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Non-Operative Shoulder Dislocation Guideline

Individual patient circumstances may affect the guideline (Severity, acute v. chronic, prior strength level, activity demands)

Phase	Goals	Precautions/Restrictions	Treatment
Phase I	 Re-establish pain-free ROM Limit atrophy Decrease pain 	 Bracing per physician Avoid anterior capsule stretching/mobilizations Avoid end-range combined abduction and external rotation 	 Cryotherapy, modalities as needed Pendulums, pulley for ROM Posterior capsule stretching Isometric strengthening in all planes
Phase II	 Strength RTC and scapular stabilizers Correct glenohumeral and scapulothraocic movement Progress to Phase III when strength is normalized and full ROM 	 Bracing per physician Avoid anterior capsule stretching/mobilizations 	 ROM: as tolerated Progress isometric -> isotonic Multi-angle isometrics Prone and side-lying strengthening PNF techniques Initiate closed-chain strengthening Wall taps
Phase III	 Increase functional strength No signs of instability Strength at 90% LSI in various planes 	Avoid maneuvers stressing anterior capsule	 Maintain ROM Initiate closed-chain plyometrics Initiate open-chain plyometrics Prone T catch/release Reverse ball toss
Phase IV	 Full ROM No instability/apprehension Strength normalized in all planes May return to sport or activity with passing UE criteria and physician approval 	Return to sport with physician clearance	 Continue progressive resistance exercise Continue plyometrics Initiate sport activities Initiate return to throwing if applicable

This guideline is not meant to be prescriptive but a recommendation to the rehabilitation process. Progress may vary based on specifics of injury and procedure.