

POSTERIOR SHOULDER DISLOCATION/SUBLAXATION CONSERVATIVE REHABILITATION PROGRAM

The physical therapy rehabilitation for posterior shoulder dislocation/subluxation is outlined in three phases, which may overlap depending on the progress of the individual, and that will vary in length depending on factors such as:

1. Degree of shoulder instability / laxity
2. Acute versus Chronic condition.
3. Length of time immobilized.
4. Strength / ROM status
5. Performance / Activity demands

In all exercises during Phase I and Phase II, caution must be applied in placing undue stress on the posterior joint capsule as dynamic joint stability is restored.

PHASE I:

- Apply modalities as needed (heat, ice, electrotherapy, etc.)
- Perform range of motion exercises (passive, active-assistive) avoid adduction, flexion, and internal rotation.
 - A) Rope and Pulley
 - B) Wand
 - C) Finger Walk
- Mobilization of anterior cuff / capsule stretch (as needed).
- Elastic resistance for IR/ER with arm at side and elbow at 90° (pain free ROM): and scapular strengthening
- UBE
- DB exercises for:
 - A) Supraspinatus – full/empty can in the scapular plane below shoulder level
 - B) Shoulder flexion
 - C) Shoulder abduction
 - D) Shoulder extension
 - E) Shoulder rows in supine
 - F) Serratus punch in supine (push up plus program)
 - G) Shoulder shrugs
 - H) Forearm/elbow strengthening
- Rhythmic stabilization exercises (begin in the supine position progressing to the functional planes of motion)
- PNF patterns with gentle manual resistance (progress by working into the dysfunctional plane of motion)

PHASE II:

- Continue anterior cuff/capsule stretch, mobilization, and range of motion exercises (as needed).
- Continue shoulder strengthening exercises with free weights and elastic resistance (emphasize eccentric work on the rotator cuff) and posterior deltoid, progress planes of motion to the 90/90 position
- Progress push up plus program by adding wall push up plus
- Add lower trap pull downs with pulley system if available



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PHASE II (cont'd):

- Progress prone DB program by adding:
 - A) horizontal abduction
 - B) retraction with ER
 - C) extension with palm forward
- Plyotoss chest pass (progress to overhead and single arm)
- Begin progressive throwing program as advised by Dr. Stewart
- Begin total body conditioning including a well organized core stability program for overhead athletes
- Begin skill development at a low intensity level
- Continue with rhythmic stabilization exercises with resistance and in the functional planes of motion
- Continue PNF patterns
- Utilize manual resisted techniques or elastic resistance to emphasize eccentric loading for the posterior cuff

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

- Progress push up plus program (modified floor, to floor)
- Continue progressive throwing program
- Continue with strengthening
- May add overhead strengthening (military press)
- May progress to bench program with light resistance. Use safety stops to avoid stress to the posterior capsule
- Continue UBE
- Continue total body conditioning program with emphasis on the shoulder (rotator cuff, posterior deltoid)
- Progress skill development. Begin practicing skills specific to the activity (work, recreational activity, sport, etc.)