



# DOSHER Physical Therapy



## SHOULDER STABILIZATION GUIDELINES

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### 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

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 scapulothoracic 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