NON-OPERATIVE REHABILITATION PROTOCOL

Non-Operative Shoulder Instability

William McLaughlin, MD | Sports Medicine Surgery | Advanced Bone & Joint

Program length varies for each individual depending on severity of symptoms, chronicity of instability, age and activity level, ROM/strength status, and desired goals and activities.

Phase 1 | Acute Motion Phase

GOALS FOR THIS PHASE

- Re-establish non-painful range of motion.
- Retard muscular atrophy.
- Decrease pain and inflammation.

Precautions

- During early rehab, caution must be applied in placing the capsule under stress (e.g., stretching into ABD or ER) until dynamic joint stability is restored.

Pain/Inflammation

- Sling for comfort as needed.
- Therapeutic modalities (ice, electrotherapy).
- NSAIDs.

Range of Motion

- Gentle ROM only — no stretching.
- Pendulums.
- Rope and pulley.
- Elevation in scapular plane to tolerance.
- Active-assisted ROM with L-bar to tolerance.
- Flexion.
- Internal rotation with arm in scapular plane at 30° abduction.
- External rotation with arm in scapular plane at 30° abduction.
- Do NOT push into ER or horizontal abduction.

Strengthening

- Isometrics: flexion, abduction, extension, internal rotation (multi-angle), external rotation (scapular plane).
- Rhythmic stabilizations.

- ER/IR in scapular plane.
- Weight shifts (CKC exercises).
- Joint reproduction proprioceptive drills.

Phase 2 | Intermediate Phase

GOALS FOR THIS PHASE

- Regain and improve muscular strength.
- Normalize arthrokinematics.
- Improve neuromuscular control of shoulder complex.

Criteria to Progress to Phase 2

- Full passive ROM (except ER).
- Minimal pain or tenderness.
- "Good" MMT of IR, ER, flexion, and abduction.
- Baseline proprioception and dynamic stability.

Isotonic Strengthening

- ER/IR tubing.
- Scaption with ER (full can).
- Abduction to 90°.
- Sidelying external rotation to 45°.
- Shoulder shrugs.
- Prone extension to neutral.
- Prone horizontal adduction.
- Prone rowing.
- Biceps.
- Table push-ups.
- Triceps.

Neuromuscular Control

- Initiation of proprioceptive neuromuscular facilitation.
- Rhythmic stabilization drills.
- ER/IR at 90° abduction.
- Flexion / extension / horizontal at 100° flexion, 20° horizontal abduction.
- Progress CKC exercises with rhythmic stabilizations.
- Wall stabilization on ball.
- Static holds in push-up position on ball.

- Push-ups on tilt board.

Modalities

- Continue ice / electrotherapy as needed.

Phase 3 | Advanced Strengthening

GOALS FOR THIS PHASE

- Improve strength, power, and endurance.
- Improve neuromuscular control.
- Enhance dynamic stabilizations.
- Prepare patient/athlete for activity.

Criteria to Progress to Phase 3

- Full non-painful range of motion.
- No palpable tenderness.
- Continued progression of resistive exercises.

Strengthening

- Continue isotonic strengthening (PREs).
- Continue all exercises listed above.
- Progress to end-range stabilization.
- Progress to full-ROM strengthening.
- Progress to bench press in restricted ROM.
- Progress to seated rowing and lat pulldown in restricted ROM.
- Emphasize PNF.

Neuromuscular Control (athletes)

- Ball flips on table.
- End-range rhythmic stabilization with tubing.
- Wall stabilizations on ball.
- Push-ups on ball with rhythmic stabilizations.

Plyometrics

- Two-hand drills: chest pass, side-to-side, overhead.
- Progress to one-hand drills: 90/90 throws, wall dribbles.

Precautions

- Avoid excessive stress on the capsule.

Phase 4 | Return to Activity

GOALS FOR THIS PHASE

- Maintain optimal level of strength, power, and endurance.
- Progressively increase activity level to prepare for full functional return.

Criteria to Progress to Phase 4

- Full ROM.
- No pain or palpable tenderness.
- Satisfactory isokinetic test.
- Satisfactory clinical exam.

Program

- Continue all exercises as in Phase 3.
- Initiate interval sport program.
- Continue modalities as needed.

Follow-Up

- Isokinetic test.
- Progress interval program.
- Maintenance of exercise program.

This protocol is a general guideline. Progression is patient-specific and at the discretion of William McLaughlin, MD.