

Anterior Shoulder Instability/Dislocation Rehabilitation Framework

General Rehabilitation Philosophy:

I want patients to focus on learning a home program that they can use on a daily basis. I view the therapist's role as one of physically helping the patient with ROM/stretching in the early phases, and providing instruction, support, and feedback in the later phases. Wherever possible, please use CKC exercises, plyometrics, etc., and avoid OKC activities.

I am not a fan of modalities, massage, etc., which I view as an expensive and temporary relief measure. I will need a good, objective reason to recommend these other than in the early, acute phase.

Insurance companies monitor the number of patient visits authorized by physicians. For this reason, I appreciate (and will therefore refer more patients to) therapists who minimize the number of patient visits required to achieve our goals. I will often stop therapy abruptly – this is not a reflection on you, but rather that I am trying a new care plan.

I encourage any physical therapist taking care of my patients to please call me with any questions regarding their care.

Phase 1 – Soft-tissue healing (only if dislocation episode)

1	Immobilize 3 weeks in IR full-time
2	Analgesics (avoid NSAIDS, we want inflammatory scar formation)
3	Elbow/wrist/hand AROM activity

Phase 2 – Restore ROM (3-4 weeks post dislocation)

1	AA/PROM to maximize FF (pulley, cane, towel, pool)
2	Pendulums
3	Deltoid, RC isometrics, supine in scapular plane

4	PRE's for scapular muscles, lats, biceps, triceps
5	Joint mobilization (posterior glides)

Phase 3 – 4-6 weeks post-dislocation

1	AROM activity to restore full ROM below horizontal
2	Restore scapulohumeral rhythm
3	Joint mobilization, posterior capsular stretch
4	Scapular stabilization with CKC, avoid anterior capsular stress
5	IR PRE's
6	ER PRE's with limit max ER to 30 degrees
7	Supraspinatus PRE's, supine, in plane of scapula, to 60 degrees abduction
8	Isotonic deltoid work in plane scapula to 60 degrees

Phase 4 – Strengthening of RC/Scapula (Weeks 6-8)

1	Restore full ROM in all planes
2	Progress cuff PRE's, with focus on IR, ER, and Abduction (ALL IMPORTANT)
3	Scapular stabilization with eccentric, CKC strengthening
4	Upper body endurance activity
5	Begin plyometric 8# weighted ball rebound throwing/catching program

Phase 5 – Prep for sports

1	Eliminate strength deficits
2	Maintain flexibility (particularly posterior capsule)

3	RC isokinetics
4	RC exercises in abduction
5	Continue plyometrics
6	Advanced proprioception program
7	Continue endurance activity

Phase 6 – Return to sport

1	Teach maintenance program
2	Throwing program
3	Isokinetic test if avail.
4	RTS prn