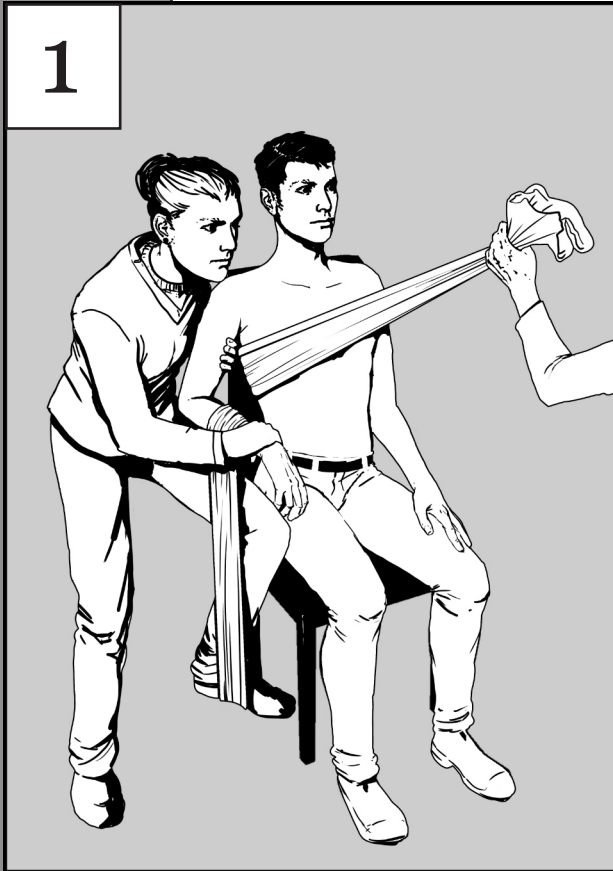


Shoulder Reduction Basics, part 2: SNOWBIRD TECHNIQUE

1



THE BASICS

- Very similar to the Hennepin maneuver, except uses more powerful quadriceps instead of biceps to provide more forceful downward traction, through the use of a padded strap
- Compared to the Hennepin, requires more balance and coordination on the part of the examiner
- Successful in ~80-85% of attempts within 30-60 seconds

As with the Hennepin maneuver:

- 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. Elbow is flexed to 90 degrees and held slightly abducted at side.

REDUCTION TECHNIQUE

PANEL ONE:

- A padded strap is placed over the forearm of the affected upper extremity. The examiner's foot is placed in the loop of the strap, while the examiner's hands are positioned along the distal forearm and either the lower biceps or proximal forearm, as with the Hennepin maneuver
- A sheet is placed beneath the axilla of the affected upper extremity, looping from back to front. Both ends of the sheet are gathered and held in place by a second person to provide counter-traction. If this is not done, the patient will often slide down along with the downward traction, preventing reduction

PANEL TWO:

- The examiner provides slow, gentle, firm downward pressure with the foot against the bottom loop of the strap
- When maximal downward force has been achieved, the examiner slowly externally rotates the forearm while maintaining the same amount of downward force. The shoulder often reduces at this point
- The Milch modification may be applied if the shoulder is still not reduced, although it requires removing the strap
- During the Milch modification, it is often helpful to "walk" the humeral head over the glenoid rim: the examiner holds the upper extremity in full extension and gently rotates the forearm of the patient back and forth while walking the upper extremity a few steps forward and a few steps back

2

