SHOULDER DISLOCATION (NON-OP)

Patient Name: _____ Date: _____

_____ Evaluate and Treat _____ Provide patient with home program

Frequency: _____ x/week x _____ weeks

This program will vary in length for each individual depending on several factors:

1. Severity of injury
2. Acute vs. chronic condition
3. ROM/strength status
4. Performance/activity demands

Phase I: ACUTE MOTION PHASE:

Goals:

- Re-establish non-painful ROM
- Retard muscular atrophy
- Decrease pain/inflammation
- Note: during the early rehabilitation program, caution must be applied in placing the anterior capsule under stress (i.e. ABD, ER) until joint stability is restored

Decrease Pain/Inflammation:

- Therapeutic modalities (ice, electrotherapy, etc.)
- NSAIDs
- GENTLE joint mobilization

Range of Motion Exercises:

- Pendulums
- Circumduction
- Rope & Pulley
- Flexion
    - Abduction to 90∞, progress to full ROM
- L-Bar
    - Flexion
    - Abduction
    - Internal rotation with arm in scapular plane
    - External rotation with arm in scapular plane
    - Progress arm to 90∞ of abduction as tolerated
- Posterior capsular stretching

**Shoulder Hyperextension is Contraindicated

Strengthening Exercise:

- Isometrics
  - Flexion
  - Abduction
  - Extension
  - Internal rotation (multi-angles)
  - External rotation (scapular angles)
- Weight shifts

PHASE II – INTERMEDIATE PHASE:

Goals:

- Regain and improve muscular strength
- Normalize arthrokinematics
- Improve neuromuscular control of shoulder complex

Criteria to Progress to Phase II:

- Full range of motion
- Minimal pain or tenderness

Initiate Isotonic Strengthening:

- Flexion
- Abduction to 90∞
- Internal rotation
- Side-lying external rotation to 45 degrees
- Shoulder shrugs
- Extension
- Horizontal adduction
- Supraspinatus
- Biceps
- Push-ups

Initiate Eccentric (surgical tubing) Exercises at 0∞ Abduction

- Internal/External rotation

Normalize Arthrokinematics of the Shoulder Complex

- Continue joint mobilization
- Patient education of mechanics of activity/sport

Improve Neuromuscular Control of Shoulder Complex

- Initiation of proprioceptive neuromuscular facilitation
- Rhythmic stabilization drills
- Continue us of modalities (as needed)
- Ice, electrotherapy modalities

Phase III: ADVANCED STRENGTHENING PHASE:

Goals

- Improve strength/power/endurance
- Improve neuromuscular control
- Prepare patient/athlete for activity

Criteria to Progress to Phase III

- Full non-painful ROM
- No palpable tenderness

- Continued progression of resistive exercises
    - Continue use of modalities (as needed)
    - Continue posterior capsular stretches
    - Continue isotonic strengthening (PREs)

Continue Eccentric Strengthening

- Initiate isokinetics
    - Flexion/extension
    - Abduction/adduction
    - Internal/external rotation
    - Horizontal ABD/Adduction

Initiate Plyometric Training

- Surgical tubing
- Wall push-ups
- Medicine ball

Initiate Military Press

PRECAUTION: avoid maneuvers stressing anterior capsule

PHASE IV – RETURN TO ACTIVITY PHASE:

Goals:

- Maintain optimal level of strength/power/endurance
- Progressively increase activity level to prepare patient/athlete for full functional return to activity/sport

Criteria to Progress to Phase IV

- Full ROM
- No pain of palpable tenderness
- Satisfactory isokinetic test
- Satisfactory clinical exam

Continue All Exercises as in Phase III

Continue Posterior Capsular Stretches

Initiate Interval Program

Continue Modalities

^Adopted from PT protocol for Dr. Laith M. Jazrawi, MD @ https://www.newyorkortho.com/pdf/non-operative-rehabilitation-for-anterior-shoulder-instability.pdf

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary.
This patient _____ would _____ would not benefit from social services.

Physician Name: _____ Date: _____

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