A 52-year-old man with no significant medical history presented to the emergency department (ED) after a mechanical fall onto his nondominant left hand. Physical examination was suggestive of a glenohumeral dislocation, and radiographs confirmed a subcoracoid anterior glenohumeral dislocation (Figure 1). The patient was neurovascularly intact, but complained of severe pain and refused initial attempts to manipulate his arm.

A bedside ultrasound was performed via a posterior approach using a low-frequency curvilinear transducer and demonstrated an empty glenoid fossa with hemarthrosis and anterior displacement of the proximal humerus (Figure 2). After informed consent was obtained and sterile preparation, a real-time ultrasound-guided intraarticular glenohumeral joint injection was performed using a 22-gauge spinal needle and 20 mL of 1% lidocaine with epinephrine. The needle was visualized as it approached and entered the glenohumeral joint (Video Clip S1, available as supporting information in the online version of this paper [e = effusion, g = glenoid, h = humerus, n = needle]), and local anesthetic was seen filling the glenoid fossa during injection (Video Clip S2 [e = effusion, g = glenoid, h = humerus, n = needle]). The patient underwent an uncomplicated closed reduction using the Spaso technique, and postprocedural ultrasound (Video Clip S3 [hh = humeral head, g = glenoid])
and subsequent radiography (Figure 3) confirmed successful reduction.

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Supporting Information

The following supporting information is available in the online version of this paper:

**Video Clip S1.** Needle visualized as it approached and entered the glenohumeral joint.

The video clip is in QuickTime.

**Video Clip S2.** Local anesthetic seen filling the glenoid fossa during injection.

The video clip is in QuickTime.

**Video Clip S3.** Postprocedure ultrasound.

The video clip is in QuickTime.