

## 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                   |