RUTGERS North Jersey Orthopaedic Institute

Balazs Galdi, M.D.

140 Bergen Street, ACC D1610 Newark, NJ 07103 Tel: (973) 972-8240 Fax: (973) 972-9367

ANTERIOR SHOULDER INSTABILITY PHYSICAL THERAPY PROTOCOL

Weeks 0-2

Primary goals: Regain ROM

- Patient is placed in a sling initially.
- Sling may be removed for active abduction, flexion and external rotation in the scapular plane 2 times per day and to allow the shoulder to adduct.
- Do not force external rotation but attempt to gain additional .
- Isometric shoulder exercises may be performed in all planes of motion and at multiple angles within each plane (e.g., 30°, 45°, etc.) as tolerated.
- Active elbow flexion/extension strengthening exercises.
- May squeeze a soft ball.

Weeks 2-4

Primary goals: Increase ROM

- Attempt to reach full ROM at the end of 4 weeks
- Add active internal and external rotation with the arm at the side and elbow flexed 90 degrees. May use surgical or elastic tubing for resistance as tolerated.
- Add shoulder shrugs.
- Add active scapular retraction with the arms by the side of the body.

Weeks 4-6

Primary goals: Normal ADLs; Increase functional capacity; Increase strength

- Range of motion-within normal limits.
- Continue ROM exercises. Protect the anterior capsule. Do not overstretch.
- Add supraspinatus strengthening exercise.
- Add shoulder flexion strengthening exercise.
- Add active shoulder extension in the prone position. Only extend the arm until it is level with the trunk.
- Progress to sidelying external rotation exercises.

RUTGERS North Jersey Orthopaedic Institute

- Add isotonic shoulder abduction to 90°.
- Restore normal shoulder rhythm (i.e., scapulohumeral and glenohumeral joints).
- Add upper body ergometer for endurance training beginning at low resistance.

Weeks 6-10

Primary goals: Increase functional leg strength; Normalize balance and proprioception

- 2# ball toss on trampoline unilateral stance increase dispersion with improved control
- Be sure the posterior and inferior joint capsules allow for full ROM and normal glenohumeral joint kinematics to occur. The patient should have full ROM by 4-6 weeks.
- Progress with weights as tolerated (i.e., shoulder flexion, abduction, internal and external rotation, extension, supraspinatus, etc.). Continue emphasis on strengthening the rotator cuff musculature.
- Add isokinetic strengthening and endurance exercises at the faster speeds (e.g., 200°/sec or faster) for internal and external rotation. May add other directions (e.g., flexion, abduction) as needed.
- Add horizontal abduction with scapular adduction (i.e., prone position, horizontally abducting the humerus from 90° horizontal adduction to 0°).

Weeks 10-14

Primary goals: Increase agility and speed of training; Normalize strength; Increase muscular endurance

• Sliding board side-side with rotation