



# Non-op Shoulder Dislocation Protocol



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## Non-op Shoulder Dislocation Protocol - Physical Therapy Prescription

\*\*\*Please fax progress notes to Advanced Orthopedics & Sports Medicine at 720-895-1121\*\*\*

Name: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_

**Diagnosis:** R / L Shoulder Dislocation

**Frequency:** 2-3 times per week for \_\_\_\_\_ weeks, Therapy to start 3-5 days after surgery

*\*No time limit for each phase, once patient has reached goals, advance to next phase regardless of timing after injury\**

### PHASE I - ACUTE PHASE

#### Goals

- Reduce pain, inflammation, muscle guarding,
- Protect healing of soft tissues and minimize further injury,
- Re-establish dynamic joint stability and proprioception

**Sling:** 1-2 weeks as tolerated

**ROM:** Early PROM - in plane of scapula, diagonal patterns to promote proprioception/dynamic control, limit Abduction + External Rotation to patient apprehension

Progress to AAROM in safe range

**Exercises:** ER/IR exercises at the side, keep arm below 90 degrees of arm abduction during all exercises, Submaximal isometrics of shoulder  
Peri-Scapular stabilization exercises  
Closed chain exercises - shift weight against wall or table to restore joint proprioception  
Rhythmic Stabilization drills in scapular plane below 30deg

**Modalities:** Icing to decrease inflammation, E-stim to promote muscle activation

#### *Criteria for advancing to Phase II*

1. Significant pain reduction
2. Static shoulder stability with ROM
3. Adequate neuromuscular control

### PHASE II - INTERMEDIATE PHASE

#### Goals

- Obtain near full motion (may still be limited in ABER)

**ROM:** Advance motion as tolerated, limit only extremes of AB + ER

**Exercises:** Flexion, ER, IR initiated to 90 degrees of Abduction (Limit ER while in abduction to 45degrees until at least 4-8 weeks post-injury)

Isotonic exercises at 0 degrees of abduction- emphasis on IR, ER, and peri scapular stabilizers to improve dynamic control

Tube Exercises

Side-lying ER

**Signature:** \_\_\_\_\_

**Date:**

**Stephen G. Thon, MD**

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## **PHASE II - INTERMEDIATE PHASE (cont)**

**Exercises:** Prone Rows  
Once stable and pain-free arc below 90deg abduction achieved, may perform Rotator Cuff Strengthening above 90 deg abduction  
Closed kinetic chain exercises - hand-wall stabilization drills with increasing height  
Push-ups - on wall -> table -> floor -> unstable surface  
Scapula, core, and hip exercises as needed to improve stability and posture

### ***Criteria for advancing to Phase III***

1. Minimal to no pain of injured shoulder
2. Full active shoulder range of motion (only exception is extremes of ABER position if has apprehension)
3. Minimum 4/5 strength testing with RC, stable endurance
4. Dynamic scapular control

## **PHASE III - ADVANCED STRENGTHENING + RETURN TO SPORT (RTS)**

### **Goals:**

- Full ROM
- Functional ROM + Strength to return to activities

**ROM:** No limits except in full ABER if having some apprehension

**Exercises:** Advance isotonics to functional/sport positions including in 90deg of abduction  
Low resistance, High repetition (20-30 reps) - to prevent injury from fatigue, loss of neuromuscular control  
Gradual increase in resistance with bench press, seated row, lat pull-downs  
Plyometrics

### ***Criteria for Discharge/RTS***

1. Full functional ROM
2. 85-90% strength of uninjured shoulder with adequate endurance
3. Clinical exam negative for pain
4. Clearance from MD evaluation