Baylor Scott & White
ORTHOPEDIC ASSOCIATES OF DALLAS
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Anterior Shoulder Dislocation

NON-OPERATIVE REHABILITATION PROTOCOL

PHASE	RANGE OF MOTION	IMMOBILIZER	THERAPEUTIC EXERCISE
Phase I **0–3 weeks** GOAL TO ADVANCE *Pain controlled; flexion 90-120°*	Pendulums, cane and pulley motion: flexion to 90° (week 1) → 120° (week 3); ER to neutral, then to 30° by week 3. No arm out to the side and turned back*	Sling for comfort, 1-3 weeks; may remove for exercise, hygiene and desk work	Elbow/wrist/hand motion, grip, scapular setting, gentle rotator cuff isometrics with arm at side; ice
Phase II **3–6 weeks** GOAL TO ADVANCE *Full flexion; ER 45-60° at side*	Progress flexion to full; ER at side to 45-60°; begin ER at 45° abduction gently. Active motion as tolerated	None	Band ER/IR at side, side-lying ER, rows, scaption, prone extension, serratus punch, rhythmic stabilization
Phase III **6–12 weeks** GOAL TO ADVANCE *Full motion; strength ≥80-90% of other side; no apprehension*	Full, including ER at 90° abduction	None	ER/IR at 90° abduction, diagonal patterns, push-up progression, light weights, plyometrics (band, medicine ball)
Phase IV **12+ weeks** GOAL TO ADVANCE *Full motion; strength ≥90%; stable exam*	Full without discomfort	Optional stabilizing brace for contact sport	Interval sport program and return to sport**. Continue home strengthening 2-3 times per week

NOTES

*Holding the arm out to the side and turned back (like throwing or reaching back for a seatbelt) is the position the shoulder dislocates in

**If approved by physician. Phases advance by meeting the goals, not the calendar. In-season athletes may return sooner with a brace when motion and strength allow

Call the office for any repeat dislocation, a feeling of the shoulder slipping out, or new weakness or numbness in the arm