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## Adjunctive analgesia with acupuncture for reduction of anterior shoulder dislocation

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**Objective:** This pilot study describes a new analgesic technique for reducing an anterior shoulder dislocation easily without using traction or counter-traction.

**Method:** A convenience sample of patients with anterior shoulder dislocations over a 14-month period were approached for study participation. To those granting consent, six acupuncture needles were applied to relax tendons in the shoulder region, then morphine and Propofol were administered. After this preparation, patient's affected arm was abducted and internally rotated for laying it across the chest. If reduction did not occur with this movement, the arm was gently externally rotated (max. 90°) and then internally rotated again. Traction was not done during this short time procedure.

**Results:** Reduction was successful with adduction only or with adduction and mild external/internal rotation in 13 of 14 patients (93%). From the time of analgesic/sedative administration, reduction took 1-2 minutes in 36%, <5 minutes in 71% and 5-11 minutes in 23% of cases. Our method failed in one patient (7%), who also had an ipsilateral acromioclavicular separation and proximal humerus fracture. No complications occurred.

**Conclusion & Recommendation:** The acupuncture/analgesic/sedative technique was successful in both first-time and repeat anterior shoulder dislocations in adults of all ages. Reduction of anterior shoulder dislocations with this technique is quick, does not require traction or counter-traction and has a high success rate. A larger, randomized sham-acupuncture study should be performed to assess its value as an adjunct to standard reduction methods using IV analgesics and sedatives.