

## **Physical Therapy Protocol: Nonoperative Treatment of Anterior Shoulder Instability**

### **Phase 1: Weeks 0 through 4 – Glenohumeral Joint Protection**

**Physician Goals:** Diminish pain and inflammation, establish voluntary muscle activity, retard muscular atrophy, initiate gentle range of motion while avoiding provocative positions

**Exercises:** Pendulums, isometric rotator cuff strengthening with the arm at the side, isometric biceps strengthening with the arm at the side, scapular protraction/retraction/elevation/depression; closed chain exercises in the scapular plane, rhythmic stabilizations

**Comments:** Simple sling for no more than one week, passive forward elevation in the scapular plane to tolerance, passive abduction limited to 45 degrees; active-assisted range of motion limits: flexion to 90, ER to neutral in 30 degrees of abduction

**Total Visits:** 12 – Once to twice per week with daily home exercises

### **Phase 2: Weeks 4 through 8 – Functional Motion Recovery**

**Physician Goals:** Continue to protect the anterior labral labrum to avoid early recurrent instability, regain full active range of motion

**Exercises:** Passive stretching in all planes until full passive motion is regained; once full PROM, then begin active assisted ROM and transition to full active ROM as tolerated; continue rotator cuff and scapular stabilizer strengthening with an emphasis on external rotation strengthening – “Thrower’s Ten” strengthening program, ER/IR with tubing, scaption with ER (full can), abduction to 90 degrees, side-lying ER to 45 degrees with dumbbell, prone extension to neutral, prone horizontal adduction, prone rows, table push-ups; initiation of proprioceptive neuromuscular facilitation – rhythmic stabilization drills ER/IR at 90° abduction, flexion/extension/horizontal at 100° flexion + 20° horizontal abduction, progress closed chain exercises with rhythmic stabilizations – wall stabilizations on ball, static holds in pus-up position on ball, push-ups on tilt board

**Comments:** OK for aquatic therapy; OK to begin low impact activity like jogging, elliptical, lower body weight training, OK for core strengthening that requires upper extremity weight bearing (ie planks)

**Total Visits:** 18 – Two to three times per week with daily home exercises

### **Phase 3: Weeks 8 through 12+ – Strength Recovery**

**Physician Goals:** Regain normal function of the shoulder beginning with activities of daily living and preparing to return to sport

**Exercises:** Continue passive stretching and joint mobilization as needed to regain/maintain full range of motion in all planes, continue strengthening scapular stabilizers, progress resistance work with light hand weights or bands and progress as tolerated, increase weight/resistance when 30 repetitions are easy and painless; progress to “Advanced Thrower’s Ten” exercise program; initiate two hand plyometrics and progress to one hand as tolerated; bench press, seated rows, lat pulls downs - all while avoiding shoulder extension past the plane of the body, perturbation training at end-range abduction and external rotation

**Comments:** Goal of PT is to regain strength needed to perform all ADLs and recreational activities without pain, transition to HEP or school ATC when ready; see “return to sport testing protocol” for athletes wishing to return to organized sports at conclusion of week 12

**Total Visits:** 24 – One to two times per week with daily home stretching; strengthening 3x per week including PT