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:
  o Re-establish non-painful ROM
  o Retard muscular atrophy
  o Decrease pain/inflammation
  o 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
  o Therapeutic modalities (ice, electrotherapy, etc.)
  o NSAIDs
  o GENTLE joint mobilization

• Range of Motion Exercises
  o Pendulums
  o Circumduction
  o Rope & Pulley
  o Flexion
    ▪ Abduction to 90°, progress to full ROM
  o 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
  o Posterior capsular stretching
  o **Shoulder Hyperextension is Contraindicated

• Strengthening Exercises
  o Isometrics
    ▪ Flexion
    ▪ Abduction
    ▪ Extension
    ▪ Internal rotation (multi-angles)
    ▪ External rotation (scapular angles)
  o Weight shifts

☐ PHASE II –INTERMEDIATE PHASE

• Goals
  o Regain and improve muscular strength
  o Normalize arthrokinematics
• Improve neuromuscular control of shoulder complex

• **Criteria to Progress to Phase II**
  o Full range of motion
  o Minimal pain or tenderness

• **Initiate Isotonic Strengthening**
  o Flexion
  o Abduction to 90°
  o Internal rotation
  o Side-lying external rotation to 45 degrees
  o Shoulder shrugs
  o Extension
  o Horizontal adduction
  o Supraspinatus
  o Biceps
  o Push-ups

• **Initiate Eccentric (surgical tubing) Exercises at 0° Abduction**
  o Internal/External rotation

• **Normalize Arthrokinematics of the Shoulder Complex**
  o Continue joint mobilization
  o Patient education of mechanics of activity/sport

• **Improve Neuromuscular Control of Shoulder Complex**
  o Initiation of proprioceptive neuromuscular facilitation
  o Rhythmic stabilization drills
  o Continue us of modalities (as needed)
  o Ice, electrotherapy modalities

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**PHASE III – ADVANCED STRENGTHENING PHASE**

• **Goals**
  o Improve strength/power/endurance
  o Improve neuromuscular control
  o Prepare patient/athlete for activity

• **Criteria to Progress to Phase III**
  o Full non-painful ROM
  o No palpable tenderness
  o Continued progression of resistive exercises
    ▪ Continue use of modalities (as needed)
    ▪ Continue posterior capsular stretches
    ▪ Continue isotonic strengthening (PREs)

• **Continue Eccentric Strengthening**
  o Initiate isokinetics
    ▪ Flexion/extension
    ▪ Abduction/adduction
    ▪ Internal/external rotation
    ▪ Horizontal ABD/Adduction

• **Initiate Plyometric Training**
  o Surgical tubing
  o Wall push-ups
  o 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: ___________________________