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REHAB PROTOCOL: Shoulder Dislocation/Instability Non-op

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

I. PHASE I - ACUTE MOTION PHASE

Precaution:

- Avoid abduction and external rotation for patients with anterior shoulder dislocation
- Avoid adduction and internal rotation for patients with posterior shoulder dislocation
- Avoid stretching and activities in extreme ranges of motion

Immobilization

First time dislocators will be in a sling for 4 weeks. Patients with recurrent dislocation have shorter periods of immobilization.

Range of Motion Exercises: Gentle joint mobilizations and no stretching

- Pendulums
- Rope & Pulley
 - Elevation in scapular plane to tolerance
- Active-assisted ROM L Bar to tolerance
 - Flexion
 - Internal Rotation with arm in scapular plane at 30deg abduction
 - External Rotation with arm in scapular plane at 30deg abduction

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- Motion is performed in Non-Painful arc of motion only

Strengthening/Proprioception Exercises: Isometrics (submaximal, performed with arm at side)

- Flexion, Abduction, Extension, Biceps, internal rotation and external rotation
- Scapular retract/protract elevate/depress (seated manual resist.)

Dynamic stabilization exercises

Therapeutic modalities (ice, TENS, etc.) to reduce pain and inflammation

II. Phase II - Intermediate Phase (maintain motion, regain muscle strength, improve dynamic stabilization and neuromuscular control of the shoulder complex)

Criteria to Progress to Phase II:

- Minimal Pain or Tenderness at rest and with motion
- “Good” manual muscle testing of IR, ER, Flexion, and Abduction
- Baseline proprioception and dynamic stability

Plan

1. **Progress range of motion activities** at 90 degrees abduction to tolerance (apprehension and pain free)
2. **Initiate isotonic strengthening:** Emphasis on external rotation and scapular strengthening
 - ER/IR with Tubing
 - Scaption raises (full can) with elbow bent
 - Abduction to 90 degrees
 - Sidelying external rotation to 45 degrees
 - Standing ER with tubing with manual resistance
 - Hand on ball against wall resistance stabilization
 - Prone extension to neutral
 - Prone horizontal adduction



- Prone rowing
- Lower and middle trapezius
- Sidelying neuromuscular exercise drills
- Push-ups onto table
- Seated manual scapular resistance
- Biceps curls
- Triceps pushdowns
- Electrical muscle stimulation may be used to ER during exercises

3. Improve neuromuscular control of Shoulder Complex

4. Therapeutic modalities to continue as needed

Phase III - ADVANCED Strengthening Phase (improve strength, dynamic stability, and neuromuscular control near end range of motion)

Criteria to Progress to Phase III:

- Full painless physiologic ROM
- ◇ Continued progression of resistive exercises
- ◇ Good - normal muscle strength, dynamic stability, neuromuscular control of scapulothoracic and upper extremity musculature

Plan:

- Continue use of modalities (as needed)
- Continue isotonic strengthening (progress resistance)
- Emphasize proprioceptive neuromuscular facilitation (PNF)
- Advanced neuromuscular control drills (for athletes)

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- Endurance training
- Initiate plyometric training

Phase IV - RETURN TO ACTIVITY PHASE

Criteria to Progress to Phase IV:

- Full painless physiologic ROM
- NO apprehension in provocative position
- Good muscular control in upper extremity

PLAN:

- Continue all exercises as in Phase III
- Progress isotonic strengthening exercises
- Resume normal lifting program
- Initiate interval return to sport program

Modalities

- ◇ Heat and Ice
- ◇ Ultrasound
- ◇ Iontophoresis
- ◇ Phonophoresis
- ◇ Therapists' discretion
- ◇ TENS
- ◇ Trigger point massage

Evaluation and others

- ◇ Teach home exercise program

Comments:

Frequency: _____ times per week

Duration: _____ weeks

Signature: _____

Date: _____