



淺談肩關節前 脫位

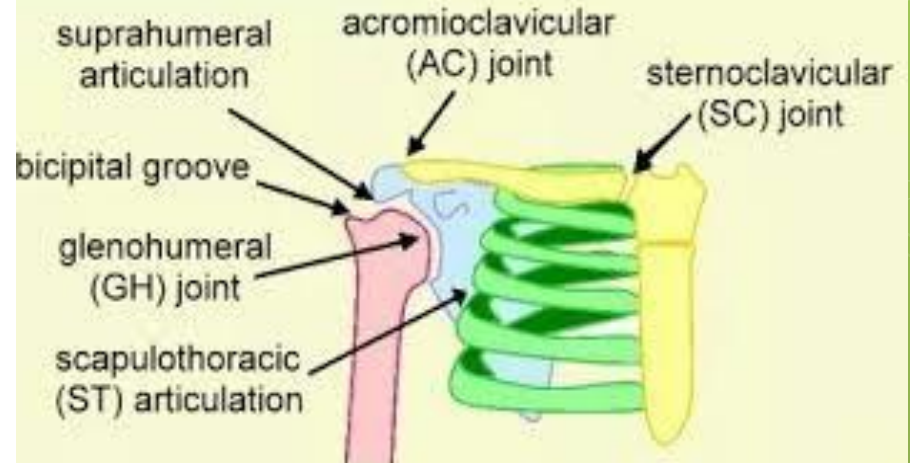
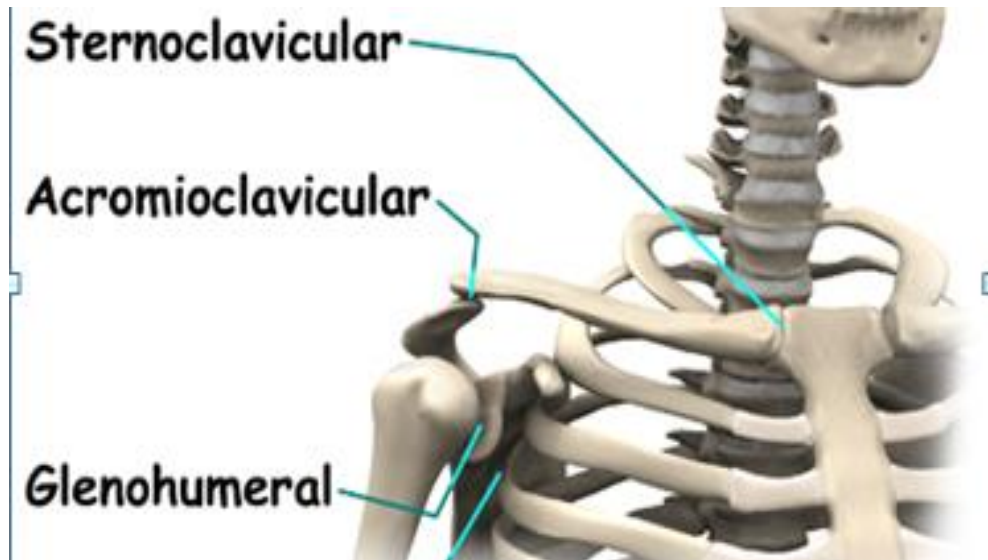
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香港中文大學專業顧問

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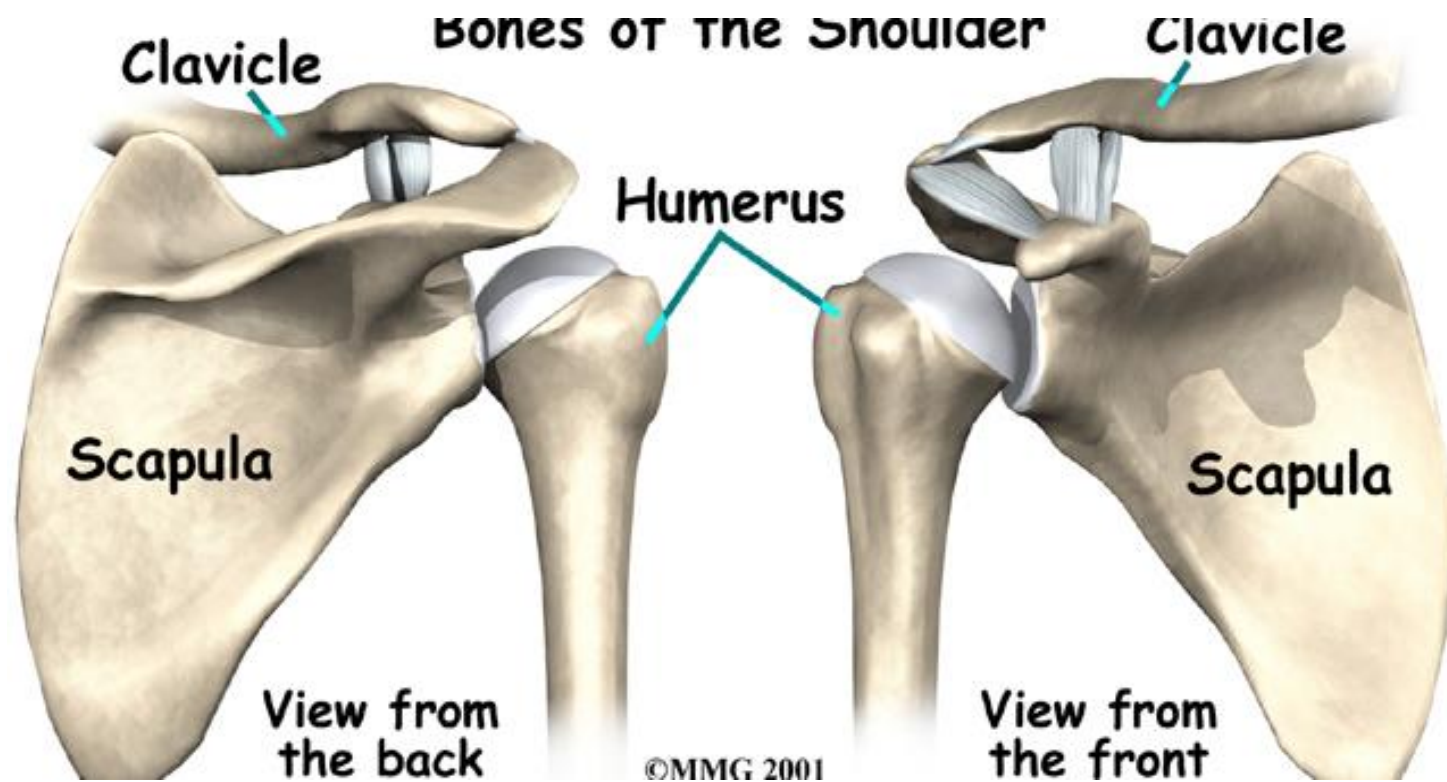
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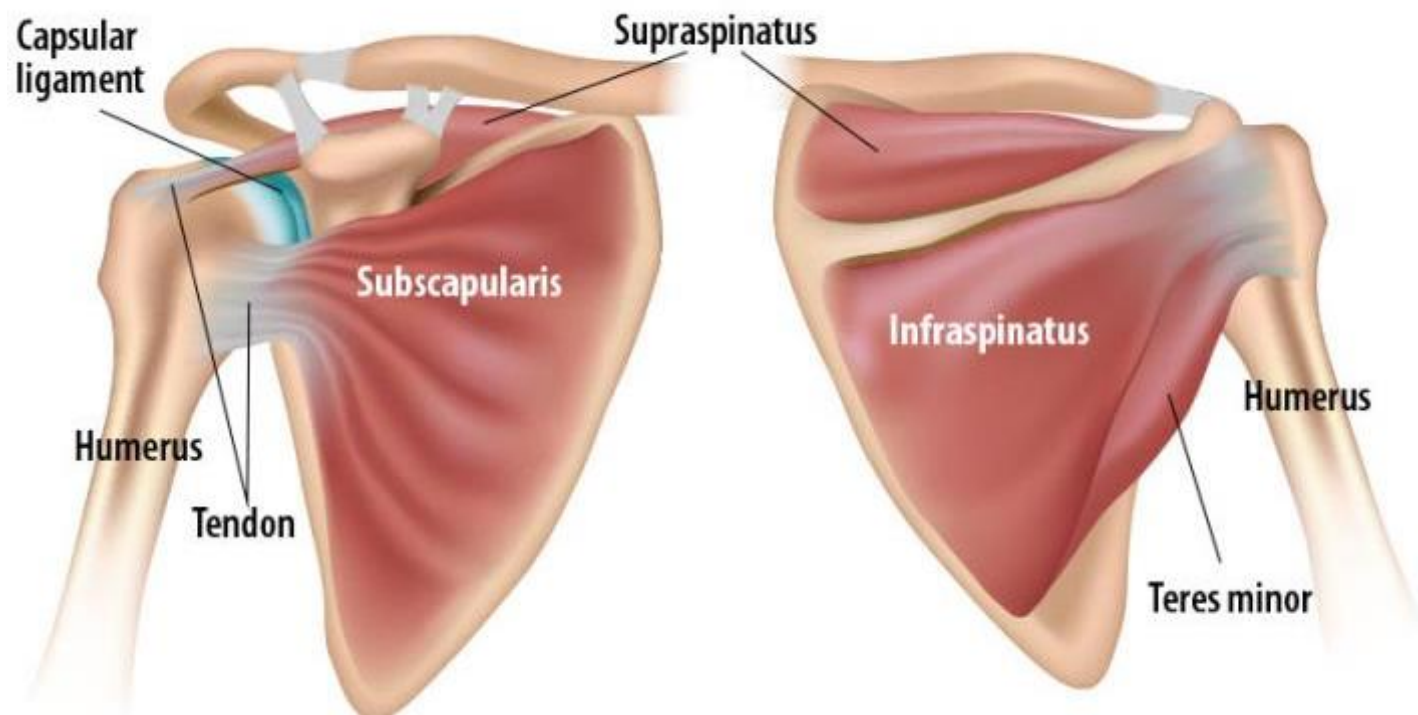
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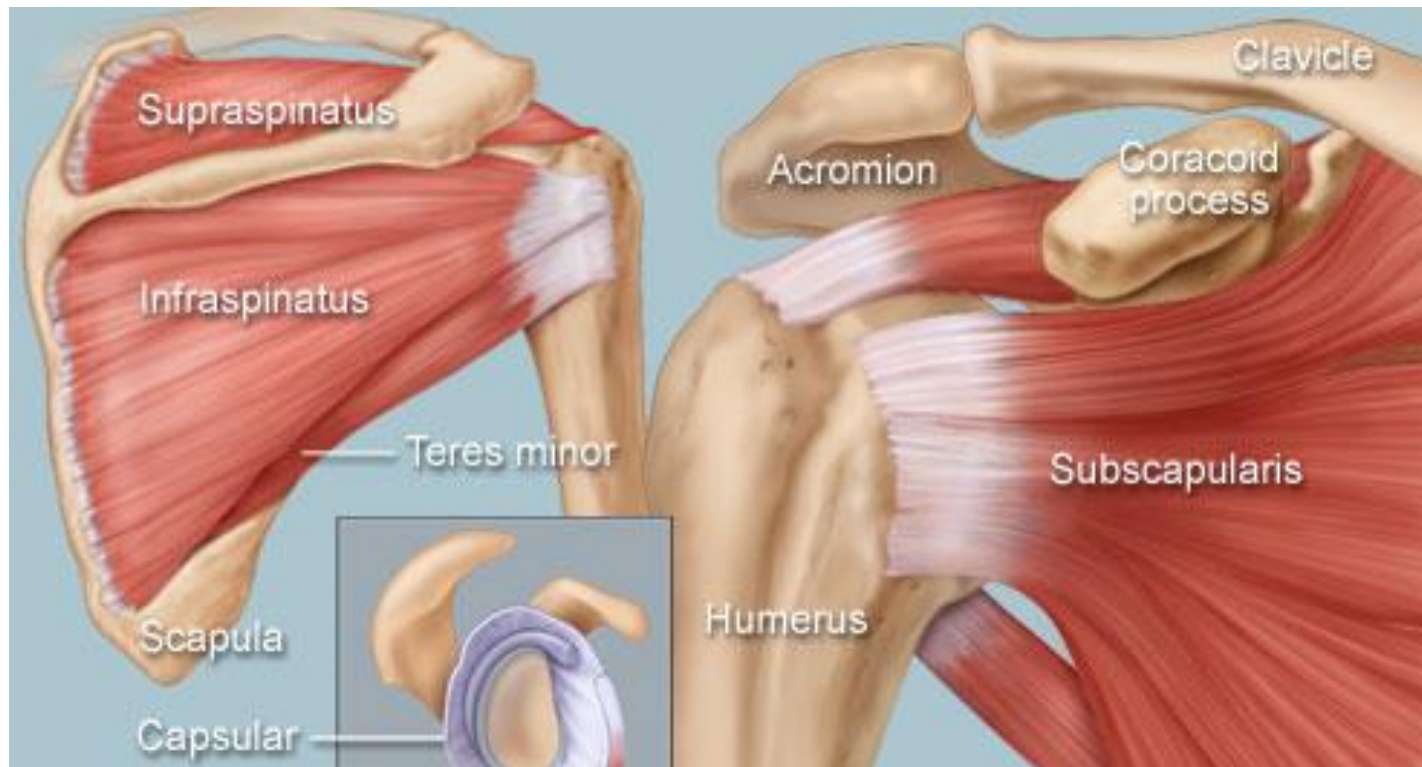
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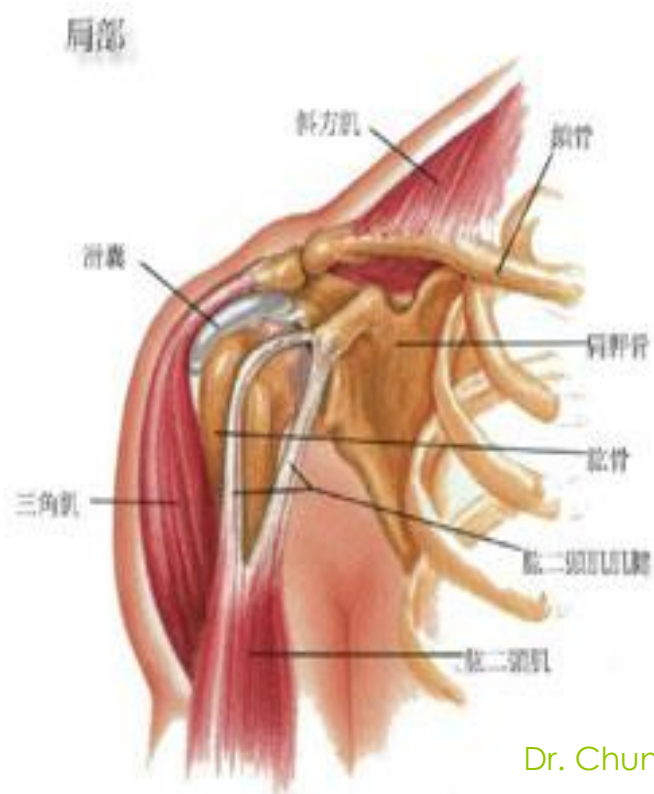
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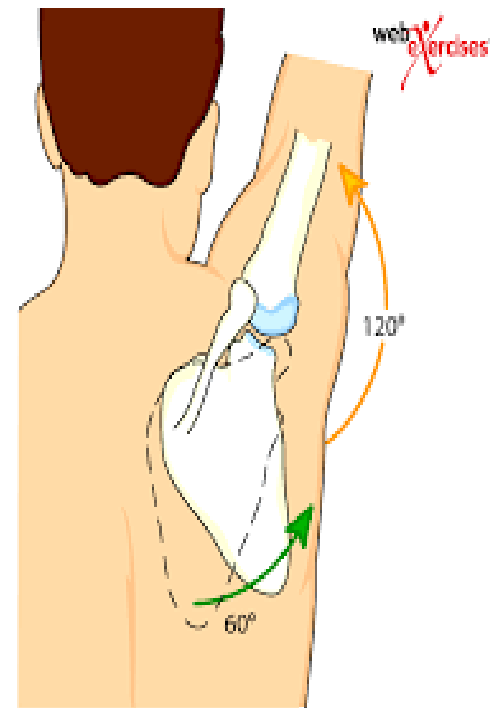
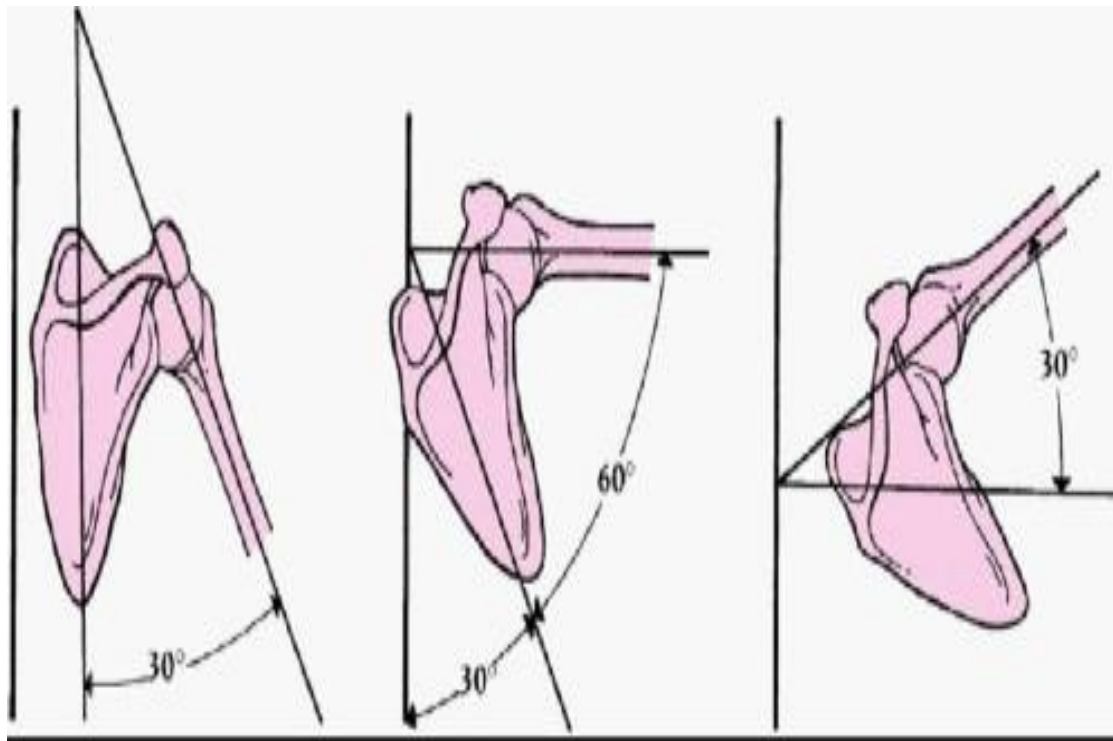
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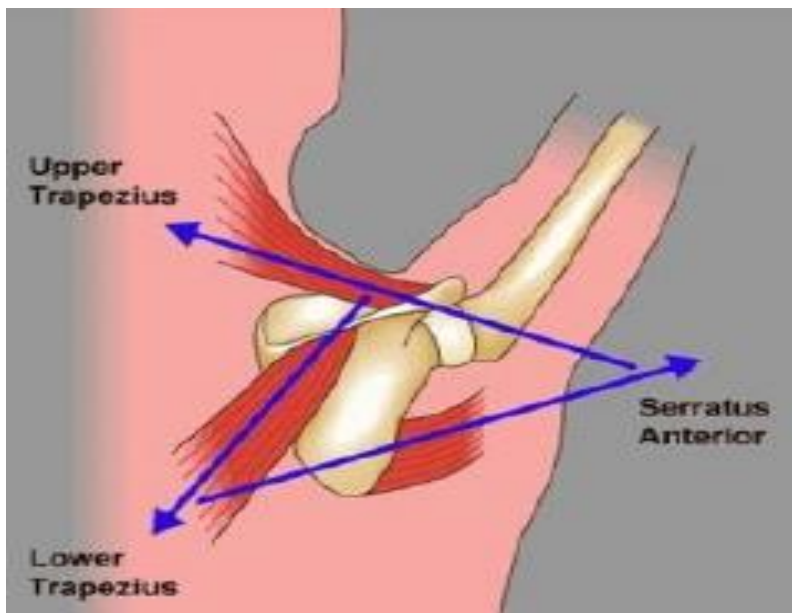
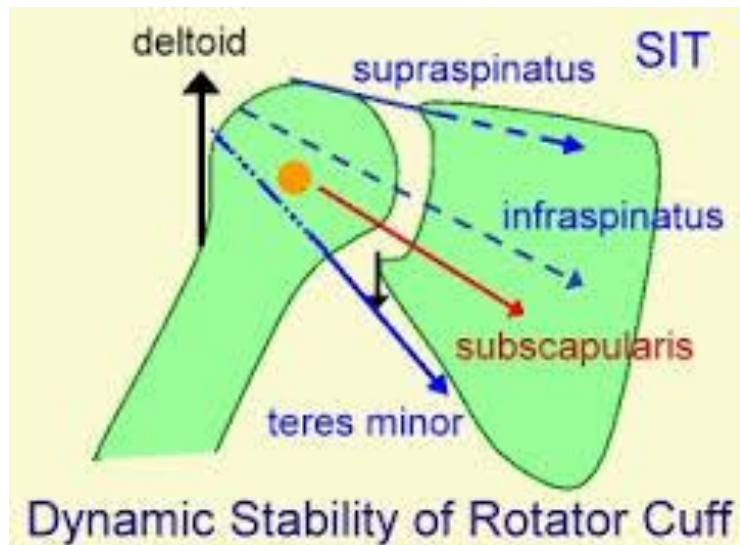
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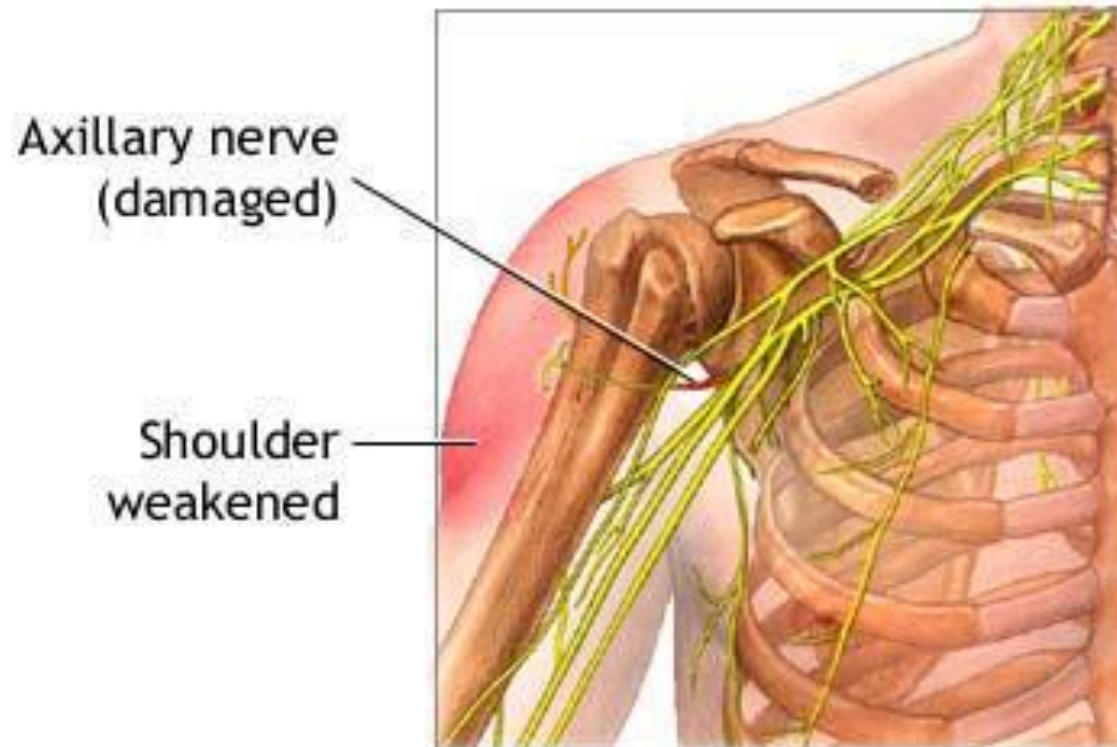
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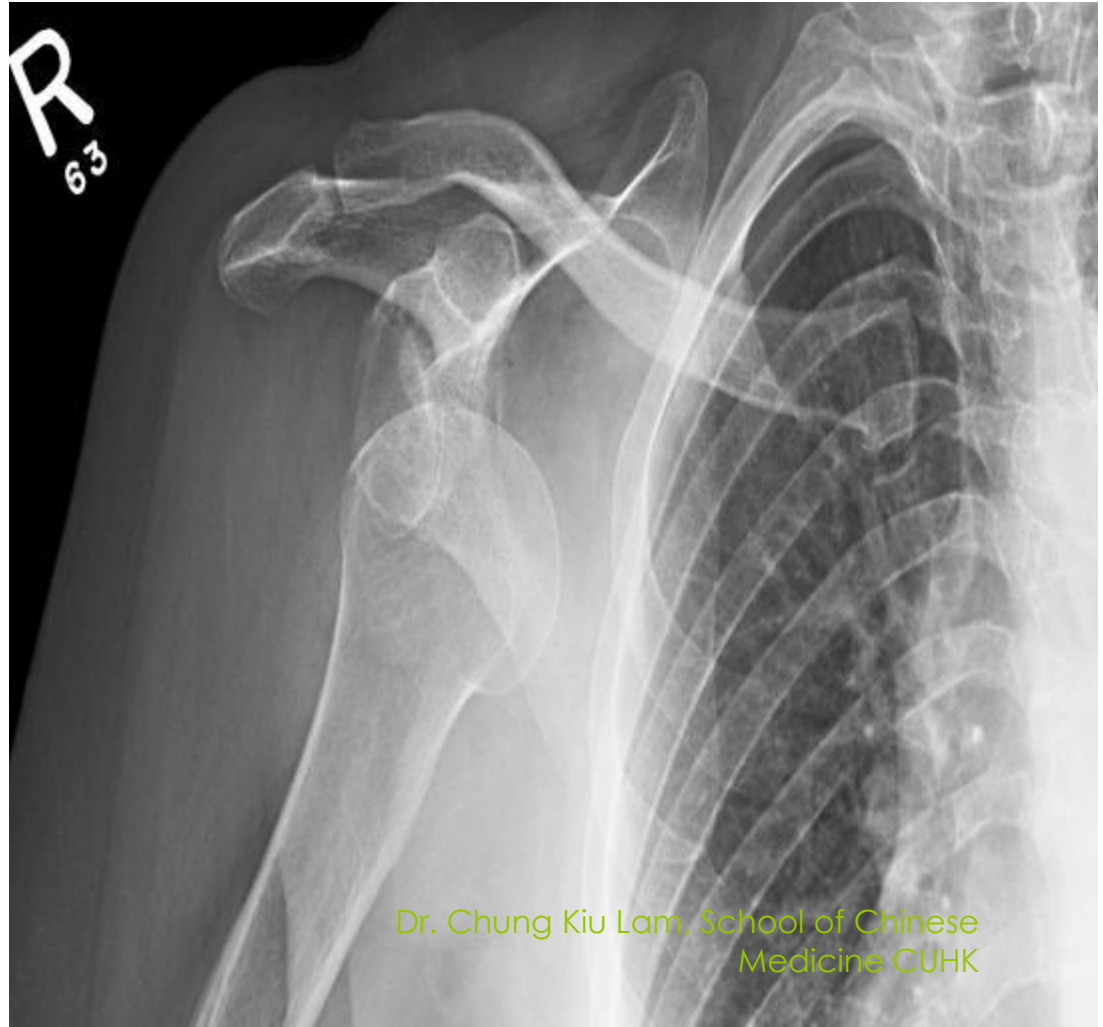


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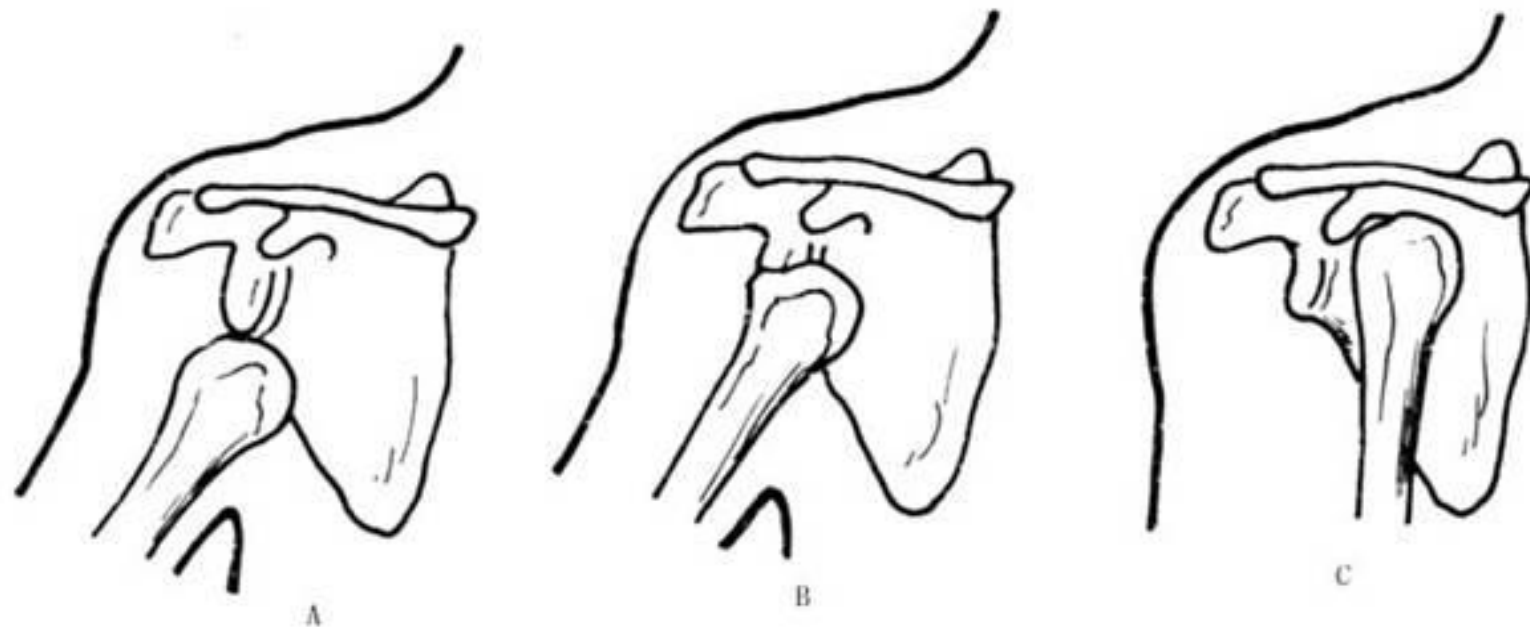
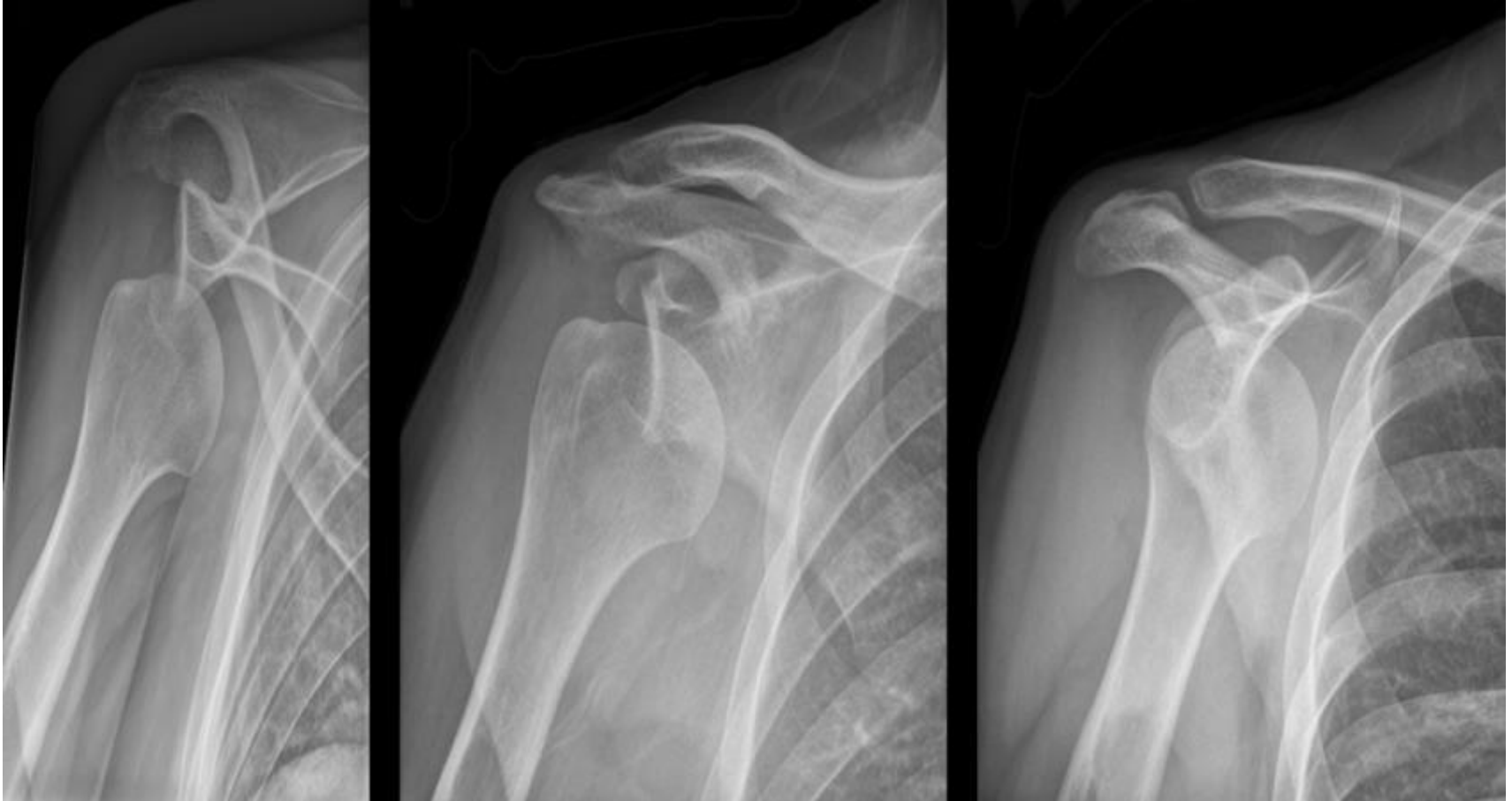


图1 肩关节脱位类型

A. 盂下 B. 喙突下 C. 锁骨下

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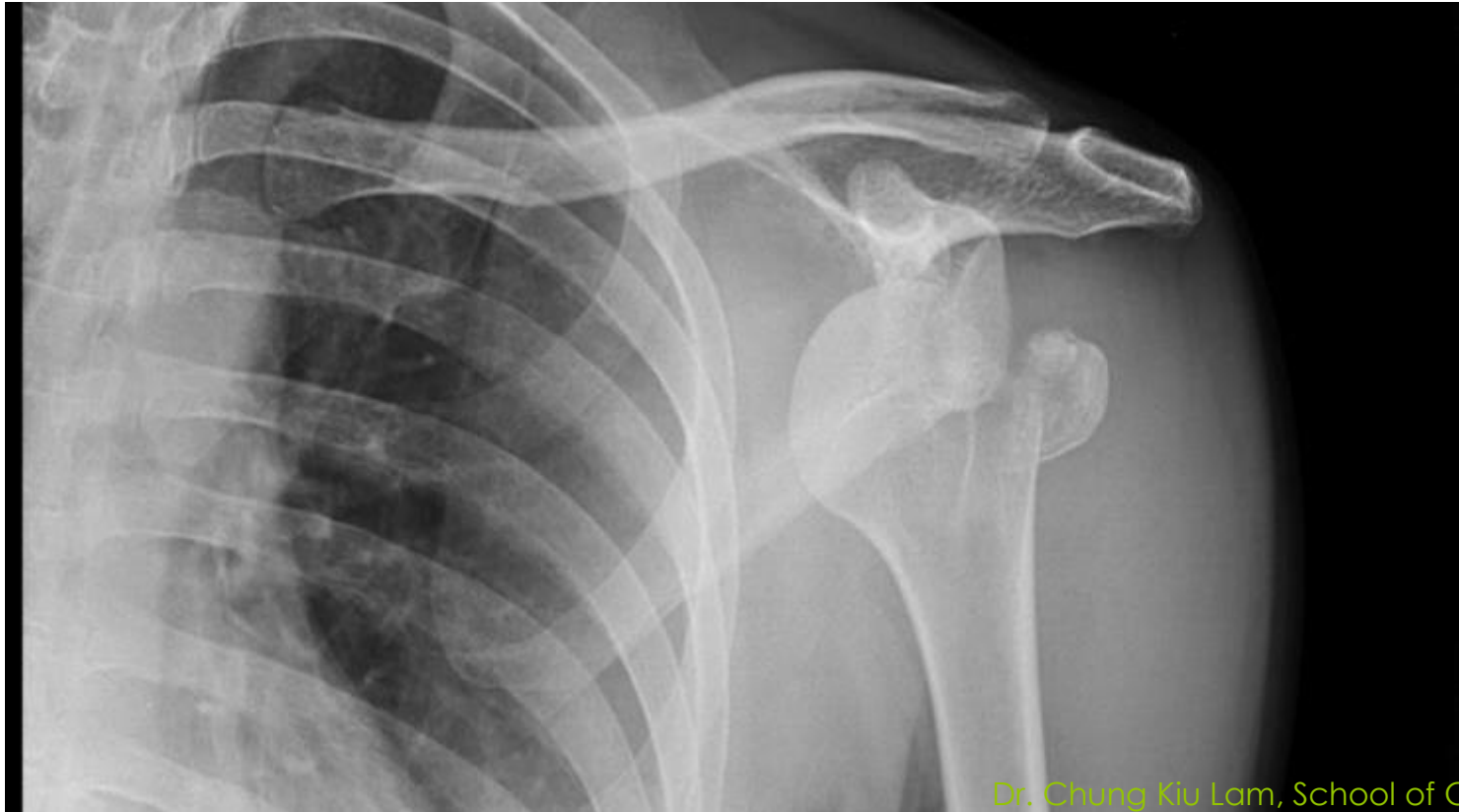
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診斷要點

1. 外傷史
2. 一般：肩部：疼痛、腫脹、功能障礙
3. 特殊：“方肩”畸形，彈性固定：肩外展20～30度



4. 在脫位處可觸及肱骨頭

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5. 搭肩試驗陽性

患側肘關節屈曲，肘尖不能貼緊胸壁，若勉強將肘貼及胸壁，則患側手不能搭肩



6. 孟下脫位患肢較健側長

7. 有沒有神經血管損傷

8. X線檢查



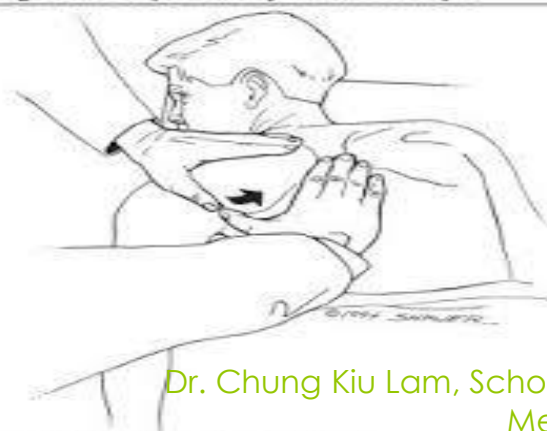
肩關節脫位 手法

1. 拔伸足蹬法
2. 椅背整復法
3. 拔伸托入法
4. Milch
5. Kocher (1870)
6. Scapular Manipulation
7. Cunningham

肩關節脫位



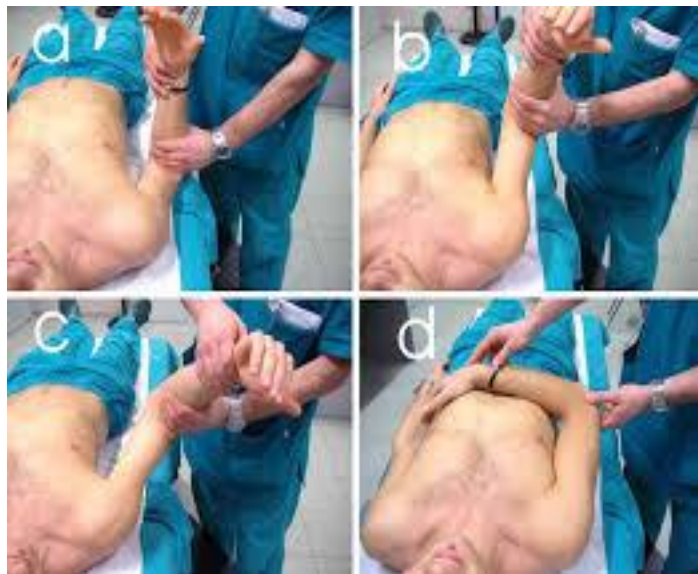
Figure 27. Scapular Manipulation Technique



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那一種手法最好？

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- **A comparison of the Milch and Kocher techniques for acute anterior dislocation of the shoulder**

T. F Beattie, D. J. Steedman, A. McGowan
and C. E. Robertson

Department of Accident and Emergency
Medicine, Royal Infirmary, Edinburgh

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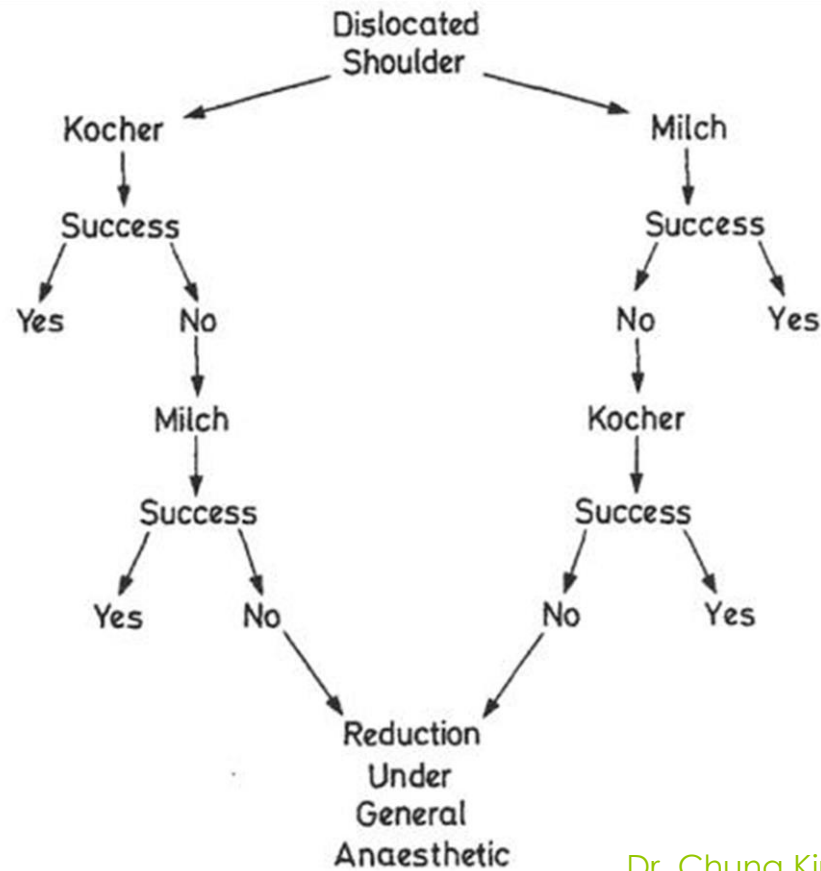


Fig. 1. Protocol for trial.

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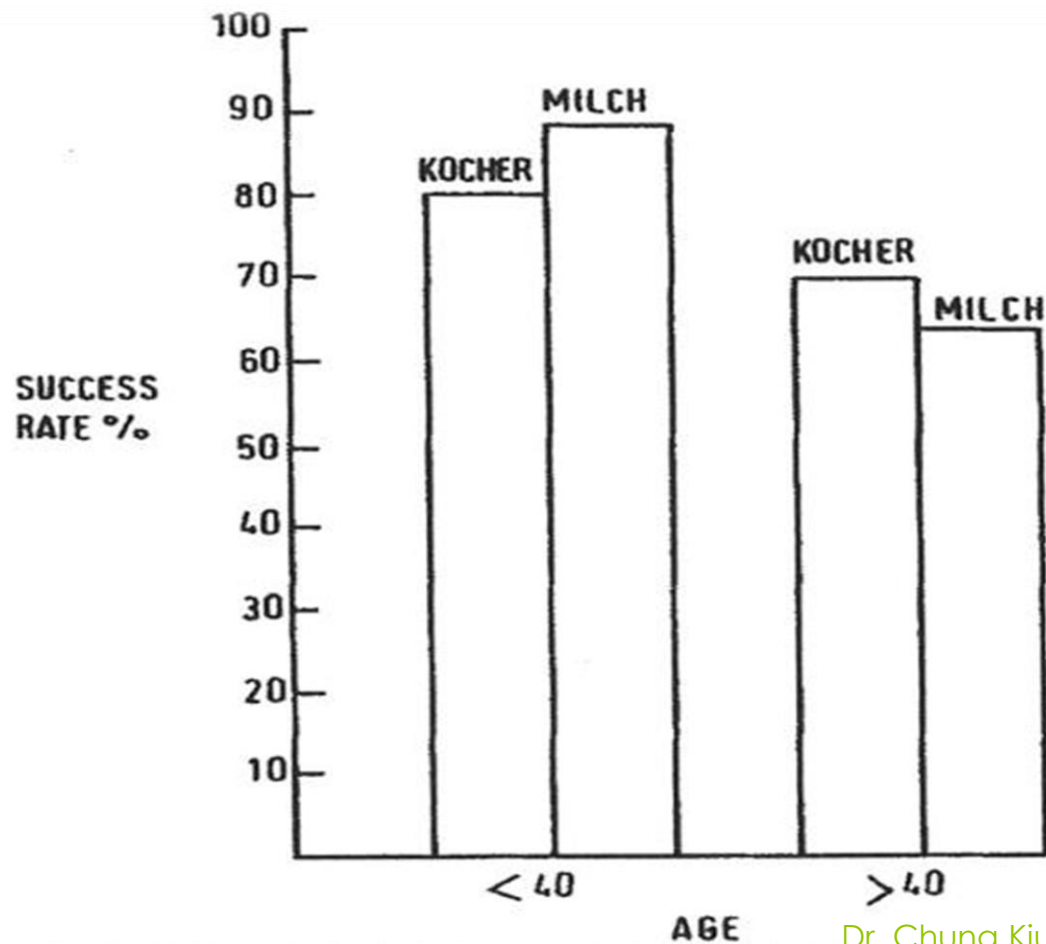


Fig. 2. Successful reduction by age of patient.

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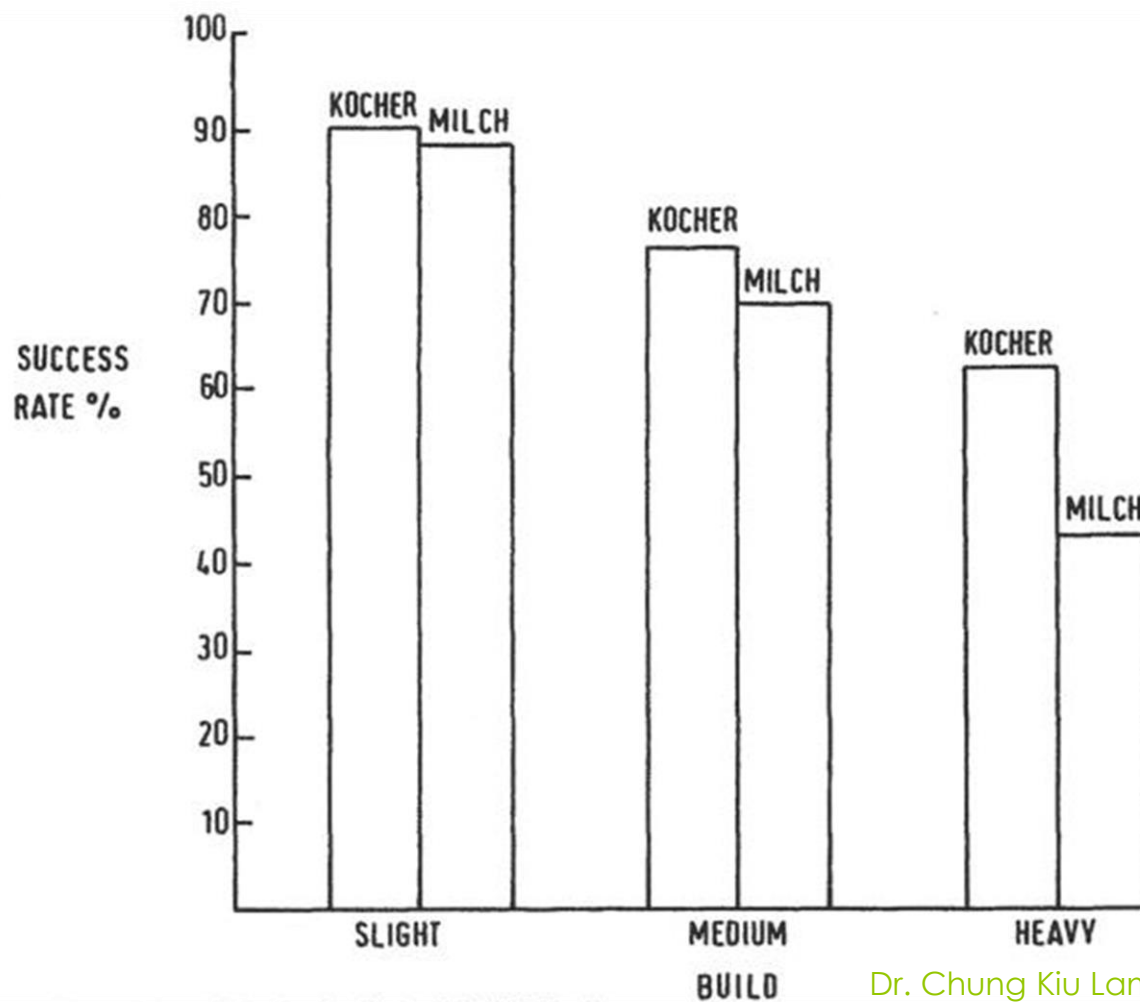


Fig. 4. Successful reduction by body build of patient.

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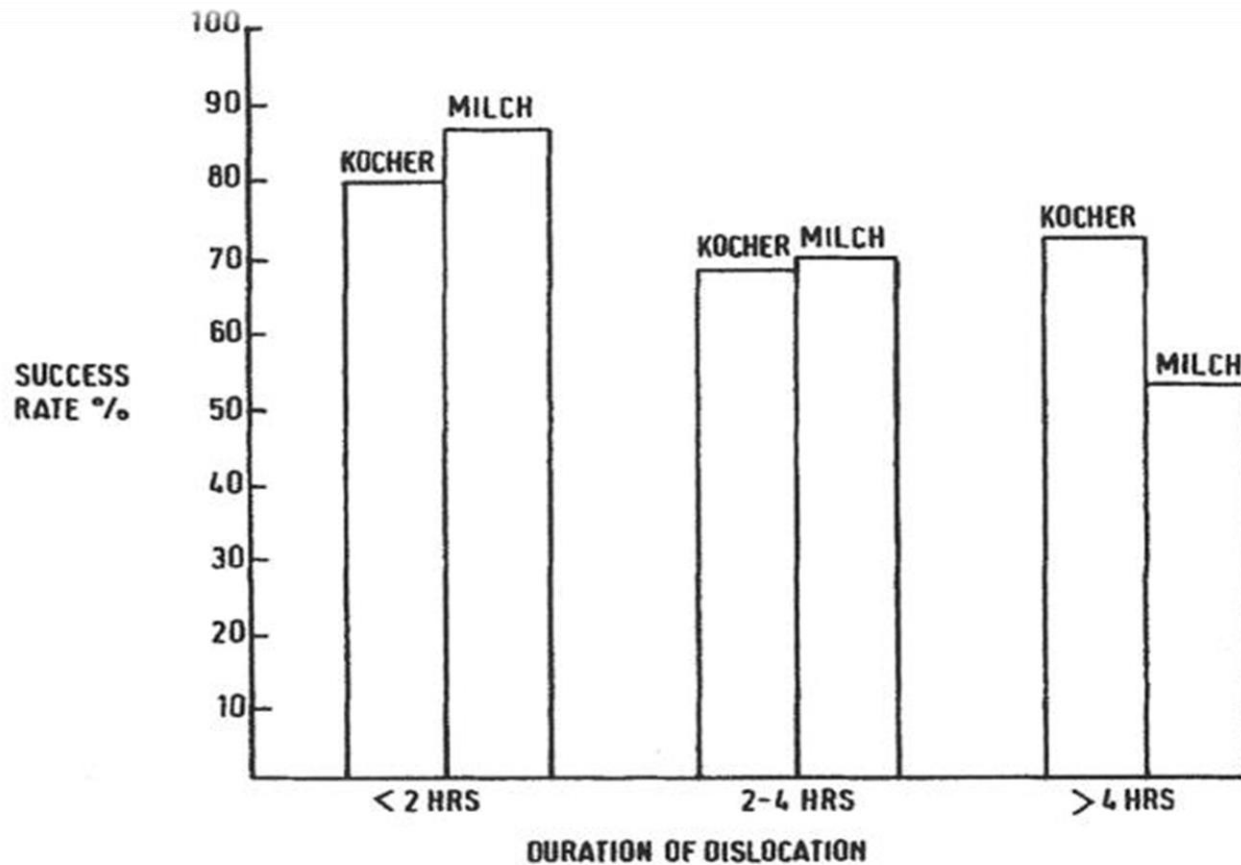
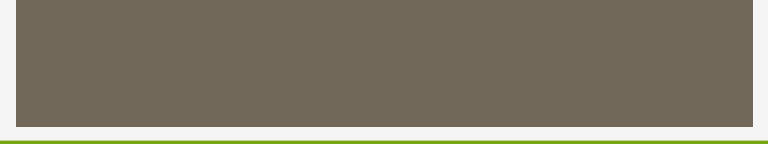


Fig. 3. Successful reduction by duration of dislocation.

肩關節脫位 小結

- 動靜結合 筋骨並重
- 不要暴力拉動
- 考慮肱骨與肩胛骨的關係
- 靈活變通
- 學習多過一種整服方法



謝謝！

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