

Palmetto Health USC

ORTHOPEDIC CENTER

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NONOPERATIVE REHABILITATION FOR POSTERIOR SHOULDER SUBLUXATION/DISLOCATION

This program was designed to return the patient/athlete to their activity/sport as quickly and safely as possible. The program will vary in length for each individual depending on severity of injury, range of motion/strength status, and performance/activity demands.

I. PHASE I - ACUTE PHASE

- A. Goals
 - 1. Decrease pain/inflammation
 - 2. Re-establish nonpainful range of motion
 - 3. Retard muscle atrophy

- B. Decrease Pain/Inflammation
 - 1. Therapeutic modalities (ice, heat, electrotherapy, etc.)
 - 2. NSAID
 - 3. Gentle joint mobilization

- C. Range of Motion Exercises
 - 1. Pendulum
 - 2. Rope and pulley
 - 3. L-Bar
 - flexion
 - adduction & abduction
 - external rotation
 - horizontal
 - 4. Anterior capsule stretch

- D. Strength Exercises
 - 1. Isometrics
 - flexion & extension
 - abduction
 - external rotation
 - 2. Weight shifts (closed chain exercises)

Note: Avoid any motion that may place stress on the posterior capsule such as excessive internal rotation, abduction, or horizontal adduction.

II. PHASE II - INTERMEDIATE PHASE

- A. Goals
 - 1. Regain and improve muscular strength
 - 2. Normalize arthrokinematics
 - 3. Improve neuromuscular control of shoulder complex

- B. Criteria to Progress to Phase II
 - 1. Full range of motion
 - 2. Minimal pain and tenderness
 - 3. Good MMT

- C. Initiate Isotonic Strengthening
 - Flexion/Extension
 - Supraspinatus
 - Horizontal abduction (prone)
 - Abduction to 90°
 - External rotation/Internal rotation (from full ER-0°)
 - Push-ups
 - Lat pull downs
 - Scapular retractions

- D. Initiate Eccentric (Surgical Tubing) Strengthening
 - 1. External rotation (from 0-full ER)
 - 2. Internal rotation (from full ER to 0°)

- E. Normalize Arthrokinematics of Shoulder Complex
 - 1. Continue joint mobilization
 - 2. Patient education of mechanics of activity/sport

- F. Improve Neuromuscular Control of Shoulder Complex
 - 1. Initial proprioceptive neuromuscular facilitation
 - 2. Rhythmic stabilization drills

- G. Continue Use of Modalities as Needed
 - (ice, electrotherapy modalities)

III. PHASE III - ADVANCED STRENGTHENING PHASE

- A. Goals
 1. Improve strength/power/endurance
 2. Improve neuromuscular control
 3. Prepare athlete for activity

- B. Criteria to Progress to Phase III
 1. Full nonpainful range of motion
 2. No palpable tenderness
 3. Continued progression of resistive exercises

- C. Continue use of Modalities as Needed
- D. Continue Anterior Capsular Stretch
- E. Continue Isotonic Strengthening
- F. Continue Eccentric Strengthening
- G. Emphasize PNF (D/2 extension)

- H. Initiate Isokinetics
 - flexion/extension
 - abduction/adduction
 - internal/external rotation
 - horizontal abduction/adduction

- I. Initiate Plyometric Training
 - surgical tubing, medicine ball, wall push-ups

- J. Add Military Press

IV. PHASE IV - RETURN TO ACTIVITY

- A. Goals
 1. Maintain optimal level of strength/power/endurance
 2. Progressively increase activity level to return patient/athlete for full functional return to activity/sport

- B. Criteria to Progress to Phase IV
 1. Full range of motion
 2. No pain or tenderness
 3. Satisfactory clinical exam
 4. Satisfactory isokinetic test

- C. Continue all Exercises as in Phase III
- D. Initiate and Progress Interval Program