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Anterior Shoulder Dislocation/Subluxation Conservative Rehabilitation Program

The physical therapy rehabilitation program for an anterior shoulder dislocation/subluxation 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

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

PHASE I:

1. Apply modalities as needed (heat, ice, electrotherapy, etc)
2. Perform range of motion 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 degrees (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 the 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
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 II:

1. Continue posterior cuff strengthening
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. Plytoss 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 III: 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 (military press)

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, recreational activity, sport, etc)