



Anterior Shoulder Dislocation: Conservative Protocol

Average estimate of formal treatment 2-3 times per week for 6-8 weeks based on Physical Therapy evaluation findings

Continued formal treatment beyond meeting Self-Management Criteria will be allowed when:

1. Patient out of work or to hasten return to work full duty
2. Athlete needs to return to organized athletic program

INITIAL EVALUATION

Evaluation to assess:

- Posture
- Shoulder active/passive range of motion
- Cervical/Elbow/Wrist active range of motion
- Pain/Inflammation

WEEKS 1-4

Precautions:

- No combination of abduction/external rotation movements.

GOALS:

- Full passive range of motion
- Active range of motion within 20° of uninvolved shoulder

Treatment:

- Modalities as indicated to control and decrease pain/inflammation/muscle guarding
- Joint mobilization of glenohumeral joint, AC joint, SC joint, and scapulothoracic junction if indicated
- Joint mobilization of glenohumeral joint may include anterior glides
- Initiate gentle oscillations Grade I and II and progress as dictated by patient's tolerance
- Manual stretching/passive ROM in all planes; initially external rotation in the plane of the scapula
 - DO NOT force abduction and external rotation combination
- Initiate strengthening program with deltoid/rotator cuff isometrics with shoulder in the plane of scapula
- Progress strengthening program to include isotonic to emphasize periscapular musculature/rotator cuff in the plane of the scapula
- Active assisted range of motion exercises:
 - Wall pulley for flexion and abduction
 - Cane exercises for flexion, extension, internal/external rotation
 - External rotation in the plane of the scapula only.
- Initiate pain-free active range of motion exercises and home exercise program to include cervical/elbow/wrist active range of motion and flexibility exercises

WEEKS 4 TO 6

Precautions:

- No abduction/external rotation combination at 90° abduction

Treatment:

- Continue with manual stretching as indicated. Can progress to stretching into external rotation to 60° and 90° abduction as dictated by patient tolerance
- Continue with isotonic strengthening program emphasizing rotator cuff and periscapular musculature
- Add strengthening exercises for deltoid and other major muscle groups of upper extremity
- Initiate isokinetics of the rotator cuff in modified neutral and progress to 90 degrees abduction at high speeds, i.e. 240 degrees/second X 30 seconds
- Continue joint mobilization of GH joint, AC joint, SC joint, and scapulothoracic junction as indicated
- Progress home exercise program to include comprehensive flexibility program
- Initiate proprioception/functional activities
- For throwing athlete, if dominant arm, initiate short/long toss with tennis ball progressing to full throwing for both distances and speed

WEEKS 7 TO DISCHARGE**Precautions:**

- No wide grip or overhead strengthening exercises, i.e. bench press or military press.

Treatment:

- Continue with manual stretching as indicated. Can progress to stretching into external rotation to 90° of abduction and greater
- Continue with comprehensive upper extremity strengthening program to emphasize rotator cuff, periscapular musculature, and deltoid
- Continue with isokinetic strengthening if indicated
- Progress Upper Extremity Proprioception/Function
- Progress home exercise program to include comprehensive isotonic strengthening program to be performed at home or at a local health club
- First isokinetic test can be performed for internal rotation/external rotation with shoulder in modified neutral position at 180 degrees/second and 240 degrees/second