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Physical Therapy Non-Operative Protocol: Anterior Shoulder Instability

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
- Scapulothoracic range of motion:
 - Treat restricted soft tissue
- Early scapular strengthening:
 - Begin scapular stabilization with appropriate instruction in mid and lower trapezius facilitation
- Glenohumeral range of motion:
 - Apply appropriate joint mobilization to restrictive capsular tissues; avoid anterior inferior stress
 - Implement wand stretching as indicated; avoid 90/90 position
 - Supplement with home program
 - Cross arm stretch
 - Side-lying internal rotation
 - Thumb up back
 - Triceps stretching
 - Avoid anterior capsular stretching

Phase II – Subacute Phase; Early Strengthening:

- Continue with modalities and range of motion as outlined in Phase I
- Begin rotator cuff strengthening; focus heavily on scapular stabilization
 - Theraband internal/external rotation (0° abduction)
 - Rows
 - Prone table extension
 - Scaption (not above 90°)
 - Ceiling punch
 - Biceps
 - Triceps
- Begin early 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; focus on stabilization at the glenohumeral and scapulothoracic joints
 - 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

- Advance proprioceptive exercises

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

This protocol is intended to provide general guidelines for treatment of anterior instability of the shoulder. Progress should be modified on an individual basis.

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