

Anterior Glenohumeral Instability Rehabilitation Protocol



Joseph D. Lamplot, M.D. Referral for Rehabilitation Services

Patient Name:			Diagnosis:	PT Duration:	/ Week	Weeks
This pr	ogram w	vill vary in length for ea	nch individual depending on se	veral factors:		
1.	Severit	y of injury	2			
2.	Acute	vs. chronic condition				
3. ROM/strength status						
4.	Perfori	mance/activity demands				
PHASE	I –ACU	TE MOTION PHASE				
•	Goals:					
	0	Re-establish non-painfo	ul ROM			
	0	Retard muscular atrophy				
	Decrease pain/inflammation					
 Note: during the early rehabilitation program, caution must be applied in place 				nust be applied in placing the	anterior capsule	under stress (i.e
		ABD, ER) until joint st	ability is restored			
•	Decrea	se Pain/Inflammation				
	0	Therapeutic modalities	(ice, electrotherapy, etc.)			
	0	GENTLE joint mobiliz	zation			
•	Range	of Motion Exercises				
	0	Pendulums				
	0	Circumduction				
	0	Rope & Pulley				
	0	Flexion				
		 Abduction to 	90 degrees, progress to full ROM			
	0	L-Bar				
		Flexion				
		Abduction				
			on with arm in scapular plane			
		 External rotation 	ion with arm in scapular plane			
		•	to 90 degrees of abduction as tole	rated		
	0	Posterior capsular stret	_			
	0	**Shoulder Hyperexter	nsion is Contraindicated			
•	Streng	thening Exercises				
	0	Isometrics				
		Flexion				

Abduction Extension

Internal rotation (multi-angles)

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- External rotation (scapular angles)
- Weight shifts

PHASE II -INTERMEDIATE PHASE

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

PHASE III -ADVANCED STRENGTHENING PHASE

- Goals
 - o Improve strength/power/endurance
 - o Improve neuromuscular control
 - o Prepare patient/athlete for activity
- Criteria to Progress to Phase III
 - o Full non---painful ROM
 - No palpable tenderness
 - Continued progression of resistive exercises
 - Continue use of modalities (as needed)



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

PHASE IV -RETURN TO ACTIVITY PHASE

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

I hereby certify these services as medically necessary for the patient's plan of care.						
	Date					
Physician's Signature						

