Will Greenwood: I know all about the agony of a dislocated shoulder

Shoulders are this season's Achilles' heel. Five of England's Elite Player Squad are out because they need to have their shoulders rebuilt and there are plenty of others from different nations and clubs with similar problems.

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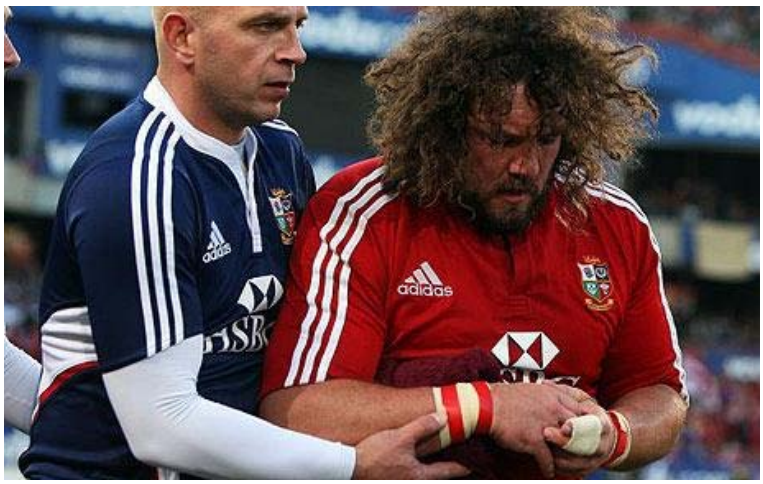

In vogue injury: Wales prop forward Adam Jones dislocated his shoulder during the British and Irish Lions tour in South Africa this summer Photo: GETTY IMAGES

It has nothing to do with position or size. I had four shoulder operations, the first as a 20 year-old in 1993, and my final one in the spring of 2005 at the age of 32.

The odd thing about your shoulder popping is that it makes almost no sound. It is like a slide and stretch, followed by shock, pain and bewilderment.

You realise you are badly injured. You know it's all over, not just for an afternoon but for weeks to come. There is the strange sensation of having a bone protruding and putting pressure on skin in a way the body just doesn't recognise.

And then there is the pain. The body desperately wants everything back in its socket, and everything around the joint spasms.

If you think it is hard to dislocate a shoulder, it is

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nothing compared to putting it back in again. As the spasms and pain come, so the shoulder becomes trapped in its new surroundings. That's why doctors and physios try to manipulate it back in immediately on the pitch. The longer the shoulder is out, the more damage is done to the surrounding ligaments.

My first dislocation happened while I was playing against Oxford University at Iffley Road.

Audley Lumsden stepped inside my outstretched arm, the classic way an outside back would dislocate a shoulder; my body going one way, the arm the other with a player hitting the middle at full tilt.

A doctor in tweed and wellies took me into the old changing shed, asked me to lie on my back, removed a boot, placed a woolly-socked foot under my armpit and yanked for all he was worth.

The tears rolled down my cheeks, I held back a scream. And then, under the traction of his foot, the pop came as the vacuum was filled, the shoulder slotted back in its place. I had a masochistic realisation that the pain I had just endured was worth it.

They use more subtle techniques now, not requiring traction or brute force. No matter, because this is just the first step. Next comes the wait for the specialist for his view on your injury. England use Len Funk for the northern boys and Andrew Wallace for the lads down south.

The most likely course of action is a MRI arthrogram – where they scan you after injecting a blue dye into the joint to check the leakage from the socket and gauge the damage and potential style of surgery. Once this is done, you go under the knife.

There are different types of shoulder surgery and I have had three of them. In 1993 it was a Bankart lesion repair, where your muscles and ligaments are used to keep the ball and socket secure.

In1997 I had the capsular shrinkage approach where the socket is shrunk to a snug fit using extreme heat once the bone, or ball, is back in place. Finally, in 2004 and 2005, I had the slap lesion repair (superior labral tear from anterior to posterior), still widely used.

In this process they try to re-attach the labrum with darts to the rim of the socket from where it has been torn away.

Gone are the days of the full anesthetic, which put you into a blissful sleep but left you groggy for days. Now you are awake with a numb arm and shoulder. And instead of the big scars that opened you up to the world, today's injured get it all done through cuts, arthroscopies, that look like shaving nicks.

The best bit is when they drill your shoulder and then attach the darts. You smell burning bone and experience the sensation of a power tool working away inside you. You think it can't get worse at that point, yet it does.

Welcome to the sling. Four weeks of doing nothing lest you cause more damage. Remember that no matter how small the external scars, inside it's a akin to a car crash. You get to take your arm out of the sling every now and then.

Then after a month, the work begins. Mighty men are reduced to lifting 1kg dumbbells. Giant elastic bands are attached to home radiators and car doors. Internal rotations, external rotations, you are retraining the arm to work. It's not about the big muscles in the early days, it's the little ones.

Slowly they begin to let you loose, running and weightlifting after about eight weeks, and then, at about 10 weeks, maybe hold a pad in training, the gradual reintegration into full training. Finally, if all has gone well, three months after the operation you find yourself in boots and gumshield, the referee's knock and you're back out there again.

No matter how you have prepared, nothing can replicate that moment when

an opponent takes on the shoulder that a while back could not even lift a cup of tea. The hit comes, you wait, nothing happens. You get up, dust yourself down, shoulder still attached, and off you go.

The sobering thought for the current crop of injured, though, is that things will never seem the same. The scars will remind you every time you look in the mirror.

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