

Shoulder Dislocation

****DISCLAIMER:** Total length of rehab will vary depending upon the following factors: severity or acuteness of injury, age, health, or personal goals of the patient.

Some patients will be progressed through each phase at a more accelerated rate, depending on the physiology of healing, as directed by the physician

Phase I: 0 – (2-4) weeks

Goals for Phase I:

1. Pain and swelling control
2. Normal ROM of uninvolved joints
3. Immobilization of shoulder to allow for healing

- A. Orthotics: Patient will be immobilized as per physician's discretion. Length of immobilization will vary depending on involvement/physician's orders. For a first time dislocator; sling should be worn for 4 wks, then wean. If pt. has dislocated more than one time, then sling should be worn for 2wks, then wean.
- B. ROM: Work to restore normal ROM and flexibility of elbow and wrist. May begin PROM into flexion, however avoid abduction past 90 degrees and ER past 30 degrees.
- C. Strengthening: Grip, wrist, and forearm strengthening as needed. If pt has dislocated more than one time, RTC and scapular strengthening can begin after 1 wk, or when tolerated. If 1st time dislocator, isometrics and AROM against gravity may be performed for strengthening if limiting to ROM guidelines as listed above in ROM.
- D. Soft tissue management: wound monitoring (avoid getting stitches wet), swelling control, scar massage, desensitization
- E. Modalities: Utilize for pain, inflammation, swelling control, and muscle re-education as necessary

Phase II: 4 – 8 weeks

Goals for Phase II:

1. Functional ROM
2. Functional strength
3. ADL's with minimal difficulty
4. Begin work/sports activities

- A. Orthotics: Gradually discontinue use of shoulder immobilizer. (if 1st time dislocation)
- B. ROM: Work to restore full P/AROM of shoulder
- C. Strengthening: Further progress w/ gentle strengthening; start with isometrics, AROM, scapular stabilization/strengthening, progress to PRE's (thera-band, weights, weight-bearing activities etc) as tolerated.
- D. Functional activities: Use arm for ADL's as tolerated; job related activities (lifting, pushing, pulling etc.); sports related drills (begin throwing etc.)
- E. Modalities: Utilize for pain, inflammation, swelling control, and muscle re-education as necessary

Phase II: 9-12 weeks to release

Goals for Phase II:

1. Normal strength
2. Return to work/sports

- A. Continue strengthening/conditioning/functional activities as needed
- A. Biodex: Release to sports when involved arm 80% of uninvolved