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**Forcible reduction of noncomplicated dislocation of shoulder joint at first-aid station training students**

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**Abstract:** This article presents 2016-2017 data of shoulder dislocations within first-aid station of railway clinical hospital. 24 patients among other urgent trauma ones had shoulder dislocations, 16 ones of them were diagnosed with noncomplicated dislocations and were treated with reduction by doctors and students along using following methods: of Djanelidze, Milch and Motto. After control X-ray images immobilization with plaster bandage was carried out by students under doctors' attention. 8 patients with complicated dislocations were referred to traumatology department of the hospital and their treatment results were satisfying.

**Timeliness:** According to literature shoulder dislocations occur in 50-55% of cases following the fractures on the first place and don't have reducing trend. Cause of shoulder dislocation is trauma at any age, mostly up to 30 (70% of cases). According to Scientific Research Institute of Traumatology and Orthopedics shoulder dislocations could be: fresh (1-3 days), from 3 days to 3 weeks – well-handled, after 4 weeks – neglected, complicated and noncomplicated, opened and closed, conatal, post traumatic, pathological. Anterior dislocation occurs in 98% of cases and could be: subscapular and axillary. Posterior dislocation occurs in 1-4% of cases, but is hardly diagnosed when neurovascular cord of brachial plexus is affected, especially subacromial bursa – 98%. When humeral head is dislocated to axillary nerve could be affected in 8-10% of cases. In that case 40% of dislocations are accompanied with shoulder tuber fracture. Very rarely in less than 1% of cases inferior dislocation occurs, which considered to be very complicated. The main problem is to diagnose and differentiate complicated and noncomplicated dislocations. If a noncomplicated shoulder dislocation isn't reduced it will become well-handled and neglected.

**Purpose and aims of the research:** Students' training of complicated and non-complicated shoulder dislocations within the first-aid station for timely complications prevention after reduction. To teach future doctors of general medicine the easiest methods of reduction of non-complicated shoulder dislocations and plaster bandage Dezo fixation.

**Materials and methods:** Within 20016-2017 years 24 patients were admitted to the railway hospital first-aid station at the age of 20-59, 17 men and 7 women (including one student of West Kazakhstan Marat Ospanov State Medical University). All patients complain about shoulder pain, lack of active and passive movements. There is hydros at shoulder-joint on examination, and blueness of upper extremity within complicated dislocations. Any dislocation is defined with: a) noticeable displacement of acromioclavicular process at the right angle; b) depression of soft tissues under it; c) arm is tense; d) restricted with active and passive movements. Dislocations were verified with roentgenogram before and after reduction. Among these trauma patients 5 were with neglected dislocations, 3 – well-handled, all of them were referred to traumatology department of the hospital. Within first-aid station other 16 patients were reduced with Djanelidze and Milch methods (relatively new one, recognized in Europe) after anesthesia with 1-20% novocain to acromioclavicular process zona. Motto method was implemented once within 59 years old woman. Kokher method was not implemented because previously (within the first-aid station) there had been 2 complications as shoulder bone fracture. Reduced arm was fixated with Dezo plaster bandage.

**Findings and determination:** Out of 24 trauma patients that were admitted to first-aid station of railway hospital with different shoulder-joint dislocations 16 ones were treated with reduction after local anesthesia using following methods: of Djanelidze, Milch and Motto, and after control X-ray images immobilization with Dezo plaster bandage was carried out. All 16 patients received after-care recommendations and medical supervision of traumatologist at place of residence. Other 8 patients with complicated shoulder-joint dislocations were treated within hospital's traumatology department. No patient with complicated dislocations treated in inpatient facility applied to the hospital repeatedly within the reference year, that's why treatment considered to be positive, what was reported to the team of surgeons and traumatologists at the morning conference of hospital deputy chief and head of the general surgery department.

**Conclusion:** Within 20016-2017 years 24 patients were admitted to the railway hospital first-aid station at the age of 20-59, 17 men and 7 women. Within first-aid station 16 patients were treated with reduction of Djanelidze and Milch methods after local anesthesia. Motto method was implemented once within 59 years old woman. Kokher method was not implemented. Reduced arm was fixated with Dezo plaster bandage. 8 patients with complicated shoulder-joint dislocations were treated within hospital's traumatology department. All 24 patients left the first-aid station and traumatology departure with positive treatment results. Students who were trained with reduction methods of non-complicated shoulder dislocations participated in documents of the emergency department and inpatients studying.

**Literature list:.**

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