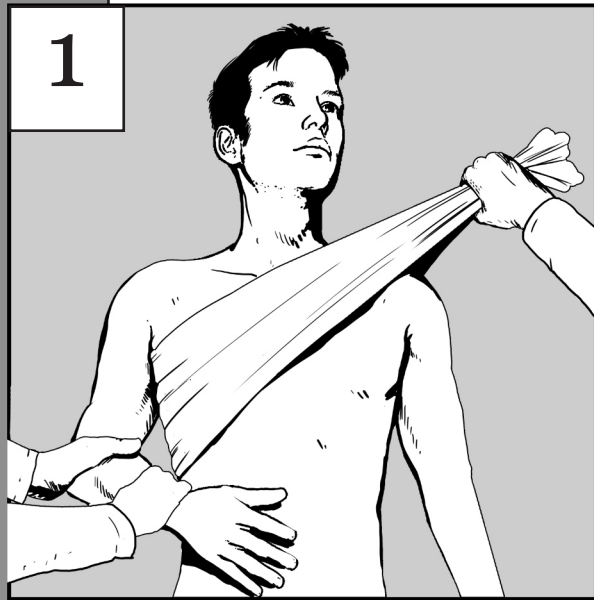


## Shoulder Reduction Basics, part 1:

# THE HENNEPIN MANEUVER



### THE BASICS

- Successful in 70-80% of attempts within 30-60 seconds
- May be attempted without pre-medication
- Typically requires good muscle relaxation (consider intra-articular lidocaine or sedating with IV Morphine or IM Valium if first attempt is unsuccessful)
- *ALWAYS* examine neurovascular status *before* and *after* reduction (finger grip and sensation over deltoid)

### PATIENT POSITION

- Patient seated in chair without armrests, or supine on examination table in center of room

### REDUCTION TECHNIQUE

#### PANEL ONE:

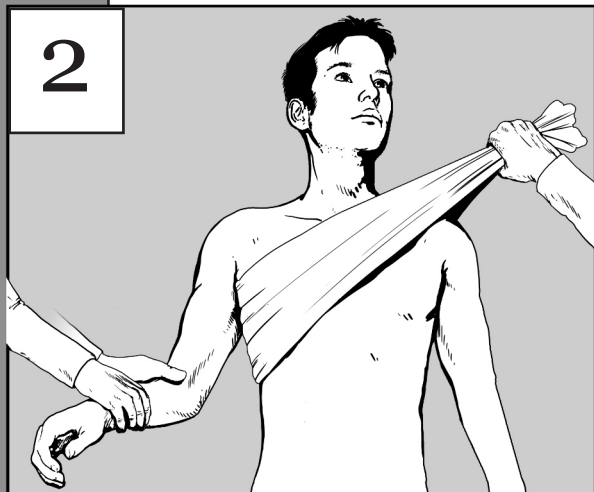
- Wrap sheet beneath affected arm for counter-traction
- Assistant may stand behind patient to try scapular tilt
- Patient's affected arm should be flexed at elbow to 90 degrees. Grasp arm at proximal forearm and wrist

#### PANEL TWO:

- *Gently* apply downward traction on forearm and then *slowly* externally rotate shoulder past 90 degrees

#### PANEL THREE:

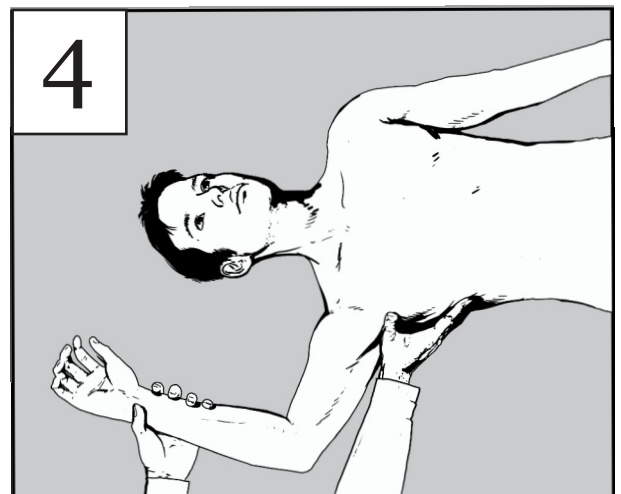
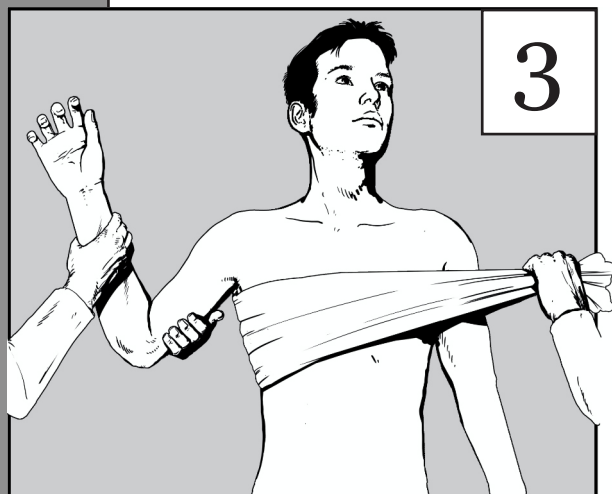
- If necessary, abduct arm while maintaining traction away from body
- Consider maintaining this position until muscles fatigue and ultimately relax



### MILCH MODIFICATION

#### PANEL FOUR:

- Patient should be placed supine on examination table
- Continue abduction above the patient's head
- Maintain traction and use thumb to apply constant pressure over the humeral head to guide it back in place



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<http://www.resortmedicine.com/images/01hennepin.pdf>