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In – Season Anterior Shoulder Dislocation Protocol:

Initial Phase:

GOAL: Decrease pain, inflammation and muscle spasm

- Sling for until shoulder comfortable while hanging at the side – consider sling use if patient will be situation where contact/fall etc could occur (ex: crowded spaces, slippery surfaces)
- PO NSAID
- Ice
- MRI

PROGRESS to Second Phase within first week.

Second Phase:

GOAL: Restore motion, start rebuilding strength and baseline dynamic stability/neuromuscular control.

- Start immediate gentle PROM/AAROM and progress to AROM as comfort allows
- Rotator cuff and scapula isometrics as comfort allows
- Progress to 1lbs free weight with high repetitions as comfort allows
- AVOID strengthening at terminal range of motion to prevent excessive strain on the joint.
- AVOID shoulder abduction to 90 degrees and external rotation
- Ok for modalities such as e-stim to help retard muscle atrophy

PROGRESS to Third Phase: Full ROM, no pain, dynamic stability and neuromuscular control

Third Phase:

GOAL: Enhance strength/power/endurance/control

- Progressive shoulder strengthening
- Enhance neuromuscular control
- Enhance dynamic stability
- Plyometrics

PROGRESS to Fourth Phase: Documented progression of resistance exercises. Satisfactory isokinetic testing if available or symmetrical shoulder strength and demonstrates good control with proprioceptive drills. Satisfactory clinical exam. No pain or tenderness.

Fourth Phase:

GOAL: Prepare for return to play.

- Begin position, sports specific drills, throwing program etc.
- Fit for Simply Stable, Sully, or similar type brace

Adapted from:

Buss D. et al. American Journal of Sports Medicine 2004.

Wilk K. et al. NA J Sport PT 2006.