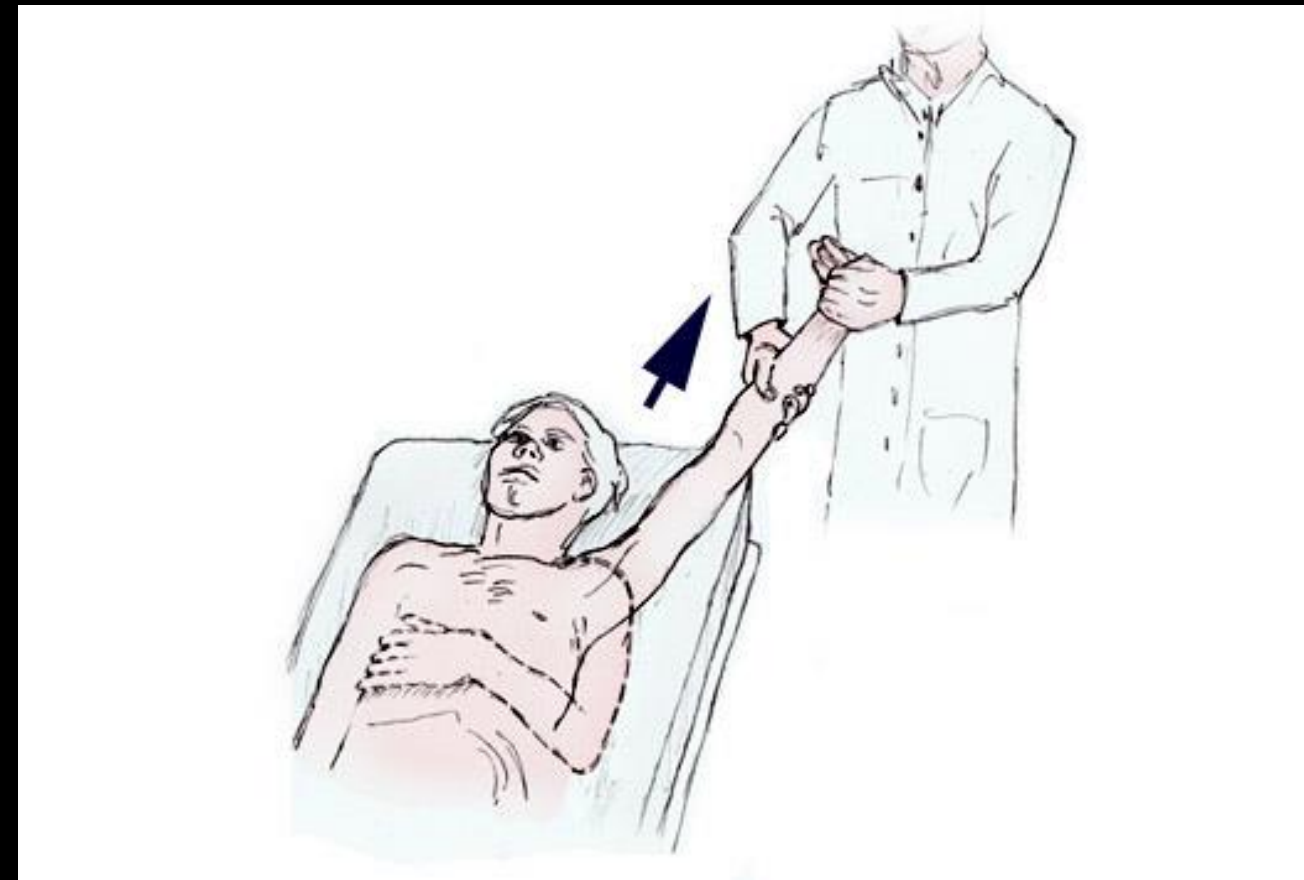
Scapular Manipulation

“Bosley and Miles 1979”

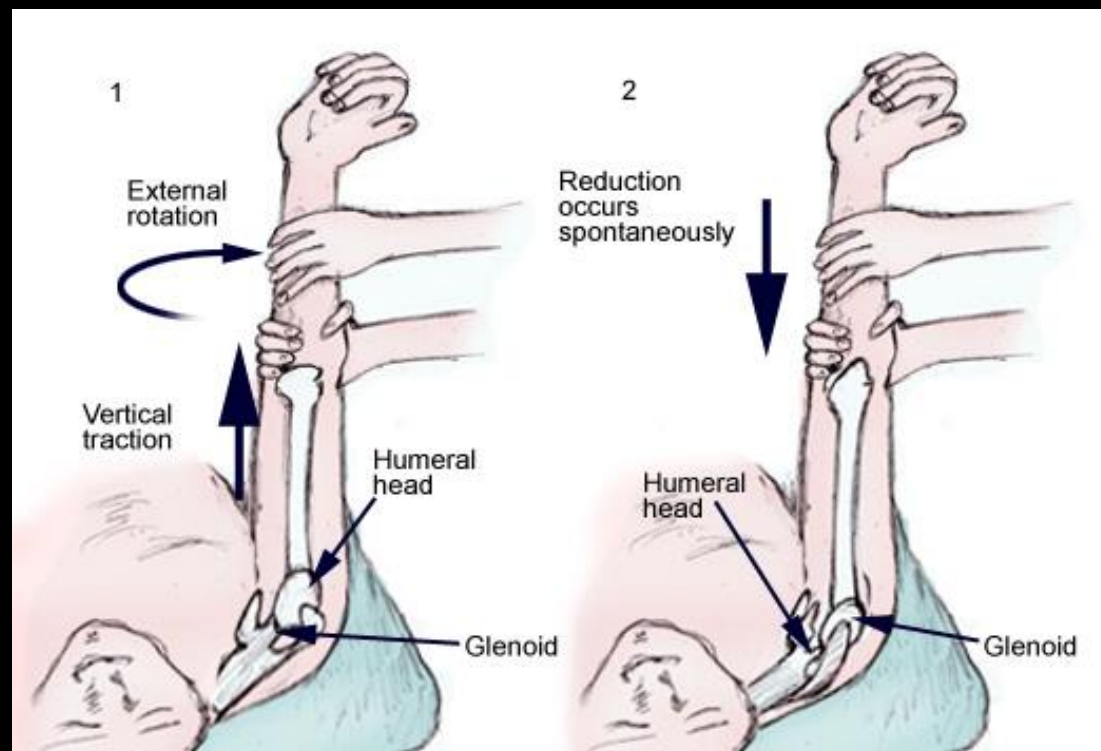


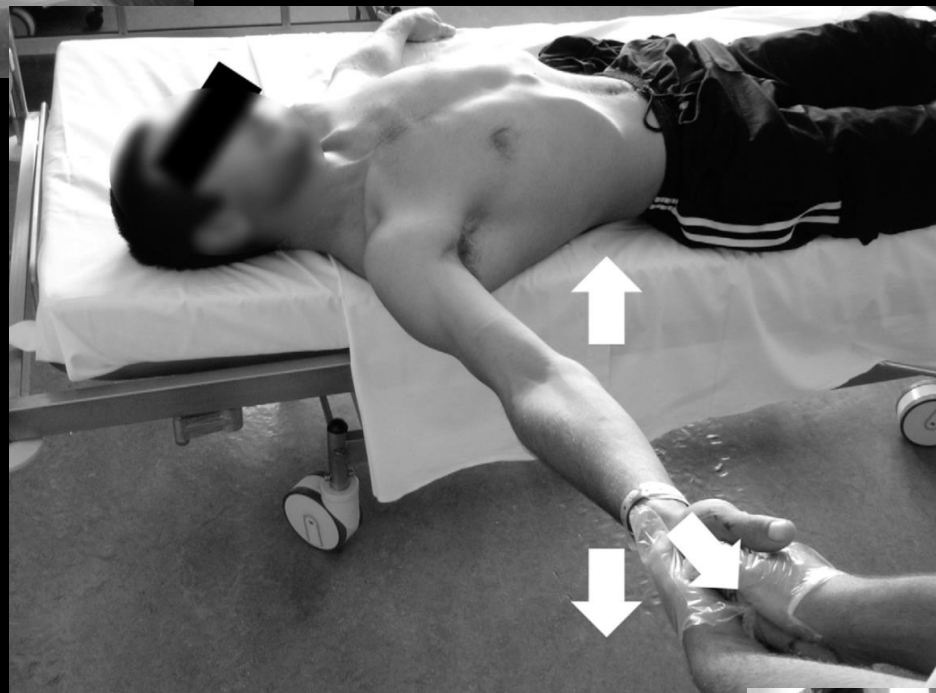
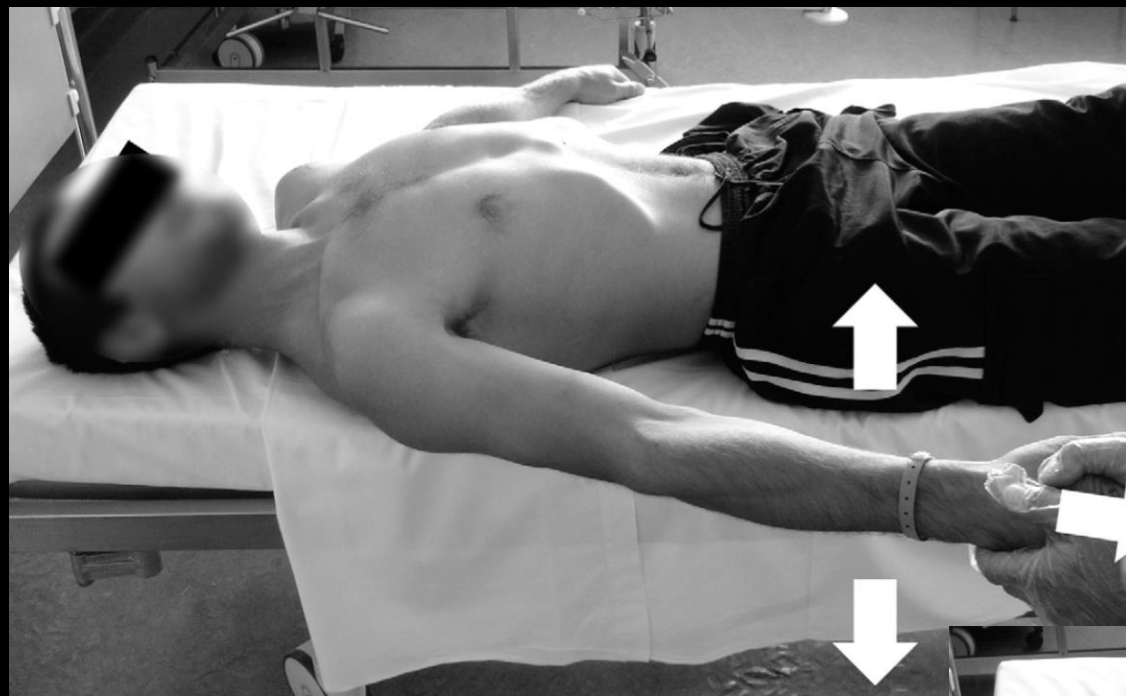
Sole Clinician Techniques

Milch 1938
Cooper 1825
“Zero position”



Spaso
1998
"Reversed Stimson"





FARES 2009



FARES 2009

Cunningham Method

A new drug free technique for reducing anterior shoulder dislocations

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Abstract

Five cases of anterior shoulder dislocation are reported. The dislocations were reduced quickly, painlessly and without the use of drugs using the ‘Cunningham technique.’ The practice and theory of the technique are described. The ‘Cunningham technique’ is a useful single operator method of reducing anterior shoulder dislocations. Further research is being undertaken to reproduce the results in a larger patient group and also to examine how easily the technique can be taught.

Key words: *shoulder dislocation, reduction techniques.*

Introduction

Anterior shoulder dislocation is commonly presented to emergency departments, with many different methods¹ currently employed in reduction of the shoulder. The most widely used are Kocher’s,^{2,3} Hippocratic (modified), Stimson,⁴ Milch^{5,6} scapular manipulation^{7,8} and external rotation.^{9,10} These methods work using traction, leverage and scapular manipulation principles.^{8,11} These methods can be performed drug free, but are usually combined with sedation and analgesia in order to affect muscle relaxation, and facilitate reduction. There is little in the literature on the success rate of drug free attempts, and few articles describing formal drug free techniques.^{12–14} In the ED, conscious sedation is the intention, but the level of consciousness required to successfully reduce a shoulder is often deep sedation/general anaesthesia. Again, there is no real data on either the level of sedation used, or the success rates achieved using conscious sedation.

Although there are a number of factors (rotator cuff/pectoral girdle muscles spasm) keeping the humeral head out of the glenoid fossa once dislocation has occurred, it is hypothesized that spasm of the biceps brachii muscle is the most important. Therefore, relaxation of the biceps with the humerus in the correct position should allow reduction to occur. The suggested technique works by a combination of correct positioning and specific biceps brachii relaxation. There is no pulling involved and no muscle power on the part of the operator, this would in fact be counterproductive — causing spasm.

Five cases are described in which a new technique was employed, (Tables 1 and 2) concentrating on positioning and specific muscle relaxation. All were discharged quickly from the ED following their reduction, and those who had not received drugs prior to arrival were able to walk to the X-ray department for post reduction films.

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Neil Cunningham, MBBS Registrar.



Cunningham 2003

