

Experience using FARES Method for Acute Anterior Dislocation

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INTRODUCTION:

Shoulder dislocations account for 60% of all large joint dislocations and 96% are anterior shoulder dislocations. The ideal method of reduction should be quick, painless with minimal complications, including sedation related complications. FARES method (FAst, RELiable and Safe) was introduced in 2009, performed by a single operator without any pre-medication. We present a case series using this reduction method.

METHODS:

FARES technique utilizes a combination of traction, oscillation and leverage. Longitudinal traction and vertical oscillatory movements are applied on the affected hand while abducting shoulder. The shoulder is externally rotated once abduction more than 90°. Once reduction is achieved, arm is internally rotated.

Between 1st January to 1st March 2022, all patients referred to Orthopaedic team for anterior shoulder dislocation were managed with FARES technique.

RESULTS:

Our cases consist of 4 males ranging from 19 to 68 years old. All patients sustained injury from MVA with first episode of shoulder dislocation. 75% of the cases were successfully reduced with FARES technique without sedation in single attempt. The one case which failed had an associated greater tubercle fracture.

Table 1 Case series result

Gender	Age	Mechanism	Associated with fracture	Successful
Male	19	MVA	No	Yes
Male	22	MVA	No	Yes
Male	68	MVA	No	Yes
Male	25	MVA	Yes	No

DISCUSSIONS:

Currently there is no reduction method with 100% success rate. Manipulation without sedation allows rapid recovery, early discharge without sedative complications like respiratory, cardiovascular depression. Our success rate was 75% compared to original study, 88.7%.²

The limitation of this series would be the low sample size because the dislocations were initially managed by casualty. There is lack of awareness of this method which also leads to it being underused.

CONCLUSION:

FARES method is a fast and effective technique without requiring pre-medication. Further prospective studies with larger sample size are needed to determine the efficacy of FARES technique.

REFERENCES:

1.SayeghFE, KenanidisEI. Reduction of acute anterior dislocations:prospective randomized study comparing a new technique with the Hippocratic and Kocher methods. J Bone Joint Surg Am. 2009 Dec;91(12):2775-82.