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## **Rehabilitation Protocol**

### **Shoulder Instability: Nonoperative Treatment**

#### **Rehab Guidelines**

First Time Dislocators: May be immobilized for 4-6 weeks before starting physical therapy.

Recurrent Dislocators: Physical therapy can begin immediately

#### **Phase I: 0-4 weeks (typically)**

##### **Goals:**

- Re-establish full motion
- Prevent muscular atrophy
- Decrease pain and inflammation
- Allow capsular healing
  - AAROM with wand to tolerance
  - Begin IR/ER at side, progress to 30°, 60°, then 90° AB as pain subsides
  - Submax isometrics for all shoulder musculature
  - Gentle joint mobs & PROM
  - Modalities PRN (ice, IFC-Estim etc.) to decrease inflammation and pain

#### **Phase II: 4-8 weeks**

##### **Goals:**

- Increase dynamic stability
- Increase strength
- Maintain full motion
  - Isotonic Strenghtening
    - Rotator Cuff
    - Scapular Stabilizers
    - Deltoid, Biceps, Triceps
  - Rhythmic Stabilization
    - Basic
    - Intermediate

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- Advanced

### **Phase III: 8-12**

#### **Goals:**

- Increase neuromuscular control (especially in apprehension position)
- Progress dynamic stability
- Increase overall strength
  - Continue to progress previous isotonic exercises
  - Begin dynamic stabilization
    - Basic
    - Intermediate
    - Advanced
  - Introduce basic plyometrics

\*In Athletes begin to work ER/IR in 90° AB

### **Phase IV: Return to Activity**

#### **Goals:**

Progressively increase activities to patient for full functional return

- Continue previous isotonic strengthening program
- Advance plyometrics
  - Instruct in maintenance program prior to discharge