



## Anterior Glenohumeral Instability Rehabilitation Protocol

This program will vary in length for each individual depending on several factors:

1. Severity of injury
2. Acute vs. chronic condition
3. ROM/strength status
4. Performance/activity demands

### PHASE I –ACUTE MOTION PHASE

- **Goals:**
  - Re-establish non-painful ROM
  - Retard muscular atrophy
  - Decrease pain/inflammation
  - *Note:* during the early rehabilitation program, caution must be applied in placing the anterior capsule under stress (i.e. ABD, ER) until joint stability is restored
- **Decrease Pain/Inflammation**
  - Therapeutic modalities (ice, electrotherapy, etc.)
  - GENTLE joint mobilization
- **Range of Motion Exercises**
  - Pendulums
  - Circumduction
  - Rope & Pulley
  - Flexion
    - Abduction to 90 degrees, progress to full ROM
  - L-Bar
    - Flexion
    - Abduction
    - Internal rotation with arm in scapular plane
    - External rotation with arm in scapular plane
    - Progress arm to 90 degrees of abduction as tolerated
  - Posterior capsular stretching
  - **\*\*Shoulder Hyperextension is Contraindicated**
- **Strengthening Exercises**
  - Isometrics
    - Flexion
    - Abduction
    - Extension
    - Internal rotation (multi-angles)
    - External rotation (scapular angles)
  - Weight shifts

## PHASE II –INTERMEDIATE PHASE

- **Goals**
  - Regain and improve muscular strength
  - Normalize arthrokinematics
  - Improve neuromuscular control of shoulder complex
- **Criteria to Progress to Phase II**
  - Full range of motion
  - Minimal pain or tenderness
- **Initiate Isotonic Strengthening**
  - Flexion
  - Abduction to 90 degrees
  - Internal rotation
  - Side-lying external rotation to 45 degrees
  - Shoulder shrugs
  - Extension
  - Horizontal adduction
  - Supraspinatus
  - Biceps
  - Push-ups
- **Initiate Eccentric (surgical tubing) Exercises at 0 degrees Abduction**
  - Internal/External rotation
- **Normalize Arthrokinematics of the Shoulder Complex**
  - Continue joint mobilization
  - Patient education of mechanics of activity/sport
- **Improve Neuromuscular Control of Shoulder Complex**
  - Initiation of proprioceptive neuromuscular facilitation
  - Rhythmic stabilization drills
  - Continue use of modalities (as needed)
  - Ice, electrotherapy modalities

## PHASE III –ADVANCED STRENGTHENING PHASE

- **Goals**
  - Improve strength/power/endurance
  - Improve neuromuscular control
  - Prepare patient/athlete for activity
- **Criteria to Progress to Phase III**
  - Full non-painful ROM
  - No palpable tenderness
  - Continued progression of resistive exercises
    - Continue use of modalities (as needed)
    - Continue posterior capsular stretches
    - Continue isotonic strengthening (PREs)
- **Continue Eccentric Strengthening**
  - Initiate isokinetics
    - Flexion/extension
    - Abduction/adduction
    - Internal/external rotation
    - Horizontal ABD/Adduction

- **Initiate Plyometric Training**
  - Surgical tubing
  - Wall push-ups
  - Medicine ball
- **Initiate Military Press**
- ***PRECAUTION: Avoid maneuvers stressing anterior capsule***

#### **PHASE IV –RETURN TO ACTIVITY PHASE**

- **Goals:**
  - Maintain optimal level of strength/power/endurance
  - Progressively increase activity level to prepare patient/athlete for full functional return to activity/sport
- **Criteria to Progress to Phase IV**
  - Full ROM
  - No pain of palpable tenderness
  - Satisfactory isokinetic test
  - Satisfactory clinical exam
- **Continue All Exercises as in Phase III**
- **Continue Posterior Capsular Stretches**
- **Initiate Interval Program**
- **Continue Modalities**