SHOULDER STABILIZATION GUIDELINES

PHASE I: Protection phase (weeks 0-6)

Goals: Allow healing of sutured capsule  
Begin early protected and restricted range of motion  
Retard muscular atrophy and enhance dynamic stability  
Decrease pain/inflammation  

Brace: Patients with bi-directional instability are placed in sling for 4-6 weeks  
Patients with multidirectional instability are placed in abduction brace for 4-6 weeks  
**Physician will make determination

A. WEEKS 0-2

Precautions:  
1. Sleep in immobilizer for 4 weeks  
2. No overhead activities for 6-8 weeks  
3. Compliance with rehab program is critical  

Exercises:  
Gripping exercises with putty  
Elbow flex/extension and pronation/supination  
Pendulum exercises (nonweighted)  
Rope and pulley active-assisted exercises  
Shoulder flexion to 90 degrees  
Shoulder elevation in scapular plane to 60 degrees  
L-Bar exercises  
External rotation to 15 degrees with arm abducted at 30 degrees  
No shoulder abduction or extension
AROM cervical spine
Isometrics
Flexors, extensors, ER, IR, ABD
Criteria for hospital discharge

1. Shoulder range of motion (AAROM): flexion, 90 degrees; external rotation, 20 degrees
2. Minimal pain and swelling
3. “Good” proximal and distal muscle power

B. WEEKS 2-4
Goals: Gradual increase in ROM
Normalize arthrokinematics
Improve strength
Decrease pain-inflammation

1. Range of motion exercises
   L-Bar active-assisted exercises, gentle PROM exercises
   ER to 25-30 degrees in scapular plane
   IR to 30-35 degrees in scapular plane
   Shoulder flexion to 105-115 degrees
   Rope and pulley flexion
*All exercises performed to tolerance and therapist/physician motion guidelines
*Take to point of pain or resistance or both and hold
*Gentle self-capsular stretches

2. Gentle joint mobilization to reestablish normal arthrokinematics to
   Scapulothoracic joint
   Glenohumeral joint
   Sternoclavicular joint

3. Strengthening exercises
   Isometrics
   Rhythmic stabilization exercises
   May initiate tubing for ER/IR at 0 degrees

4. Conditioning program for
   Trunk
   Lower extremities
   Cardiovascular

5. Decrease pain/inflammation
   Ice, NSAID, modalities

C. WEEKS 4-6
1. Continue all exercises listed earlier
2. Range-of-motion exercises
   L-Bar active-assisted exercises
   ER to 25-35 degrees at 45 degrees of shoulder ABD
   Continue all others to tolerance (based on end feel)

3. Continue stabilization exercises
   PNF with rhythmic stabilization, neuromuscular exercises
Phase II: Intermediate phase (weeks 6-12)
Goals: Full nonpainful ROM at weeks 10-12
   Normalize arthrokinematics
   Increase strength
   Improve neuromuscular control

A. WEEKS 6-8
1. Range of motion exercises
   L-Bar active-assisted exercises at 90 degrees ABD
   Continue all exercises listed earlier
   Gradually increase ROM to full ROM, week 12
   Continue joint mobilization
   May initiate IR/ER ROM at 90 degrees of abduction
2. Strengthening exercises
   Initiate isotonic dumbbell
   Side-lying ER
   Side-lying IR
   Shoulder abduction
   Supraspinatus
   Latissimus dorsi
   Rhomboids
   Biceps curls
   Triceps curls
   Shoulder shrugs
   Push-ups into chair (serratus anterior)
   Continue tubing at 0 degrees for ER/IR
   Continue stabilization exercises for the glenohumeral joint
3. Initiate neuromuscular control exercises for scapulothoracoc joint

B. WEEKS 8-10
1. Continue all exercises listed earlier, emphasis on neuromuscular control drills, PNF stabilization drills, and scapular strengthening.
2. Initiate tubing exercises for rhomboids, Latissimus dorsi, biceps, triceps
3. Progress ROM to full ROM
   ER at 90 degrees ABD: 80-85 degrees
   IR at 90 degrees ABD: 70-75 degrees
   Flexion to 165-170 degrees

Phase III: Dynamic strengthening phase (weeks 12-20) advanced strengthening phase
**Aggressive strengthening or stretching program based on type of patient. Therapist and/or physician will determine.
A. **WEEKS 12-17**

Goals: Improve strength/power/endurance

- Improve neuromuscular control
- Prepare athletic patient for gradual return to sports

**Criteria to enter phase III**

1. Full nonpainful ROM
   - **Patient must fulfill this criterion before progressing to the phase**
2. No pain or tenderness
3. Strength 70% or better compared with contralateral side

**Emphasis of Phase III**

- Dynamic stabilization exercises
- Eccentric exercises
- Diagonal patterns, functional movements

**Exercises**

- Fundamental shoulder exercises
  - Emphasis: neuromuscular control drills, PNF rhythmic stabilization, and rotator–cuff strengthening, scapular strengthening
- Continue tubing exercises for IR/ER at 0 degrees ABD (arm at side)
- Continue isotonics for Rhomboids
- Latissimus dorsi
- Biceps
- Diagonal patterns D2 extension
- Diagonal patterns D2 flexion
- Continue dumbbell exercises for Supraspinatus and deltoid
- Continue serratus anterior strengthening exercises, push-ups floor
- Continue trunk/LE-strengthening exercises
- Continue neuromuscular exercises
- Continue self-capsular stretches

B. **WEEKS 17-20**

- Continue all exercises
- Emphasis on gradual return to recreational activities

**Phase IV:** Return to activity (weeks 20-28)

Goals: Progressively increase activities to prepare patient for full functional return

**Criteria to progress to phase IV**

1. Full ROM
2. No pain or tenderness
3. Isokinetic test that fulfills criteria
4. Satisfactory clinical examination

**Exercise**

- Initiate interval sports programs (if patient is a recreational athlete)
- Continue tubing exercises as listed in phase III
- Continue all strengthening exercises
- Continue ROM exercises