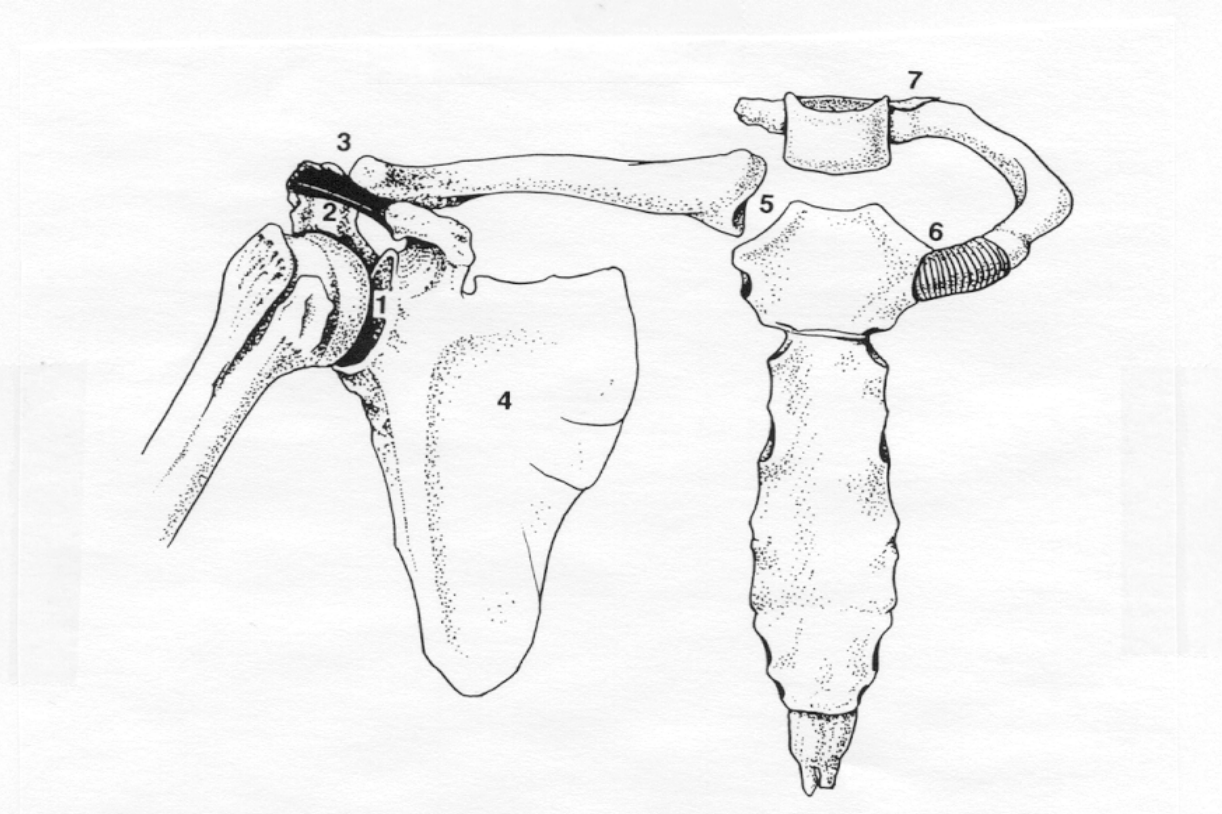
Hemiplegic Shoulder

Anatomy of the Shoulder



- Ball and socket joint
- Stability sacrificed for mobility

Anatomy: Arm Elevation

How much movement occurs at the glenohumeral (ball and socket) joint?

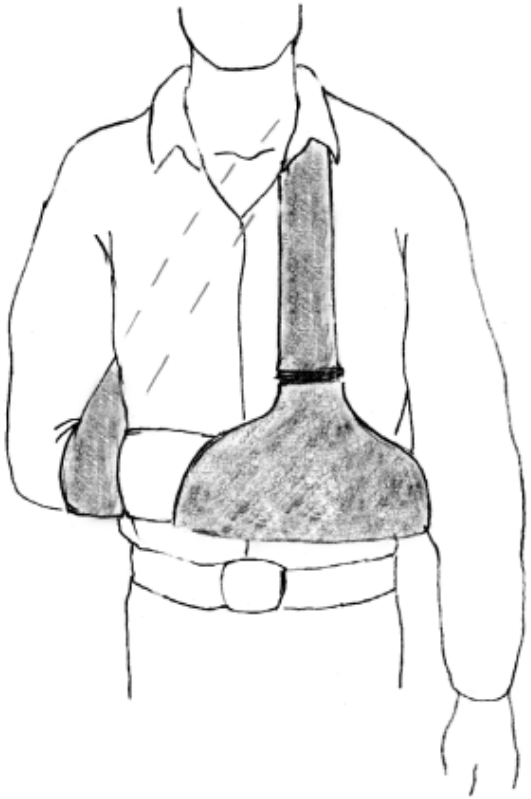
0-90 degrees

- Limit of movement at the glenohumeral joint without movement of scapula

Low Tone Shoulder

- Most common in initial stages following stroke
- Because of shoulder structure the joint is susceptible to subluxation and damage of the soft tissues
- **Preventing subluxation** is **crucial** in the early stages of stroke recovery

Requires support!



Side-Lying on the Unaffected Side

Shift person to far side of bed before rolling

Ensure hemiplegic arm is forward and supported on pillows

Side-Lying on the Affected Side

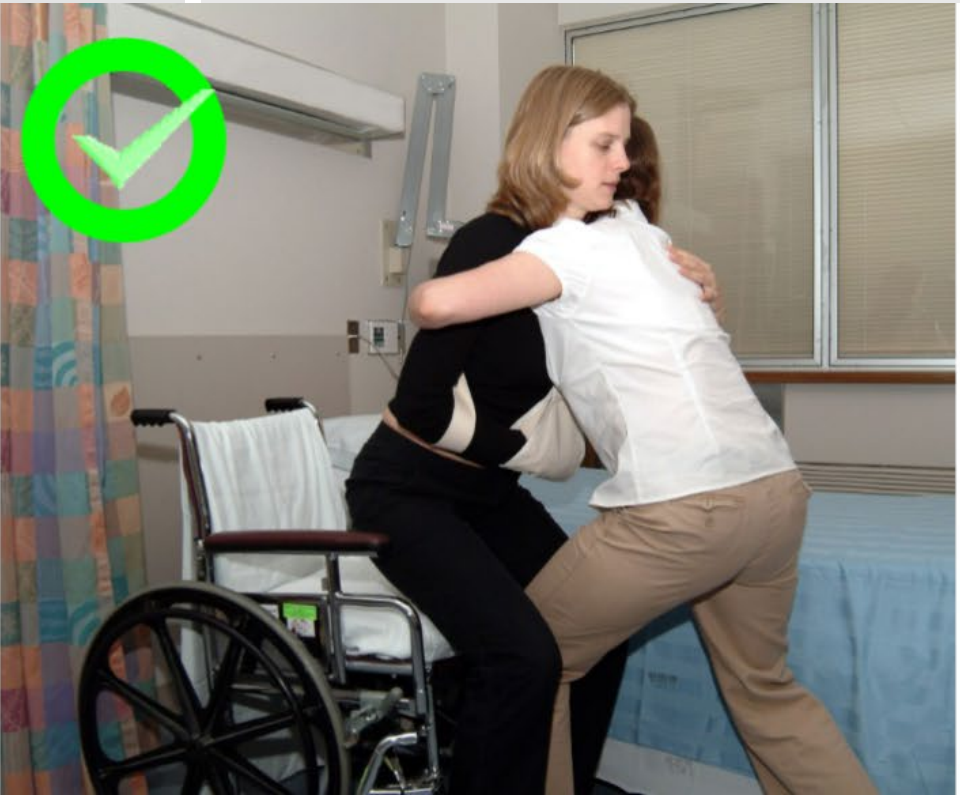
Hemiplegic arm forward, elbow extended and palm up

Unaffected arm forward and supported on pillow

Sitting in a Chair

- Use a lap tray, arm trough and/or pillow to support the affected arm
- Keep the affected arm in line with the thigh

Management of the Low Tone Shoulder



NOTE: Shoulder pain occurs more frequently in patients who are dependent for transfers

Handling

Support both the upper arm and hand when moving the affected limb

Do not raise the arm past shoulder height (90^0) in any direction

Dressing Rule for hemiplegia: "First on; last off"

Questions…

Please contact the physiotherapist or occupational therapist on your team