



Orthopedic Surgery, Sports Medicine & Arthroscopy Specialists

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REHABILITATION PROTOCOL- Nonoperative multidirectional shoulder instability

The rehabilitation guidelines are presented in a criterion based progression program. Individual patients will progress at different rates depending on their age, associated injuries, pre-injury health status, rehab compliance, tissue quality and injury severity. Specific time frames, restrictions, and precautions may also be given to protect healing tissues and the surgical repair/reconstruction. The therapist should consult the referring physician with any questions or concerns.

INDIVIDUAL CONSIDERATIONS

PHASE 1 (~0-8 weeks)

REHAB GOALS	<ol style="list-style-type: none">1. Protection of the shoulder2. Gradual restoration of ROM3. Minimize swelling & pain
PRECAUTIONS	<ol style="list-style-type: none">1. Sling immobilization as needed until pain controlled2. ROM precautions: Based on direction of instability. For anterior: Passive forward elevation 90, ER to 20 with <20 deg abduction. Avoid abduction & external rotation. Avoid active forward elevation. Posterior: IR & adduction to 0.3. Ice as needed for pain4. No lifting or carrying objects
RANGE OF MOTION EXERCISES	<ul style="list-style-type: none">○ Active & passive elbow, wrist, hand ROM, ball squeeze, gripping○ Supported Codman exercises○ Soft tissue mobilizations/techniques as tolerated○ As pain tolerates progression to active assist ROM with cane/wand supine.
SUGGESTED THERAPEUTIC EXERCISES	<ul style="list-style-type: none">○ As above○ LE and core activities when pain tolerates○ Humeral head perturbations○ Scapular rhythmic stabilization, manual strengthening○ When pain tolerates scapular retraction isometrics, supine punches○ ER/IR isometrics○ Scaption w/progressive resistance when nml scapulohumeral mechanics
CARDIOVASCULAR EXERCISE	Stationary bike, elliptical (no UE), stairmaster
PROGRESSION	<ul style="list-style-type: none">○ Full ROM○ Normal scapulohumeral rhythm

CRITERIA	<ul style="list-style-type: none"> ○ 5/5 strength UE ○ No recurrent instability/subluxations
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PHASE 2 (~8-14 weeks)

REHAB GOALS	<ol style="list-style-type: none"> 1. Achieve ROM goals 2. Normalize rotator cuff guarding & neuromuscular control 3. Minimize pain and swelling
PRECAUTIONS	<ol style="list-style-type: none"> 1. Ice as needed after activity
RANGE OF MOTION EXERCISES	<ul style="list-style-type: none"> ○ Continue phase 1 exercises ○ Glenohumeral/scapular mobilizations as needed ○ Stretching of at risk areas (posterior shoulder, pec, etc)
SUGGESTED THERAPEUTIC EXERCISES	<ul style="list-style-type: none"> ○ Continue phase 1 exercises ○ Humeral head control/rhythmic stabilization ○ PNF w/manual resistance (D1, D2) ○ LE & core strengthening, LE plyometrics ○ Body blade below horizontal, physioball closed chain ○ ball stabilizations, serratus punches, prone hitch hikers ○ UE plyometrics- two handed chest toss ○ thrower's exercises: ER/IR at 0 abduction (progress to IR/ER as pain tolerates), scaption ER full can, rows into ER at 90 abduction seated on stability ball, lower trap seated on stability ball, elbow flexion, elbow extension/triceps, wrist extension, wrist flexion, supination, pronation, sleeper stretch, supine horizontal adduction stretch into IR, Prone horizontal abduction neutral/full ER at 100, prone row, Diagonal pattern (D2) flexion/extension
CARDIOVASCULAR EXERCISE	Jog/run progression, UBE
PROGRESSION CRITERIA	<ul style="list-style-type: none"> ○ Lack of apprehension/instability ○ No pain ○ At least 75% strength of contralateral

PHASE 3 (~14-20 weeks)

REHAB GOALS	<ul style="list-style-type: none"> ○ Improve scapular, cuff strength ○ Minimize pain
PRECAUTIONS	
RANGE OF MOTION EXERCISES	<ul style="list-style-type: none"> ○ Continue exercises from phase 2.

SUGGESTED THERAPEUTIC EXERCISES	<ul style="list-style-type: none">○ Continue exercises from phase 2○ LE & core- progress strengthening.○ Progress scapular stabilization strengthening○ Progress closed chain to unilateral, perturbations, etc○ Progress bodyblade to above 90 deg○ Bosu ball UE stabilization○ UE plyometrics- overhead throws, diagonal toss, D2 deceleration with plyoball, unilateral plyoball toss supine progress to standing○ Overhead athletes- ok to begin sport specific exercises. Baseball begin interval throwing program
CARDIOVASCULAR EXERCISE	Advance to baseline
PROGRESSION CRITERIA- RETURN TO SPORT	<ul style="list-style-type: none">○ At least 90% strength of contralateral○ No pain/swelling/instability/apprehension○ Normal glenohumeral & scapulothoracic mechanics○ Physician clearance