
REFLECTIONS

Timely Teaching Moments

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It was a Saturday evening at San Francisco General Hospital, and we had a momentary lull in the ED. My crew included two Stanford EM residents, two UCSF interns, and a fourth year rotating medical student. Wanting to take advantage of this calm before the inevitable storm, I decided to give a quick talk about shoulder dislocations. I brought out the loop of stockinet that I always carry and discussed my favorite reduction technique. With the patient sitting and the elbow held at 90 degrees, I drape a one foot diameter loop of stockinet over the proximal forearm on the injured side. I then put my foot into the loop and step down, using my weight to slowly pull the humeral head inferiorly. After a little external rotation, I release the weight of my foot and the shoulder slides back where it belongs. Using this technique most patients tolerate the reduction extremely well and do not need IV sedation. I had used the technique successfully at least 100 times before a group from the Snowbird Ski Resort described it as the "Snowbird Technique" (Westin et al. *Am J Sports Med* 1995;23:369-371).

If only I'd had my act together, it could have had a different name.

While I was demonstrating the technique on my "volunteer" medical student, one of the interns gasped. Coming through the door were paramedics with a football player straight from the field with full pads and his arm in a sling. The first words out of his mouth: "I just dislocated my shoulder." This unfortunate 17 year old had already dislocated this shoulder three times.

The Westin study of the Snowbird Technique claimed that 93% of their patients did not require narcotic analgesia and my experience supports that claim. Our patient reported no pain as we gently applied traction and the shoulder slipped easily back into place. We spent longer taking off his shoulder pads and multiple layers than we did accomplishing the reduction. Given our diagnostic certainty and the resolution of symptoms we did not order pre or post-reduction xrays.

Our patient was registered and discharged about 20 minutes after his arrival, which may be a record for throughput time at the San Francisco General ED. The house staff were amazed at the timing of my talk and his presentation. One of the Stanford EM residents came over to me and asked, "Can we talk about ED thoracotomy?"

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