TROPICAL
MEDICAL GROUP

Dx: ☐ Right ☐ Left

Patient Name: _____

Date of Surgery: _____

PT/OT: Evaluate and treat. Follow the following protocol.

Signature/Date: _____

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Non-operative Atraumatic Shoulder Dislocation Rehab Protocol

Non-operative Rehabilitation for Atraumatic Instability
This multi-phased program is designed to allow the patient/athlete to return to their previous functional level as quickly and safely as possible. Each phase will vary in length for each individual depending upon the severity of injury, ROM/strength deficits, and the required activity demands of the patient.

PHASE I – ACUTE PHASE

Goals:
- Decrease pain/inflammation
- Re-establish functional range of motion
- Establish voluntary muscular activation
- Re-establish muscular balance
- Improve proprioception
- Decrease Pain/Inflammation
  - Therapeutic modalities (ice, electrotherapy, etc.)
  - NSAIDs
  - Gentle joint mobilizations (Grade 1 and II) for neuromodulation of pain

Range of Motion Exercises
- Gentle ROM exercises – no stretching
- Pendulum exercises
- Rope and pulley
- Elevation to 90 degrees, progressing to 145/150 degrees flexion
- L-Bar
- Flexion to 90 degrees, progressing to full ROM
- Internal rotation with arm in scapular plane at 45 degrees abduction
- External rotation with arm in scapular plane at 45 degrees abduction
- Progressing arm to 90 degrees abduction

Strengthening Exercises
- Isometrics (performed with arm at side)
- Flexion
- Abduction
- Extension
- External rotation at 0 degrees abduction
- Internal rotation at 0 degrees abduction
- Scapular isometrics
- Biceps
- Retraction/protraction
- Elevation/depression
- Weight shifts with arm in scapular plane (closed chain exercises)
- Rhythmic stabilizations (supine position)
- External/internal rotation at 30 degrees abduction
- Flexion/extension at 45 and 90 degrees flexion

★ *Note: It is important to refrain from activities and motion in extreme ranges of motion early in the rehabilitation process in order to minimize stress on joint capsule.*

Proprioception/Kinesthesia
Active joint reposition drills for ER/IR

PHASE II – INTERMEDIATE PHASE

Goals:
- Normalize arthrokinematics of shoulder complex
- Regain and improve muscular strength of glenohumeral and scapular muscle
- Improve neuromuscular control of shoulder complex
- Enhance proprioception and kinesthesia

Criteria to Progress to Phase II:
- Full functional ROM
- Minimal pain or tenderness
- "Good" MMT

Initiate Isotonic Strengthening
- Internal rotation (sidelying dumbbell)
- External rotation (sidelying dumbbell)
- Scaption to 90 degrees
- Abduction to 90 degrees
- Prone horizontal abduction
- Prone rows
- Prone extensions
- Biceps
- Lower trapezius strengthening

Initiate Eccentric (surgical tubing) Exercises at Zero Degrees Abduction
- Internal rotation
- External rotation

Improve Neuromuscular Control of Shoulder Complex
- Rhythmic stabilization drills at inner, mid, and outer ranges of motion (ER/IR, and Flex/Ext)
- Initiate proprioceptive neuromuscular facilitation
- Scapulothoracic musculature
- Glenohumeral musculature
- Open kinetic chain at beginning and mid ranges of motion
- PNF
- Manual resistance
- External rotation
- Begin in supine position progress to sidelying
- Prone rows
- ER/IR tubing with rhythmic stabilization
- Closed kinetic chain
- Wall stabilization drills
  - Initiated in scapular plane
  - Progress to stabilization onto ball
- Weight shifts had on ball

- Initiate core stabilization drills
  - Abdominal
  - Erect spine
- Gluteal strengthening

Continue Use of Modalities (as needed)
- Ice, electrotherapy

PHASE III – ADVANCED STRENGTHENING PHASE

Goals:
- Enhance dynamic stabilization
- Improve strength/endurance
- Improve neuromuscular control
- Prepare patient for activity

Criteria to Progress to Phase III:
- Full non-painful ROM
- No pain or tenderness
- Continued progression of resistive exercises
- Good to normal muscle strength

Continue Use of Modalities (as needed)

Continue Isotonic Strengthening (PRE's)
- Fundamental shoulder exercises II

Continue Eccentric Strengthening

Emphasize PNF Exercises (D2 pattern) With Rhythmic Stabilization Hold

Continue to Progress Neuromuscular Control Drills
- Open kinetic chain
- PNF and manual resistance exercises at outer ranges of motion
- Closed kinetic chain
- Push-ups with rhythmic stabilization
- Progress to unsteady surface
- Medicine ball
- Rocker board
- Push-ups with stabilization onto ball
- Wall stabilization drills onto ball

Program Scapular Neuromuscular Control Training
- Sidelying manual drills
- Progress to rhythmic stabilization and movements (quadrant)

Emphasize Endurance Training
- Time bouts of exercise 30-60 sec
- Increase number of reps
- Multiple boots bouts during day

PHASE IV – RETURN TO ACTIVITY PHASE

Goals:
- Maintain level of strength/power/endurance
- Progress activity level to prepare patient/athlete for full functional return to activity/sport

Criteria to Progress to Phase IV:
- Full non-painful ROM
- No pain or tenderness
- Satisfactory isokinetic test
- Satisfactory clinical exam

Continue all exercises as in Phase III

Initiate Interval Sport Program (if appropriate)

Patient Education

Protocol from:

NON-OPERATIVE REHABILITATION FOR TRAUMATIC AND ATRAUMATIC GLENOHUMERAL INSTABILITY

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