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Non-Operative Anterior Shoulder Instability Protocol

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. Degree of shoulder instability/laxity
4. Performance/activity demands

The program is outlined in 4 phases. It is possible to overlap phases (Phase 1-2) depending on individual progress. During early rehab (Phase 1 and Phase 2) caution must be applied to avoid undue stress on the anterior shoulder capsule (i.e. ABD/ER) as dynamic joint stability is restored. Phase 3 will focus on preparing return to prior activity level. Let pain and apprehension be a guide.

PHASE I –ACUTE MOTION PHASE

- Goals:
 - o Re-establish non-painful ROM
 - o Help prevent muscular atrophy
 - o Decrease pain/inflammation
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 - o Therapeutic modalities (ice, electrotherapy, etc.)
 - o NSAIDs
 - o GENTLE joint mobilization
- Range of Motion Exercises
 - o Passive, active-assistive motion.
 - Initially, avoid abduction, extension, and external rotation
 - Slowly progress motion to 90/90 position guided by pain and apprehension
 - Shoulder hyperextension is CONTRAINDICATED
 - o Pendulums
 - o Circumduction
 - o Rope & Pulley
 - o Flexion - Abduction to 90°, progress to full ROM
 - o L-Bar
 - Flexion, Abduction, IR with arm in scapular plane, ER with arm in scapular plane, Progress arm to 90° of abduction as tolerated
 - o Posterior capsular stretching
- Strengthening Exercises
 - o Isometrics
 - Flexion, Abduction, Extension, IR (multi-angle), ER (scapular angle)
 - o Weight shifts
- Criteria to Progress to Phase II
 - o Full range of motion
 - o Minimal pain or tenderness

PHASE II –INTERMEDIATE PHASE

- Goals
 - o Regain and improve muscular strength
 - o Normalize arthrokinematics
 - o Improve neuromuscular control of shoulder complex
- Initiate Isotonic Strengthening



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- o Flexion, Abduction to 90°, Internal rotation, Side-lying external rotation to 45 degrees, Shoulder shrugs, Extension, Horizontal adduction, Supraspinatus, Biceps, Push-ups
- Initiate Eccentric (resistance band) Exercises at 0° Abduction
 - o Internal/External rotation
- Normalize Arthrokinematics of the Shoulder Complex
 - o Continue joint mobilization
 - o Patient education of mechanics of activity/sport
- Improve Neuromuscular Control of Shoulder Complex
 - o Initiation of proprioceptive neuromuscular facilitation
 - o Rhythmic stabilization drills
 - o Continue use of modalities (as needed)
 - o Ice, electrotherapy modalities
- Criteria to Progress to Phase III
 - o Full non-painful ROM
 - o No palpable tenderness
 - o Continued progression of resistive exercises
 - Continue use of modalities (as needed)
 - Continue posterior capsular stretches
 - Continue isotonic strengthening (PREs)

PHASE III –ADVANCED STRENGTHENING PHASE

- Goals
 - o Improve strength/power/endurance
 - o Improve neuromuscular control
 - o Prepare patient/athlete for activity
- Continue Eccentric Strengthening
 - o Initiate isokinetics
 - Flexion/extension
 - Abduction/adduction
 - Internal/external rotation
 - Horizontal ABD/Adduction
- Initiate Plyometric Training
 - o Resistance bands
 - o Wall push-ups
 - o Medicine ball
- Initiate Military Press
- PRECAUTION: avoid maneuvers stressing anterior capsule
- Criteria to Progress to Phase IV
 - o Full ROM
 - o No pain of palpable tenderness
 - o Satisfactory isokinetic test
 - o Satisfactory clinical exam

PHASE IV –RETURN TO ACTIVITY PHASE

- Goals:
 - o Maintain optimal level of strength/power/endurance
 - o Progressively increase activity level to prepare patient/athlete for full functional return to activity/sport
- Continue All Exercises as in Phase III
- Continue Posterior Capsular Stretches
- Initiate Interval Program
- Continue Modalities

