

Orthopaedic Sports Specialists, P.C.

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Non-operative Rehabilitation:

Anterior Shoulder Instability & Acute Dislocation:

*This is designed to return the patient/athlete to his activity/sport as quickly and safely as possible.
The program's length will vary 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: Reestablish non-painful range of motion
 Retard muscle atrophy
 Decrease pain/inflammation

**** During the early rehabilitation program caution ****
must be applied in placing the anterior capsule
under stress (i.e. ABD/ER) until dynamic joint
stability is restored.

1. RANGE OF MOTION EXERCISES

- A. Pendulum
- B. Circumduction
- C. Rope and pulley
 - * flexion
 - * abduction to 90 degrees, progress to full ROM
- D. T-bar
 - * flexion
 - * abduction
 - * internal rotation (scapular plane)
 - * external rotation (scapular plane)
- E. Posterior capsular stretching
- F. Upper extremity ergometer

**** Shoulder hyperextension is contraindicated ****

2. Strengthening Exercises

A. Isometrics

- * flexion
- * abduction
- * extension
- * internal rotation (multi-angles)
- * external rotation (scapular plane)

3. DECREASE PAIN/INFLAMMATION

- A. Therapeutic modalities (ice, heat, electrotherapy etc.)
- B. NSAID
- C. Joint mobilization

PHASE II - INTERMEDIATE PHASE

CRITERIA TO PROGRESS TO PHASE II:

- 1) Full range of motion
- 2) Minimal pain or tenderness
- 3) "good" MMT- or IR-ER, flexion,& abduction

GOALS: Regain and improve muscular strength
 Normalize arthrokinematics
 Improve neuromuscular control of shoulder complex

1. Continue isometric strengthening as necessary
2. Initiate surgical tubing exercises
 - * internal rotation
 - * external rotation
 - ∞ performed with arm at side with elbow flexed to 90 degrees
3. Initiate isotonic strengthening
 - A. Shoulder flexion
 - B. Shoulder abduction to 90 degrees
 - C. Shoulder internal rotation
 - D. Slide lying external rotation to 45 degrees
 - E. Shoulder shrug
 - F. Shoulder extension
 - G. Horizontal adduction
 - H. Supraspinatus
 - I. Biceps
 - J. Push-ups

NORMALIZE ARTHROKINEMATICS OF SHOULDER COMPLEX

1. Continue joint mobilization
2. Patient education of mechanics of activity/sport

IMPROVE NEUROMUSCULAR CONTROL OF SHOULDER COMPLEX

1. Initiation of proprioceptive neuromuscular facilitation
2. Upper body utilization of the "fitter"

**** CONTINUE USE OF MODALITIES AS NEEDED ****

PHASE III - ADVANCED STRENGTHENING PHASE

CRITERIA TO PROGRESS TO PHASE III:

- 1) Full non-painful range of motion
- 2) No palpable tenderness
- 3) Continued progression of resistive exercises.

GOALS: Improve strength/power/endurance
 Improve neuromuscular control
 Prepare patient/athlete for activity

1. Continue posterior capsular stretches
2. Continue use of modalities as needed
3. Continue isotonic stretching (PRE's)
4. Emphasize PNF
5. Initiate isokinetic
 - * flexion/extension
 - * abduction/adduction
6. Advancement of eccentric exercises
7. Initiate plyometric training
 - * wall push-ups
 - * chin-ups
 - * medicine ball
 - * step-up boxes
8. Begin military press

****PRECAUTION IN AVOIDING EXCESSIVE STRESS ON ANTERIOR CAPSULE****

PHASE IV RETURN TO ACTIVITY PHASE

CRITERIA TO PROGRESS TO PHASE IV:

- 1) Full range of motion
- 2) No pain or palpable tenderness
- 3) Satisfactory clinical exam
- 4) Satisfactory isokinetic test

GOALS: Progressively increase activity level to prepare
 patient/athlete for full functional return
 Maintain optimal level of strength/power/endurance

1. Continue modalities as needed
2. Continue posterior capsular stretches
3. Continue isotonic strengthening
4. Continue eccentric strengthening
5. Initiate interval program

FOLLOW-UP

- * Isokinetic test
- * Monitor of interval program
- * Instruction of exercise program