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Anterior Shoulder Instability

NON-OPERATIVE REHABILITATION PROTOCOL

PHASE	RANGE OF MOTION	IMMOBILIZER	THERAPEUTIC EXERCISE
Phase I **0–2 weeks** GOAL TO ADVANCE *Pain controlled; motion improving*	Pendulums, pulley and cane motion; abduction to 90° progressing to full as comfortable. Avoid ER with the arm out to the side and do not push the arm behind the body*	Sling for comfort 1-2 weeks after a dislocation	Gentle isometrics (flexion, abduction, extension, ER/IR), scapular setting, weight shifts; ice
Phase II **2–6 weeks** GOAL TO ADVANCE *Full pain-free motion*	Progress to full motion; posterior capsule stretching	None	Band and light-weight strengthening: ER/IR at side, abduction to 90°, scaption, rows, biceps; rhythmic stabilization, diagonal patterns
Phase III **6–12 weeks** GOAL TO ADVANCE *Strength ≥80-90% of other side; no apprehension*	Full	None	Progressive weights, ER/IR at 90° abduction, push-up progression, plyometrics (band, medicine ball, wall push-ups). Still avoid forceful positions of the arm out to the side and back*
Phase IV **Return to activity** GOAL TO ADVANCE *Full motion; strength ≥90%; stable exam*	Full without discomfort	Optional stabilizing brace for sport	Interval sport program and full activity**. Continue home strengthening 2-3 times per week

NOTES

*Holding the arm out to the side and turned back (like throwing) stresses the front of the shoulder

**If approved by physician. Phases advance by meeting the goals, not by the calendar. Call the office for any repeat dislocation or a feeling of the shoulder slipping out