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Therapist _____

NON-OPERATIVE REHABILITATION ATRAUMATIC SHOULDER INSTABILITY

The program will vary in length for each individual depending on several factors:

- 1. Severity of symptoms
- 2. Chronicity of instability symptoms
- 3. Age and Activity Level of Patient
- 4. ROM/Strength Status
- 5. Desired Goals and activities

I. PHASE I - ACUTE MOTION PHASE

<u>Goals</u>: Re-establish non-painful range of motion Retard muscular atrophy Decrease pain/inflammation

** *Note:* During the early rehabilitation program, caution must be applied in placing the capsule under stress (i.e. stretching into ABD, ER) until dynamic joint stability is restored.

- Decrease Pain/Inflammation:
 - Sling for comfort as needed
 - Therapeutic modalities (ice, electrotherapy, etc.)
 - NSAID's
- Range of Motion Exercises:
 - Gentle ROM only, no stretching
 - Pendulums
 - Rope & Pulley
 - Elevation in scapular plane to tolerance
 - Active-assisted ROM L-Bar to tolerance
 - Flexion
 - Internal Rotation with arm in scapular plane at 30° abduction
 - External Rotation with arm in scapular plane at 30° abduction

** DO NOT PUSH INTO ER OR HORIZONTAL ABDUCTION **

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- Strengthening Exercises:
 - Isometrics
 - Flexion
 - Abduction
 - Extension
 - Internal Rotation (multi-angles)
 - External Rotation (scapular plane)
 - Rhythmic Stabilizations
 - ER/IR in scapular plane
 - Weight Shifts (CKC Exercises)
 - Joint reproduction proprioceptive drills

II. PHASE II - INTERMEDIATE PHASE

<u>Goals</u>: Regain and improve muscular strength Normalize arthrokinematics Improve neuromuscular control of shoulder complex

Criteria to Progress to Phase II:

- 1. Full Passive ROM (except ER)
- 2. Minimal Pain or Tenderness
- 3. "Good" MMT of IR, ER, Flexion, and Abduction
- 4. Baseline proprioception and dynamic stability
- Initiate Isotonic Strengthening
- Emphasis on External Rotation and Scapular Strengthening
 - ER/IR Tubing
 - Scaption with ER (Full Can)
 - Abduction to 90 degrees
 - Side lying external rotation to 45 degrees
 - Shoulder shrugs
 - Prone Extension to Neutral
 - Prone Horizontal Adduction
 - Prone Rowing
 - Biceps
 - Table Push-ups
 - Triceps
- Improve Neuromuscular control of Shoulder Complex
 - Initiation of proprioceptive neuromuscular facilitation
 - Rhythmic stabilization drills
 - ER/IR at 90 degrees abduction
 - Flexion/Extension/Horizontal at 100° Flexion, 20° horizontal abduction
 - Progress CKC exercises with rhythmic stabilizations

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- Wall stabilization on ball
- Static holds in push-up position on ball
- Push-ups on tilt board
- Continue Use of Modalities (as needed)
 - Ice, electrotherapy modalities

III. PHASE III - ADVANCED STRENGTHENING PHASE

<u>Goals</u>: Improve strength/power/endurance Improve neuromuscular control Enhance dynamic stabilizations Prepare patient/athlete for activity

Criteria to Progress to Phase III:

- 1. Full non-painful range of motion
- 2. No palpable tenderness
- 3. Continued progression of resistive exercises

• Continue use of modalities (as needed)

- Continue isotonic strengthening (PRE's)
 - Continue all exercises listed above
 - Progress to end range stabilization
 - Progress to full ROM strengthening
 - Progress to bench press in restricted ROM
 - Program to seated rowing and lat pull down in restricted ROM
- Emphasize PNF

• Neuromuscular control drills (for athletes)

- Ball flips on table
- End range RS with tubing
- Wall stabilizations on ball
- Push-ups on ball with rhythmic stabilizations

• Initiate plyometric training

- 2-hand drills:
 - Chest pass
 - Side to side
 - Overhead
- Progress to 1-hand drills:
 - 90/90 throws
 - Wall dribbles

** PRECAUTION IS AVOIDING EXCESSIVE STRESS ON CAPSULE **

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IV. 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:

- 1. Full ROM
- 2. No pain or palpable tenderness
- 3. Satisfactory isokinetic test
- 4. Satisfactory clinical exam
- Continue all exercises as in Phase III
- Initiate Interval Sport Program
- Continue Modalities (as needed)

FOLLOW-UP

- Isokinetic Test
- Progress Interval Program
- Maintenance of Exercise Program

