

Anterior Shoulder Dislocation (Acute)

Week one to three	Weeks four to six
Initial Evaluation	Evaluate
<ul style="list-style-type: none"> ➤ Posture ➤ Joint hemarthrosis/swelling ➤ Cervical/elbow/ hand active ROM ➤ Shoulder active and passive ROM ➤ Muscle strength in neutral ➤ Assess RTW and sport expectations ➤ Assess for generalized laxity in clients with repeated or insidious instability issues. Consider Physiatry or Rheumatology consult 	<ul style="list-style-type: none"> ➤ Range of Motion ➤ Isometric strength ➤ Signs of DVT ➤ Posture
Patient Education	Patient Education
<ul style="list-style-type: none"> ➤ Support Physician prescribed meds ➤ Ensure compliance with precautions. No combined abduction/external rotation ➤ Wean from sling if needed ➤ Discuss frequency and duration of treatment (2-3x/wk is expected for 6-8 weeks) 	<ul style="list-style-type: none"> ➤ Reinforce precautions ➤ Advance HEP
Therapeutic Exercise	Therapeutic Exercise
<ul style="list-style-type: none"> ➤ Isometric Deltoid/RC in plane of the scapula. ➤ UBE backwards ➤ Progress to isotonic RC and scapular stabilizers ➤ AAROM using pulleys, cane exercises 	<ul style="list-style-type: none"> ➤ UBE backwards ➤ Begin closed chain exercises ➤ Multi-angle rhythmic stab ➤ Continue to progress RC and scap stabilizer isotonic ➤ Resistance bands ➤ Initiate low weight plyometric exercises
Manual Techniques	Manual Techniques
<ul style="list-style-type: none"> ➤ Grade I/II Mobs if needed. GH,AC,SC,ST ➤ PROM all ranges. ER in plane of scapula 45 degrees of Abduction. Do not force ER 	<ul style="list-style-type: none"> ➤ Joint mobilization (if needed)
Modalities	Modalities
<ul style="list-style-type: none"> ➤ NMES / Interferential ➤ Ice 	<ul style="list-style-type: none"> ➤ Modalities may be used as needed
Goals	Goals
<ul style="list-style-type: none"> ➤ Full passive ROM ➤ Active ROM to within 20 degrees of contralateral side 	<ul style="list-style-type: none"> ➤ Full active ROM without compensatory movement ➤ Grade 4 Scapula stabilizer /RC strength

Week six to discharge
Evaluate
<ul style="list-style-type: none"> ➤ Joint stability ➤ ROM ➤ Strength
Patient Education
<ul style="list-style-type: none"> ➤ Avoid wide grip and overhead exercise (military press)
Therapeutic Exercise
<ul style="list-style-type: none"> ➤ Closed chain exercises for co-contraction and proprioception ➤ UBE ➤ Isotonic activity ➤ Resistance bands at 90 degrees ➤ Plyometric drills and throwing
Manual Techniques
<ul style="list-style-type: none"> ➤ Any as indicated
Modalities
<ul style="list-style-type: none"> ➤ Any as Indicated
Goals
<ul style="list-style-type: none"> ➤ 4+ to 5 muscle strength ➤ No capsular restrictions or instability ➤ Full ROM without compensation

References

- Warren King MD, Palo Alto Medical Foundation. Shoulder instability. [www.pamf.org/sports/king/shoulder instability](http://www.pamf.org/sports/king/shoulder%20instability)
- Yoshitsugu Takeda MD, Shinji Kashiwaguchi MD PHD, Kenji Endo MD, Tetsuya Matsuura MD, Takahiro Sasa MD. The most effective Exercise for Strengthening the Supraspinatus Muscle. Evaluation by Magnetic Imaging. The American Journal of Spots Medicine Vol. 30, No. 3 (2002)
- Shim J.Y., Park, M.C., Lee S.Y., Lee M.H., Kim, H.H. The Effects of Shoulder Stabilization Exercises and shoulder Isometric Resisted exercises on Shoulder Stability and Hand Function. J. Phys. Ther. Sci. Vol 22 (2010)

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