

Plan:

- Phase I – Acute Motion Phase
 - Precautions:
 - Avoid abduction and external rotation for patients with anterior shoulder dislocation
 - Avoid adduction and internal rotation for patients with posterior shoulder dislocation
 - Avoid stretching and activities in extreme ranges of motion
 - Immobilization
 - Patients will be in a sling for approximately 1 week. Chronic dislocators may not require sling immobilization
 - Range of Motion Exercises: Gentle joint mobilizations and no stretching
 - Pendulums
 - Rope & pulley
 - Elevation in scapular plane to tolerance
 - Active-assisted ROM to tolerance
 - Flexion
 - Internal Rotation with arm in scapular plane at 30° abduction
 - External Rotation with arm in scapular plane at 30° abduction
 - Motion is performed in non-painful arc of motion only
 - Strengthening/proprioception exercises: isometrics (submaximal, performed with arm at side)
 - Flexion, Abduction, Extension, Biceps, internal rotation and external rotation
 - Scapular retraction/protraction elevation/depression (seated manual resistance)
 - Dynamic stabilization exercises
 - Therapeutic modalities (ice, TENS, etc.) to reduce pain and inflammation
- Phase II - Intermediate Phase (maintain motion, regain muscle strength, improve dynamic stabilization and neuromuscular control of the shoulder complex)
 - Progress range of motion activities at 90 degrees abduction to tolerance (apprehension and pain free)
 - Initiate isotonic strengthening: emphasis on external rotation and scapular strengthening
 - Improve neuromuscular control of shoulder complex
 - Therapeutic modalities to continue as needed
- Phase III – Advanced Strengthening Phase (improve strength, dynamic stability, and neuromuscular control near end range of motion)
 - Continue use of modalities (as needed)
 - Continue isotonic strengthening (progress resistance)
 - Emphasize proprioceptive neuromuscular facilitation (PNF)
 - Advanced neuromuscular control drills (for athletes)
 - Endurance training
 - Initiate plyometric training

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Shoulder Dislocation Protocol

- Phase IV – Return to activity
 - Continue all exercises as in Phase III
 - Progress isotonic strengthening exercises
 - Resume normal lifting program
 - Initiate interval return to sport program

- Modalities:
 - Heat and Ice
 - Ultrasound
 - Iontophoresis
 - Phonophoresis
 - TENS
 - Trigger point massage
 - Therapists' discretion