

Non-operative Shoulder Dislocation/Instability

Phase	Goals	Precautions/Restrictions	Treatment
Weeks 0-4	<ul style="list-style-type: none"> • Decrease pain/inflammation • Protect healing capsular structures • Initiate non-painful range of motion • Minimize muscle atrophy 	<ul style="list-style-type: none"> • No excessive arm motions • Sling or immobilizer for comfort as prescribed by MD, wean out as directed • Anterior instability: Do not push into ER or horizontal abduction • Posterior instability: Avoid excessive IR or horizontal adduction 	<ul style="list-style-type: none"> • Gentle ROM in non-painful arc only, no stretching <ul style="list-style-type: none"> ◦ Flexion, scaption, ER, IR • Pendulums • Isometric shoulder strengthening • Rhythmic stabilization • Anterior instability: initiate modified closed kinetic chain • Cryotherapy • Cardiovascular training without arm use
Weeks 4-8	<ul style="list-style-type: none"> • Full pain-free ROM • Regain and progress strength • Normalize arthrokinematics • Enhance proprioception, dynamic stabilization, and NM control of shoulder 	<ul style="list-style-type: none"> • Minimize stress to healing structures 	<ul style="list-style-type: none"> • Progress ROM activities as able • Initiate isotonic strengthening <ul style="list-style-type: none"> ◦ Emphasis on ER and scapular strength • Neuromuscular control of shoulder complex <ul style="list-style-type: none"> ◦ Progress to mid and end range motions, PNF, open and closed kinetic chain • Cardiovascular with arm use and core training • Cryotherapy as needed
Weeks 8-12	<ul style="list-style-type: none"> • Progress NM control, strength, endurance, power • Prepare for activity 	<ul style="list-style-type: none"> • Avoid excessive stress on joint capsule 	<ul style="list-style-type: none"> • Initiate full range strengthening • Progress end range stabilization drills • Advance NM drills • Advance endurance training • Initiate plyometric training
Weeks 12+	<ul style="list-style-type: none"> • Optimize strength, power, and endurance • Progress activity level for full functional return to activity/sport 	<ul style="list-style-type: none"> • Focus on form and control during exercise performance • Use of appropriate work rest intervals • Assess tolerance to activity during, after and 24 hours after activity • Consider stabilizing brace for contact sports or if deemed appropriate by patient and physician 	<ul style="list-style-type: none"> • Progress isotonic strengthening • Resume normal lifting program (with MD clearance)
Return to Sport (Timeframe determined by MD)	<p>Evaluation of Participation Risk</p> <ul style="list-style-type: none"> • Type of sport/activity, level of competition, ability to protect shoulder, timing in the season • Age, gender (female higher risk), arm dominance • Type of instability (sublux or dislocation), presence of bone loss 	<p>Return to Play Criteria</p> <ul style="list-style-type: none"> • Full pain-free passive and active ROM • ER:IR strength >66% on isokinetic or HHD testing • No pain or instability with provocative tests • Functional tests • Throwing performance, CKCUEXT, UEX Y-balance, Single arm shotput 	

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process. Each patient's progress may vary based on specifics of their injury and procedure.