

ANTERIOR SHOULDER DISLOCATION/SUBLAXATION CONSERVATIVE REHABILITATION PROGRAM

The physical therapy rehabilitation for an anterior shoulder dislocation/subluxation will vary in length depending on factors such as:

- Degree of shoulder instability/laxity
- Acute versus Chronic condition
- Length of time immobilized
- Strength/Range of Motion (ROM) status
- Performance/Activity demands

The rehab program is outlined in three phases. It is possible to overlap phases (Phase One-Two, Phase Two-Three) depending on the progress of each individual. In all exercises during Phase One and Phase Two, caution must be applied in placing undue stress on the anterior joint capsule as dynamic joint stability is restored. The focus in Phase Three is on progressive exercises in preparation for returning to the prior activity level (work, recreation activity, sports, etc.).

PHASE ONE:

1. Apply modalities as needed (heat, ice, electrotherapy, etc.)
2. Perform ROM exercises (passive, active-assistive), avoid abduction, extension and external rotation ("cocked position" for throwing).
 - A. Rope and Pulley
 - B. Wand
 - C. Finger Walk
3. Posterior cuff stretch in supine (cross arm adduction)
4. Manual stretching, avoiding stretching to the anterior capsule (ER in the scapular plane and no shoulder extension)
5. Functional behind the back stretch (IR towel stretch), if needed
6. Mobilization of posterior cuff, if needed
7. Elastic resistance for IR/ER with arm at side and elbow at 90° (pain free ROM with ER), and scapular strengthening (shrugs, rows, etc.)
8. UBE
9. DB exercises for:
 - A. Supraspinatus, "full" can in the scapular plane below shoulder level
 - B. Shoulder flexion
 - C. Shoulder abduction (pain free)
 - D. Shoulder extension in prone (do not move shoulder past the plane of the body)
 - E. Shoulder rows in prone
 - F. Serratus punch in supine (push up plus program)
 - G. Shoulder shrugs
 - H. Forearm/elbow strengthening

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PHASE ONE (cont'd):

10. Rhythmic stabilization exercises (begin in the supine position progressing to the functional planes of motion)
11. PNF patterns with gentle manual resistance (progress by working into the dysfunctional plane of motion)

PHASE TWO:

1. Continue posterior cuff stretching
2. Continue shoulder strengthening exercises with free weights and elastic resistance (emphasize eccentric work on the rotator cuff, progress planes of motion to the 90/90 position)
3. Add lower trap pull downs with pulley system, if available
4. Progress prone DB program by adding:
 - A. Horizontal abduction
 - B. Retraction with ER
 - C. Extension with palm forward
5. Plyotoss chest pass (progress to overhead and single arm)
6. Progress push plus program (wall push ups, modified floor, floor)
7. Begin progressive throwing program as advised by MD
8. Begin total body conditioning including a well organized core stability program for overhead athletes
9. Begin skill development at a low intensity level
10. Continue with rhythmic stabilization exercises with resistance and in the functional planes of motion
11. Continue PNF patterns
12. Utilize manual resisted techniques or elastic resistance to emphasize eccentric loading for the posterior cuff

PHASE THREE:

Focus on progressive exercises in preparation for returning to the prior activity level.

1. Continue flexibility/mobility exercises
2. Continue progressive throwing program
3. Continue with strengthening
4. May add overhead strengthening
5. May progress to bench program
 - A. Regular / B. Incline / C. Decline
6. Continue UBE
7. Continue total body conditioning
8. Progress skill development. Begin practicing skills specific to the activity (work, sports, etc.)