

Shoulder Instability Protocol

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FYI:

- Consider underlying impairments (i.e. impaired mobility @ other joints, muscle performance, CORE strength, posture, ADL's).
- Hypermobility is not instability.
- Give your undivided attention to each patient. Listen, don't just hear.

Phase I Acute Phase

Goals =

Promote optimal tissue healing environment and decrease inflammation
Patient education re: stability/safety zone

1. Joint mobilization (I, II) for pain control/circulation
2. Modalities prn for pain and inflammation control
3. Scapular stabilization activity with protection of gh joint
4. Codmans Pendular exercise pain free
5. Well joint exercise (elbow/wrist/non involved UE)

Phase II Restorative Phase

Goals =

Full, pain free shoulder AROM / PROM
Promote optimal collagen remodeling
Restore UE strength, endurance, coordination / proprioception
Reinforce education re: stability / safety zone

Key terms =

Co-contraction, reflex stabilization, muscle activity and stiffness, endurance and proprioception

1. Rhythmic Stabilization/Alternating isometrics: progress from stable towards unstable zone
2. Closed kinetic/Open kinetic chain exercises as appropriate (i.e. qped alt 120 degrees flexion, wall push ups, tripod position on unstable surface)
3. RTC strengthening in plane of scapula (flexion, abduction, EC, IR/ER)
4. UBE for endurance activity
5. Impulse, wall overhead dribbles, Body Blade, Ballistic theraband exercise with minimal resistance, minitramp throws
6. Continue Phase I exercise as prn
7. Continue modalities prn
8. Progress joint mobilization prn
9. Encourage CORE stability as a foundation for proper biomechanics

Phase III Sport Specific Activity

Goals =

Return to sport, work, and functional ADL's without limitations
Prevent further episodes of derangement

1. Instruction in proper technique for a given activity
2. Interval throwing program
3. Dynamic stability brace prn
4. Education in exercise maintenance program/gym exercises