Anterior Shoulder Dislocation: Conservative Protocol

Average estimate of formal treatment 2-3 times per week for 6-8 weeks based on Physical Therapy evaluation findings
Continued formal treatment beyond meeting Self-Management Criteria will be allowed when:
1. Patient out of work or to hasten return to work full duty
2. Athlete needs to return to organized athletic program

INITIAL EVALUATION
Evaluation to assess:
• Posture
• Shoulder active/passive range of motion
• Cervical/Elbow/Wrist active range of motion
• Pain/Inflammation

WEEKS 1-4
Precautions:
• No combination of abduction/external rotation movements.
GOALS:
• Full passive range of motion
• Active range of motion within 20° of uninvolved shoulder
Treatment:
• Modalities as indicated to control and decrease pain/inflammation/muscle guarding
• Joint mobilization of glenohumeral joint, AC joint, SC joint, and scapulothoracic junction if indicated
• Joint mobilization of glenohumeral joint may include anterior glides
• Initiate gentle oscillations Grade I and II and progress as dictated by patient’s tolerance
• Manual stretching/passive ROM in all planes; initially external rotation in the plane of the scapula
  • DO NOT force abduction and external rotation combination
• Initiate strengthening program with deltoid/rotator cuff isometrics with shoulder in the plane of scapula
• Progress strengthening program to include isotonics to emphasize periscapular musculature/rotator cuff
  in the plane of the scapula
• Active assisted range of motion exercises:
  • Wall pulley for flexion and abduction
  • Cane exercises for flexion, extension, internal/external rotation
  • External rotation in the plane of the scapula only.
• Initiate pain-free active range of motion exercises and home exercise program to include cervical/elbow/
  wrist active range of motion and flexibility exercises

WEEKS 4 TO 6
Precautions:
• No abduction/external rotation combination at 90° abduction
Treatment:
• Continue with manual stretching as indicated. Can progress to stretching into external rotation to 60°
  and 90° abduction as dictated by patient tolerance
• Continue with isotonic strengthening program emphasizing rotator cuff and periscapular musculature
• Add strengthening exercises for deltoid and other major muscle groups of upper extremity
• Initiate isokinetics of the rotator cuff in modified neutral and progress to 90 degrees abduction at high
  speeds, i.e. 240 degrees/second X 30 seconds
• Continue joint mobilization of GH joint, AC joint, SC joint, and scapulothoracic junction as indicated
• Progress home exercise program to include comprehensive flexibility program
• Initiate proprioception/functional activities
• For throwing athlete, if dominant arm, initiate short/long toss with tennis ball progressing to full
  throwing for both distances and speed
WEEKS 7 TO DISCHARGE

Precautions:
• No wide grip or overhead strengthening exercises, i.e. bench press or military press.

Treatment:
• Continue with manual stretching as indicated. Can progress to stretching into external rotation to 90° of abduction and greater
• Continue with comprehensive upper extremity strengthening program to emphasize rotator cuff, periscapular musculature, and deltoid
• Continue with isokinetic strengthening if indicated
• Progress Upper Extremity Proprioception/Function
• Progress home exercise program to include comprehensive isotonic strengthening program to be performed at home or at a local health club
• First isokinetic test can be performed for internal rotation/external rotation with shoulder in modified neutral position at 180 degrees/second and 240 degrees/second