CLINICAL PROTOCOL FOR ANTERIOR SHOULDER DISLOCATION

FREQUENCY: 2 to 3 times per week.

DURATION: 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.

DOCUMENTATION: Progress Note to physician at each follow-up appointment. Follow treatment calendar for daily requirements. Discharge Summary within 2 weeks of discharge.

INITIAL EVALUATION (7 Days Post-Injury)

GOALS:
1. Evaluation to assess:
   - Posture;
   - Shoulder active/passive range of motion;
   - Cervical/Elbow/Wrist active range of motion;
   - Pain/Inflammation;
2. Postural education.
3. Initiate home exercise program.
4. Wean from immobilizer.

Initiate formal rehabilitation two to three times per week until self-management criteria has been met. Frequency of weekly appointments will depend on patient's availability, working status, choice/interest.

When patient presents with the following SELF-MANAGEMENT CRITERIA (estimated at 6-8 weeks):
- Normal cervical/elbow/forearm/wrist active range of motion.
- Passive range of motion symmetrical to uninvolved shoulder.
- Involved shoulder active range of motion within 15-20 degrees of uninvolved shoulder.
- Minimal to no capsular restrictions.
- Minimal compensatory shoulder/scapular movement with elevation.
- 4/5 strength in rotator cuff and deltoid.
- Minimal winging of scapula with wall push with hands below waist.
- No evidence of instability.
- Can perform basic ADL with the exception of heavy lifting and work tasks with moderate to minimal pain with pain level continuing to decrease.
- Progressing toward returning to work or has returned to work with modification of duties.
- Demonstrates good understanding of normal posture.
- Demonstrates good understanding and compliance with independent home exercise program and self-pain management techniques.

then patient can be instructed in either home exercise program or program to be performed at a local health club with follow-up appointments every 2-4 weeks until discharge criteria has been met. Please refer to Anterior Shoulder Dislocation Home Exercise Program Progression.
DISCHARGE CRITERIA (FOUR TO EIGHT WEEKS)

- Full range of motion without compensatory movement of shoulder or scapula.
- No evidence of instability.
- No capsular restrictions.
- 4+/5 to 5/5 strength of deltoid/rotator cuff/parascapular musculature.
- 90% strength of internal rotators/external rotators as compared to uninvolved shoulder according to isokinetic evaluation if throwing athlete.
- Minimal to no winging of scapula with repetitive elevation with Theraband.
- Return to work full duty.
- Independent with and understands the importance of continuing with home exercise program.
- Failure to progress.
- Failure to comply.

--TREATMENT GUIDELINES--

POST-INJURY DAYS 7 to 21

PRECAUTIONS:
1. No combination of abduction/external rotation movements.

GOALS:
1. Discontinue use of immobilizer.
2. Full passive range of motion.
3. Active range of motion within 20 degrees of uninvolved shoulder.

- Wean from immobilizer.
- 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 range of motion 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 the scapula.
- UBE backward X 5-6 minutes and progress as indicated.
- Progress strengthening program to include isotonics to emphasize parascapular 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. DO NOT force abduction and external rotation combination.
- Initiate pain-free active range of motion exercises and home exercise program to include cervical/elbow/wrist active range of motion and flexibility exercises. Please refer to Anterior Shoulder Dislocation Home Exercise Program handout.
WEEKS 4 TO 6

PRECAUTIONS:
1. No abduction/external rotation combination at 90 degrees abduction.

GOALS:
1. Meet self-management criteria.

- Continue with UBE backward progressing resistance and time as indicated.
- Continue with manual stretching as indicated. Can progress to stretching into external rotation to 60 degrees and 90 degrees abduction as dictated by patient tolerance.
- Continue with isotonic strengthening program emphasizing rotator cuff and parascapular 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 glenohumeral joint, AC joint, SC joint, and scapulothoracic junction as indicated.
- Progress home exercise program to include comprehensive flexibility program. Please refer to Anterior Shoulder Dislocation Home Exercise Program handout.
- Initiate Phase I proprioception/functional activities. Please refer to Phase I Upper Extremity Proprioception/Agility Protocol.
- For throwing athlete, if dominant arm, initiate short/long toss with tennis ball progressing to full throwing for both distances and speed. Please refer to Interval Throwing Program.

WEEKS 7 TO DISCHARGE

PRECAUTIONS:
1. No wide grip or overhead strengthening exercises, i.e. bench press or military press.

GOALS:
1. Meet discharge criteria.

- Continue with UBE backward progressing resistance and time as indicated.
- Continue with manual stretching as indicated. Can progress to stretching into external rotation to 90 degrees of abduction and greater.
- Continue with comprehensive upper extremity strengthening program to emphasize rotator cuff, parascapular musculature, and deltoid.
- Continue with isokinetic strengthening if indicated.
- Initiate Phase II-III Upper Extremity Proprioception/Functional Progression Protocol.
- 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.