

Non-Operative Rehabilitation For Anterior Shoulder Instability

The 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 range of motion
Retard muscular atrophy
Decrease pain/inflammation

****Note:** During the early rehabilitation program, caution must be applied in placing the anterior capsule under stress until dynamic joint stability is restored.

Decrease Pain/Inflammation

Therapeutic modalities (ice, electrotherapy, etc.)
NSAID's
Gentle Joint Mobilization

Range of Motion Exercises

Pendulums
Circumduction
Rope & Pulley
-Flexion
-Abduction to 90 degrees, 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 degrees of abduction as tolerated**
Posterior capsular stretching
Upper extremity ergometer
****SHOULDER HYPEREXTENSION IS CONTRAINDICATED****

Strengthening Exercises:

Isometrics
-Flexion
-Abduction
-Extension
-Internal Rotation (multi angles)
-External Rotation (Scapular plane)

Weight Shifts (Closed Chain Exercises)

Phase II – Intermediate Phase

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

Criteria to Progress to Phase II

1. Full range of motion
2. Minimal Pain or Tenderness
3. "Good" MMT of IR, ER, Flexion, and Abduction

Initiate Isotonic Strengthening

- Flexion
- Abduction to 90 degrees
- 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 degrees abduction

- internal rotation
- 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 Use 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:

1. Full non-painful range of motion
2. No palpable tenderness
3. Continues progression of resistive exercises

Continue use of modalities (as needed)

Continue posterior capsular stretches

Continue isotonic strengthening (PRE's)

Continue eccentric strengthening

Emphasize PNF

Initiate isokinetics

- Flexion/Extension
- Abduction/Adduction
- Internal/External Rotation
- Horizontal ABD/Adduction

Initiate plyometric training

- Surgical Tubing
- Wall Push-ups
- Medicine Ball
- Boxes

Initiate military press

****PRECAUTION IS AVOIDING EXCESSIVE STRESS ON 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:

1. Full ROM
2. No pain or palpable tenderness
3. Satisfactory isokinetic test
4. Satisfactory clinical exam

Continue all exercises in Phase III

Continue posterior capsular stretches

Initiate Interval Program

Continue modalities (as needed)

Follow Up

Isokinetic Test

Progress Interval Program

Maintenance of Exercise Program