REHAB PROTOCOL ACUTE SHOULDER DISLOCATION

Diagnosis: Acute Shoulder Dislocation

Treatment Plan: 2x/wk for 8 weeks

Risk of Recurrence following first time shoulder dislocation

- For adolescents, the risk of recurrence is as high as 92-100%
- For 21-30 year olds, main risk is about 67%, some authors report as high as 90%. Main risk factors are contact sports and age
- For those over 30, the risk of recurrence is 9-14%
- Recurrence of shoulder dislocation can cause long-term and possibly permanent damage to cartilage, bone and the rotator cuff

Physical Therapy Protocol

The intent of this protocol is to provide guidelines for rehabilitation following anterior shoulder dislocation. It is not intended to serve as a substitute for clinical judgement or decision making. Progression through each phase is based upon clinical criteria, and times frames are approximate.

Bracing & Rehab progression:

First Time Acute Anterior Dislocation:

- Sling x 3 weeks if Donjoy ER is not practical.
- Sully brace if patient is returning to immediate activity/skiing.

Recurrent Dislocation:

- Sling for comfort x 1-2 weeks
- Sully brace if returning to immediate activity/skiing

Phase I – Initial:

Goals:

- Protect integrity of healing capsular tissue
- Diminish pain and inflammation
- Restore non-painful Range Of Motion (ROM)
- Prevent muscular inhibition / atrophy

- Improve proprioception and dynamic stability

Precautions:

- Sling/brace per above guidelines
- ROM limits
- Avoid “throwing position” for 8 weeks for anterior dislocation (abduction/ER)

Phase II

Exercises:

ROM

- Active Elbow, wrist and hand ROM (no resistance)
- Pendulums
- Active Assisted/Active ROM
    - Flexion
- External rotation in scapular plane or at side
- Internal rotation – no limits
- Gentle Isometrics: IR, ER, Flexion, Extension (submax/painfree)

Strength

- Progress Dynamic Resistive Exercises (resistive tubing, light free weights)
- UBEE as tolerated – no hiking of shoulder allowed
- External Rotation
- Internal Rotation
- Forward Punch
- Rows
- Standing Shoulder Extension
- Biceps Curls
- Triceps
- Prone Rows, horizontal adduction, extension
- Push-ups with a plus on to table

Proprioception

- Initial Proprioception Exercises
- Rhythmic stabilization drills
- ER/IR with arm at 90° of abduction limiting ER

Criteria for progression to next phase:

- Full AROM and PROM
- Dynamic rotator cuff strength 80% of uninvolved side
- Able to perform all strengthening exercises with proper form and minimal pain
- Demonstrates proper muscle firing patterns of scapular and shoulder stabilizers
- Demonstrates proprioceptive control

Phase III – Advanced Strengthening:

Goals:

- Prepare for return to activity
- Restoration of dynamic muscle strength
- Optimize neuromuscular control and proprioception

Precautions:

- Avoid the throwing position (abduction/ER)

Exercises:

ROM

- Continue stretching where limitations exist except in throwing position

STRENGTHENING

- Progress Resistive Exercises
- ER/IR at varying elevations
- Timed bouts 30-90 seconds
- Eccentric ER training
- PNF D2 pattern with rhythmic stabilization
- Strengthening at end ranges allowed
- Push-up progression
- Kneeling
- Full push-up
- Push-up on swiss ball
- Begin throwing progression
- Weights (if rotator cuff strength is sufficient
- Keep arms and elbows in site at all times
- No wide arm pressing

- No behind the head lateral pulls or military press

Plyometric Drills

- Controlled trampoline ball toss
- Wall dribbles
- Chest pass throw
- Soccer throws
- Deceleration drill

Criteria for progression to the next phase (IV):

- Full pain free ROM
- Satisfactory clinical exam
- Strength 100% in all directions

Phase IV – Return to Activity:

Goals/Criteria for full return to sports:

- Maintain optimal level of strength/endurance/dynamic stability
- Progress activity level to prepare for sports

Continue all exercises from phase III

Consider bracing for return to contact sport

No contact sports until 8 weeks post-injury

Return to practice with interval program