

Rehabilitation Protocol: Shoulder Instability – Non-Operative

Episode: ☐ First-Time ☐ Recurrent

Date of Most Recent Episode: _____

Direction: ☐ Anterior ☐ Posterior ☐ Multidirectional/Laxity

Progression is criteria-based (symptoms and function) rather than strictly time-based. Early focus: reduce apprehension by avoiding vulnerable positions, reduce pain, restore ROM. **Scapular control and rotator cuff activation are paramount.** No anterior glides for anterior instability (no posterior glides for posterior instability). Recurrent instability or persistent apprehension despite a well-performed program – contact our office to discuss stabilization.

☐ Phase I – Acute (Weeks 0-2/3)

- **Sling:** Comfort only – typically no more than 1-2 weeks
- **Precautions:** Avoid the apprehension position (abduction + ER for anterior; flexion + IR + adduction for posterior), contact, and overhead activity
- **Range of Motion** – PROM/AAROM progressing to AROM within pain-free limits: pendulums, supine assisted flexion, ER to neutral with arm at side
- **Therapeutic Exercises**
 - Scapular sets; elbow, wrist, and hand ROM
 - Pain-free rotator cuff isometrics (ER/IR); periscapular strengthening (prone or side-lying)
 - ER/IR rhythmic stabilization
 - Ice, TENS, and pain management as needed
- **Criteria to Progress:** Reduced pain; improving ROM

☐ Phase II – Early Rehabilitation (Weeks 2-6)

- **Range of Motion** – Normalize AROM; avoid positions of instability (combined abduction/ER, extension behind the body)
- **Therapeutic Exercises**
 - Scapular stabilization: squeezes, rows, wall slides, prone Y/T/W with retraction cueing
 - Rotator cuff and multi-angle isometrics with arm at side; scaption, abduction, extension
 - Rhythmic stabilization in balanced position (90° supine); proximal-to-distal perturbations
 - PNF (manual and band); early closed chain (wall/table taps); stable to unstable surfaces
 - Joint position sense/proprioception drills
- **Criteria to Progress:** Normal movement; improved RC/scapular strength and stability; corrected GH and scapulothoracic mechanics

☐ Phase III – Strengthening and Proprioception (Weeks 6-12)

- **Therapeutic Exercises**
 - Isotonic RC/deltoid strengthening (ER/IR, side-lying ER, scaption, rows); progress ER/IR from side to 45° then 90° abduction; Thrower's Ten; eccentric control emphasis
 - Closed chain proprioception: wall push-ups, quadruped, wobble board, ball-on-wall
 - Dynamic stabilization: exercise blade; two-hand plyometrics (chest and overhead pass), then 90° abduction plyometrics with perturbations
 - Core, trunk, and lower extremity strengthening
- **Criteria to Progress:** Dynamic functional strength; neuromuscular control approaching the unstable position; no signs of instability

☐ **Phase IV – Return to Activity (Week 12+)**

- **Therapeutic Exercises**

- Sport-specific strengthening, including 90/90 for overhead athletes
- Single-arm plyometrics (90/90 IR throws, eccentric catches, wall taps)
- Interval throwing, racquet, or swimming programs; contact/tackling progression for collision athletes
- Consider stabilizing brace for collision athletes returning in-season

- **Return to Sport: Contact sport no earlier than 3 months after dislocation.** Full functional ROM; symmetric strength (dynamometry or 5/5 MMT); plyometric program completed without apprehension; good scapular mechanics; physician clearance