

UNSTABLE SHOULDER: NON-SURGICAL MANAGEMENT CLINICAL PRACTICE GUIDELINE

Progression is time and criterion-based, dependent on soft tissue healing, patient demographics and clinician evaluation. Contact Ohio State Sports Medicine at 614-293-2385 if questions arise.

Phase 1: Weeks 0-2

ROM	<ul style="list-style-type: none"> AAROM to AROM (avoid ER and ABD)
Strength	<ul style="list-style-type: none"> RTC <ul style="list-style-type: none"> ER at 0° abduction: side lying to standing Periscapular musculature <ul style="list-style-type: none"> PNF, scapular retraction
Neuromuscular Stability	<ul style="list-style-type: none"> ER/IR rhythmic isometrics
Goals to Progress to Next Phase	<ol style="list-style-type: none"> Reduce pain Increase ROM

Phase 2: Weeks 2-6

ROM	<ul style="list-style-type: none"> Stretch posterior cuff <ul style="list-style-type: none"> Sleeper stretch Caution with posterior joint mobilization (do not stretch attenuated structures)
Strengthening	<ul style="list-style-type: none"> RTC/Scapular Strengthening <ul style="list-style-type: none"> Progress strengthening and stability exercise towards position of instability ER to 45° abduction Prone exercises Scaption, abduction and extension PNF (manual and T-band) and functional strengthening Perturbations with all exercise (Progress proximal to distal) Trunk and LE strengthening <ul style="list-style-type: none"> Utilize unstable surface to engage trunk and lower extremity
Neuromuscular Stability	<ul style="list-style-type: none"> RTC/Scapular Stabilizers <ul style="list-style-type: none"> WB and NWB ex Proximal to Distal Perturbations PNF and functional strengthening Progress from stable to unstable surface (BOSU, Dynadiscs) <ul style="list-style-type: none"> Plyometrics (0, 45 degrees)
Goals to Progress to Next Phase	<ol style="list-style-type: none"> Normalize movement Strengthen and stabilize RTC and scapular stabilizers Correct glenohumeral and scapulothoracic mechanics

Phase 3: Weeks 6-12

ROM	<ul style="list-style-type: none">• Maintain normal osteo and arthrokinematic movement• Stretching (warm-up prior to stretching)• Internal rotators, posterior capsule
Strength	<ul style="list-style-type: none">• RTC and Scapular Strengthening<ul style="list-style-type: none">○ Thrower's Ten Exercise○ ER at 90o abduction○ Emphasis on eccentric control• Continue and progress trunk and LE strengthening
Stability	<ul style="list-style-type: none">• WB Plyometrics• NWB Plyometrics at 90° abduction<ul style="list-style-type: none">○ With perturbations○ Increase speed and change accuracy of tosses○ Increase reps to improve endurance
Goals to Progress to Next Phase	<ol style="list-style-type: none">1. Increased dynamic functional strength2. Improved neuromuscular control at multiple angles towards unstable position3. No signs of instability or biomechanical impingement

Phase 4: Months 2-6 Sports Specific Training

Initiate Throwing Program	<ul style="list-style-type: none">• Full functional ROM• 5/5 strength with RTC testing• Isokinetic ER/IR ratios: 66-75%• Emphasis on good mechanics
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References

Andrews, JR, Harrelson G, Wilk, K: Physical Rehabilitation of the Injured Athlete, Saunders, 2004

Hayes K, Callanan, M, Walton, J, Paxinos, A, Murrell, G: Shoulder Instability: management and Rehabilitation. J Ortho Sports Phys The, 2002

