

Multidirectional Shoulder Instability

Weeks One To Four	Weeks Four To Discharge
Evaluate	Evaluate
<ul style="list-style-type: none"> ➤ Posture and position of the shoulder girdle/core stability ➤ Clear cervical spine contributions via neuro screen ➤ Assess AROM, joint mobility, GH mechanics, and ST rhythm comparing to uninvolved UE 	<ul style="list-style-type: none"> ➤ Posture and position of the shoulder girdle ➤ RC and scapula stabilizer muscle strength ➤ Core strength ➤ HEP compliance ➤ Any deficits that may limit return to work or Sport
Patient Education	Patient Education
<ul style="list-style-type: none"> ➤ Posture and body mechanics ➤ Ensure compliance w/HEP ➤ No combined ABD/ER ➤ Discuss frequency and duration of treatment (2x/wk for 6-8 weeks) 	<ul style="list-style-type: none"> ➤ Reinforce precautions ➤ Ensure compliance w/HEP ➤ Encourage participation in CFA training ➤ Discuss RTW and sport expectations
Therapeutic Exercise	Therapeutic Exercise
<ul style="list-style-type: none"> ➤ Progress PROM, AAROM, to AROM ➤ Postural correction, lower trap activation, core stabilization ➤ Develop scapula stability (open and closed chain) ➤ Gain control in 0-45 degrees of ABD in coronal plane (isometrics, isotonic, TB). Progress to full ROM ➤ May initiate shallow and deep water aquatics for periscapular and rotator cuff strengthening 	<ul style="list-style-type: none"> ➤ UBE: low resistance ➤ Progress open and closed chain strengthening. ➤ Begin UE plyometric program ➤ Progress scapular stability and cuff strengthening exercises ➤ Progress Core stability exercises ➤ Progress aquatic resistance with prone exercises in deep water, sculling and swimming if pain free
Manual Techniques	Manual Techniques
<ul style="list-style-type: none"> ➤ PROM/AAROM as tolerated ➤ Rhythmic stabilization 	<ul style="list-style-type: none"> ➤ Advanced neuromuscular re-education
Modalities	Modalities
<ul style="list-style-type: none"> ➤ Modalities may be used as needed 	<ul style="list-style-type: none"> ➤ Modalities may be used as needed
Goals	Goals
<ul style="list-style-type: none"> ➤ Gain full ROM ➤ Decrease pain and inflammation ➤ Restore normal scap and GH mechanics 	<ul style="list-style-type: none"> ➤ Normal core stability ➤ 4+/5 or better cuff and scap strength ➤ Return to unrestricted sport and work

References

1. Kiss J¹, Damrel D, Mackie A, Neumann L, Wallace WA. Non-operative treatment of multidirectional shoulder instability. Int Orthop. 2001;24(6):354-7.
2. Watson L¹, Warby S¹, Balster S², Lenssen R¹, Pizzari T³. The treatment of multidirectional instability of the shoulder with a rehabilitation program: Part 1. Shoulder Elbow. 2016 Oct;8(4):271-8. doi: 10.1177/1758573216652086. Epub 2016 Jun 1
3. Watson L^{1,2}, Warby S^{1,2}, Balster S¹, Lenssen R^{1,2}, Pizzari T². The treatment of multidirectional instability of the shoulder with a rehabilitation programme: Part 2. Shoulder Elbow. 2017 Jan;9(1):46-53. doi: 10.1177/1758573216652087. Epub 2016 Jul 8.

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