



Shoulder Instability Rehabilitation Protocol

Shoulder instability occurs when the ball (humeral head) and socket (glenoid) of the shoulder are not always staying concentrically together. This condition can be due to a traumatic injury (e.g., dislocation) or from generalized joint laxity. Physical therapy for shoulder instability focuses on strengthening the muscles around the shoulder to stabilize the joint, improving proprioception (joint position sense), and ensuring optimal function.

Phase 1: Acute Phase (Pain and Inflammation Management)

- **Objective:** Reduce pain and inflammation, protect the shoulder from further injury.
- **Rest:** Limit activities that provoke symptoms, especially movements that exacerbate instability.
- **Ice:** Apply ice to the shoulder for 15-20 minutes several times a day to reduce inflammation.
- **Pain Management:** Use modalities such as TENS or over-the-counter NSAIDs.
- **Gentle Range of Motion Exercises:** To maintain mobility without stressing the joint. This may include passive or active-assisted range of motion within pain-free limits.

Phase 2: Early Rehabilitation (Regaining Mobility and Beginning Strengthening)

- **Objective:** Improve mobility and begin gentle strengthening focusing on scapular stabilizers.
- **Range of Motion Exercises:** Gradually increase active range of motion exercises as tolerated, avoiding positions of instability.
- **Scapular Stabilization Exercises:** Exercises to strengthen the muscles that stabilize the scapula, such as scapular squeezes, wall slides, and prone Ys, Ts, and Ws.
- **Isometric Exercises:** Begin with isometric exercises for the rotator cuff to start building strength without moving the joint through its range of motion.

Phase 3: Intermediate Rehabilitation (Strengthening and Proprioception)

- **Objective:** Increase muscular strength and improve proprioception.
- **Progressive Strengthening Exercises:** Incorporate isotonic exercises with bands or light weights focusing on rotator cuff muscles and deltoids. Examples include external and internal rotation, shoulder abduction, and presses with attention to maintaining proper form and avoiding positions of instability.
- **Proprioceptive Training:** Include exercises that enhance joint position sense, such as using a wobble board or performing closed-chain exercises.
- **Dynamic Stabilization Drills:** Light plyometric exercises may be introduced if appropriate, focusing on controlled movements.

Phase 4: Advanced Rehabilitation (Functional Training and Return to Activity)

- **Objective:** Return to full activity or sport with a stable and strong shoulder.
- **Advanced Strengthening Exercises:** Incorporate sport or activity-specific exercises that prepare the individual for the demands of their usual activities.



- **Plyometric and Power Exercises:** For athletes, include plyometric exercises to improve dynamic stability and power.
- **Functional Drills:** Simulate sport-specific or work-specific activities to ensure the shoulder can handle the stresses of these tasks.

Throughout All Phases

- **Manual Therapy:** As appropriate, include manual therapy techniques such as joint mobilizations to maintain or improve range of motion.
- **Education:** Teach the individual about proper shoulder mechanics, posture, and ergonomics to avoid positions that may predispose to instability.
- **Modifications and Adaptations:** Adjust activities, both in therapy and daily life, to avoid compromising the healing process or contributing to further instability.

Monitoring and Adjustment

- Regularly assess progress in terms of pain, range of motion, strength, and function to adjust the therapy plan as necessary.
- Gradual progression is key, with a focus on controlled movement and avoiding activities that could lead to subluxation or dislocation of the shoulder.

This protocol is a framework and should be adapted to meet the specific needs and progression of the individual under the guidance of a physical therapist. Successful rehabilitation from shoulder instability often requires a combination of patient education, dedicated exercise regimen, and sometimes modifications in activity levels to prevent recurrence.