



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 use 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 or 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: _____

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