

## 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:**

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 Exercises**

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

### PHASE II –INTERMEDIATE PHASE

- **Goals**

- Regain and improve muscular strength
- Normalize arthrokinematics

- **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: \_\_\_\_\_