



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

SHOULDER DISLOCATION (NON-OP)

NON-OP PHYSICAL THERAPY PROTOCOL

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Patient Name: _____ **Date:** _____

Evaluate and Treat Provide patient with home program

Frequency: 2-3 x/week x 6 weeks

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

1. *Severity of injury*
2. *Acute vs. chronic condition*
3. *ROM/strength status*
4. *Performance/activity demands*



PHASE I –ACUTE MOTION PHASE

- **Goals:**
 - *Re-establish non-painful ROM*
 - *Retard muscular atrophy*
 - *Decrease pain/inflammation*
 - *Note: during the early rehabilitation program, caution must be applied in placing the anterior capsule under stress (i.e. ABD, ER) until joint stability is restored*

- **Decrease Pain/Inflammation**
 - *Therapeutic modalities (ice, electrotherapy, etc.)*
 - *NSAIDs*
 - *GENTLE joint mobilization*

- **Range of Motion Exercises**
 - *Pendulums*
 - *Circumduction*
 - *Rope & Pulley*
 - *Flexion*
 - *Abduction to 90°, progress to full ROM*

 - *L-Bar*
 - *Flexion*
 - *Abduction*
 - *Internal rotation with arm in scapular plane*
 - *External rotation with arm in scapular plane*
 - *Progress arm to 90° of abduction as tolerated*

 - *Posterior capsular stretching*
 - ***Shoulder Hyperextension is Contraindicated*

- **Strengthening Exercises**
 - *Isometrics*
 - *Flexion*
 - *Abduction*
 - *Extension*
 - *Internal rotation (multi-angles)*
 - *External rotation (scapular angles)*

 - *Weight shifts*

PHASE II –INTERMEDIATE PHASE



- **Goals**
 - *Regain and improve muscular strength*
 - *Normalize arthrokinematics*
 - *Improve neuromuscular control of shoulder complex*
- **Criteria to Progress to Phase II**
 - *Full range of motion*
 - *Minimal pain or tenderness*
- **Initiate Isotonic Strengthening**
 - *Flexion*
 - *Abduction to 90°*
 - *Internal rotation*
 - *Side-lying external rotation to 45 degrees*
 - *Shoulder shrugs*
 - *Extension*
 - *Horizontal adduction*
 - *Supraspinatus*
 - *Biceps*
 - *Push-ups*
- **Initiate Eccentric (surgical tubing) Exercises at 0° Abduction**
 - *Internal/External rotation*
- **Normalize Arthrokinematics of the Shoulder Complex**
 - *Continue joint mobilization*
 - *Patient education of mechanics of activity/sport*
- **Improve Neuromuscular Control of Shoulder Complex**
 - *Initiation of proprioceptive neuromuscular facilitation*
 - *Rhythmic stabilization drills*
 - *Continue us of modalities (as needed)*
 - *Ice, electrotherapy modalities*

PHASE III –ADVANCED STRENGTHENING PHASE

- **Goals**
 - *Improve strength/power/endurance*
 - *Improve neuromuscular control*
 - *Prepare patient/athlete for activity*
- **Criteria to Progress to Phase III**
 - *Full non-painful ROM*
 - *No palpable tenderness*
 - *Continued progression of resistive exercises*
 - *Continue use of modalities (as needed)*
 - *Continue posterior capsular stretches*
 - *Continue isotonic strengthening (PREs)*



- **Continue Eccentric Strengthening**
 - *Initiate isokinetics*
 - *Flexion/extension*
 - *Abduction/adduction*
 - *Internal/external rotation*
 - *Horizontal ABD/Adduction*

- **Initiate Plyometric Training**
 - *Surgical tubing*
 - *Wall push-ups*
 - *Medicine ball*

- **Initiate Military Press**
- **PRECAUTION: avoid maneuvers stressing anterior capsule**

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**
 - *Full ROM*
 - *No pain of palpable tenderness*
 - *Satisfactory isokinetic test*
 - *Satisfactory clinical exam*

- **Continue All Exercises as in Phase III**
- **Continue Posterior Capsular Stretches**
- **Initiate Interval Program**
- **Continue Modalities**

^Adopted from PT protocol for Dr. Laith M. Jazrawi, MD @ <https://www.newyorkortho.com/pdf/non-operative-rehabilitation-for-anterior-shoulder-instability.pdf>

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient ___ would ___ would not benefit from social services.

Date:_____



Bryan M. Saltzman, MD