

## Non-Operative Rehabilitation for Anterior Shoulder Instability

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Date of Surgery :** \_\_\_\_\_

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

- Severity of injury
- Acute vs. chronic condition
- ROM/strength status
- 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 Exercises**

- 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 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**

- 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

**Comments:****Frequency:** \_\_\_\_ **times per week****Duration:** \_\_\_\_\_ **weeks****Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_