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Physical Therapy Non-Operative Protocol Multi-Directional Instability of the Shoulder

Phase I – Inflammatory Phase:

- Modalities to control inflammation:
 - Prescription anti-inflammatories
 - Ice
 - Clinical modalities as needed
- Cervical and thoracic spine:
 - Evaluate and treat cervical and thoracic dysfunction contributing to shoulder pathology
 - Evaluate brachial plexus for neurological involvement
- Early scapular strengthening (primary focus):
 - Begin scapular stabilization with appropriate instruction in mid and lower trapezius facilitation
- Scapulothoracic range of motion:
 - Treat restricted soft tissue contributing to impingement
- Glenohumeral range of motion:
 - Apply selective soft tissue mobilization to restrictive tissues
 - Implement wand range of motion as indicated

Phase II – Subacute Phase; Early Strengthening:

- Continue with modalities and scapular stabilization as outlined in Phase I
- Begin rotator cuff strengthening in protected range of motion:
 - Theraband internal/external rotation (0° abduction)
 - Rows
 - Prone table extension
 - Scaption (not above 90°)
 - Ceiling punch
 - Biceps
 - Triceps
- Begin proprioceptive exercises
 - Rhythmic stabilization

Phase III – Advanced Strengthening:

- Continue with Phase II strengthening with the following additions:
 - Prone horizontal abduction at 90° with external rotation
 - Prone row with external rotation
 - Theraband IR/ER at 90° abduction
 - Push-up progression (avoid crossing the mid-line of the body)
 - Advance gym strengthening: front latissimus pulls, light chest work in protected range of motion (avoid crossing the mid-line of the body)
 - Seated press-ups
 - Resisted PNF patterns
 - Begin two arm plyometric exercises, advancing to one arm

Phase IV – Return to Sport:

- Continue with Phase III program
- Re-evaluation with physician and therapist
- Advance to return to sport program as motion and strength allow

The above protocol is intended to provide a general guideline to treating multi-directional instability of the shoulder. Progress should be modified on an individual basis.