

Non-Operative Shoulder Dislocation Rehab Protocol

The surgeon must specify on the referral any specific recommendations or deviations outside this protocol.

Phase I	Phase II	Phase III	Phase IV
Week 0-4	Week 4-8	Week 8-12	Weeks 12+
<p>General Goals:</p> <ul style="list-style-type: none"> -Re-establish full motion -Slow muscular atrophy -Decrease pain and inflammation -Allow capsular healing <p>First time Dislocators: May be immobilized for 4-6 weeks (ortho discretion) before starting PT</p> <p>Recurrent Dislocators: PT can begin immediately</p> <p>Clinical Implications:</p> <ul style="list-style-type: none"> -AAROM with wand to tolerance -Begin IR/ER at side, progress to 30°, 60° then 90° ABD as pain subsides -Submax isometrics for all shoulder musculature -Gentle joint mobs and PROM -Modalities PRN (ice, IFC-Estim, etc) to decrease pain and inflammation 	<p>General Goals:</p> <ul style="list-style-type: none"> -Increase dynamic stability -Increase strength -Maintain full motion <p>Clinical Implications:</p> <ul style="list-style-type: none"> -Isotonic strengthening of rotator cuff, scapular stabilizers, deltoid, biceps, triceps -Rhythmic stabilization progressing from basic to intermediate and then advanced 	<p>General Goals:</p> <ul style="list-style-type: none"> -Increase neuromuscular control (especially in apprehension position) -Progress dynamic stability -Increase overall strength <p>Clinical Implications:</p> <ul style="list-style-type: none"> -Continue to progress isotonic exercises -Begin dynamic stabilization progressing from basic to intermediate and then advanced -Introduce basic plyometrics **In athletes, begin to work IR/ER in 90° ABD 	<p>General Goals:</p> <ul style="list-style-type: none"> -Progressively increase activities for full functional return <p>Clinical Implications:</p> <p><u>Week 16-26:</u></p> <ul style="list-style-type: none"> -Continue previous isotonic strengthening program -Advance plyometrics -Instruct in maintenance program prior to discharge