



ADVANZ HEALTH

SPORTS MEDICINE | PHYSIOTHERAPY

SHOULDER DISLOCATION

REHABILITATION PROTOCOL

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Sports Medicine & Physiotherapy

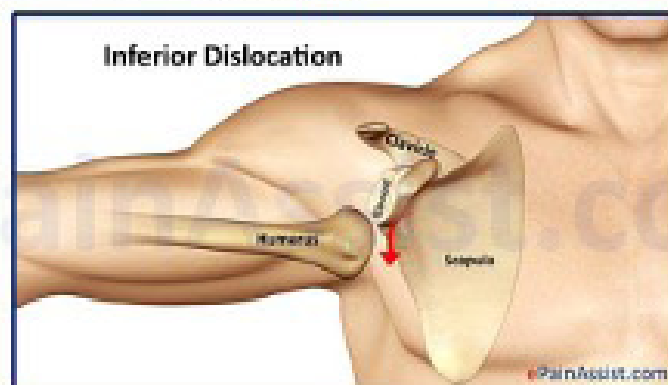
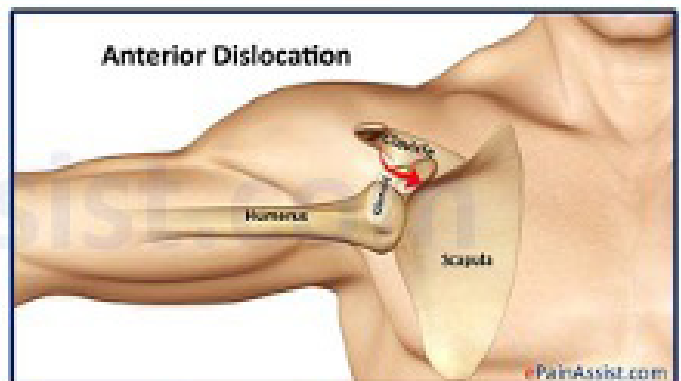
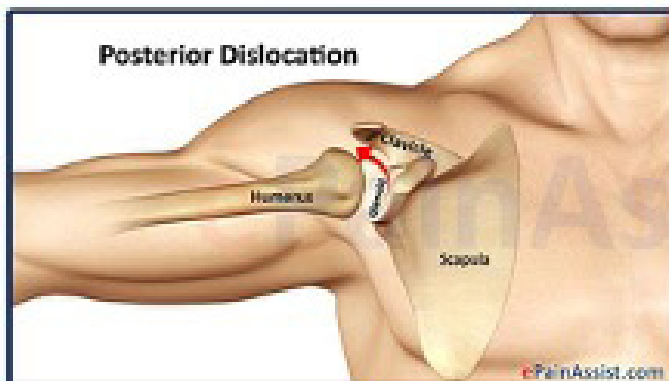
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SHOULDER DISLOCATION

A shoulder dislocation occurs when the “ball” of your humerus (upper arm bone) is pulled out of its normal position in the shoulder “socket” (glenoid labrum). A dislocation is accompanied with extreme pain and an inability to move your arm until it is relocated back into the socket. It is the most commonly dislocated large joint and has an estimated prevalence of 2% - 8% in the general population.

A shoulder subluxation is a partial shoulder dislocation, when the shoulder joint comes part way out before relocating.

Causes and Types of Shoulder Joint Dislocation



<https://www.epainassist.com/images/Causes-and-Types-of-Shoulder-Joint-Dislocation.jpg>

MECHANISM OF INJURY

There are many ways in which a shoulder dislocation and subluxation occur, however the main ones are listed below:

1. Traumatic shoulder dislocation: this occurs when the shoulder is in a non-optimal and vulnerable position and is displaced out of its joint socket. It is commonly seen when the arm is out to the side e.g. in a tackle or fall
2. Repetitive shoulder ligament strain: Repetitive movements and stretching into the shoulder joint e.g. throwing sports like baseball
3. Genetic hypermobility: Ligaments are an important support structure in the shoulder, and people with genetic hypermobility (born with loose ligaments and connective tissue) are more prone to dislocation and subluxation.

Recurrent Shoulder Dislocations

Individuals younger than 25 years old are likely to re-dislocate with non-operative management. Surgery reduces risk of recurrent instability.

The risk of recurrent dislocations is influenced by the age at the time of initial dislocation. In patients <20 years old the rate of recurrent instability is 72–100%, in those aged between 20-30 years it is 70–82% and in patients >50 years old it is 14–22%.

Prognosis

Once the shoulder joint has been restored to its optimal position after a shoulder dislocation, it can take up to a year for the rehabilitation to be completed (although most people return to sport after 12 weeks if non-surgical and 6-months if surgical).

PROTOCOL USER GUIDE

This protocol is a guide for both clinicians and patients outlining the conservative (non-surgical) rehab of a shoulder dislocation. Every person's situation is different, therefore you must move through the protocol at your own pace and the progression criteria should dictate how quickly you go; it is not timeline based. Use pain as a guide. If the pain increases consult your physio/surgeon.

Clinicians should use a clinical reasoning approach in prescribing an exercise rehabilitation program and management advice for each phase. This protocol briefly suggests typical exercises for each phase, but programs should always be individualised.

ACUTE PHASE (7 DAYS POST-INJURY)

Immobilisation with a sling for the first few days to promote healing of shoulder joints. It is important to be careful with your arm in this phase and to not move your shoulder in vulnerable positions.

GOALS	PRECAUTIONS	RECOMMENDED PROGRAM	CRITERIA TO PROGRESS TO NEXT PHASE
<ul style="list-style-type: none"> • Patient understands timeframes of healing process and rehabilitation process • Wean from sling 	<ul style="list-style-type: none"> • Screen for contraindications and red flags e.g. neural symptoms and Bankart lesions • No overhead movements with weights 	<ol style="list-style-type: none"> 1. Education on the importance of compliance of rehab program 2. Ice therapy for pain relief (GameReady in clinic or ice-bath at home) 	<p>Pain controlled</p>

PHASE 1: EARLY REHAB (WEEKS 2-3)

GOALS	PRECAUTIONS	RECOMMENDED PROGRAM	CRITERIA TO PROGRESS TO NEXT PHASE <i>(TICK WHEN COMPLETE)</i>
<ul style="list-style-type: none"> • Patient understands timeframes of healing process and rehabilitation process • Normal scapulohumeral rhythm • Obtain full active range of motion • Muscle re-education and activation especially RC muscles • Maintain fitness 	<ul style="list-style-type: none"> • Screen for contraindications and red flags e.g. neural symptoms and Bankart lesions • No overhead movements with weights • Avoid ER beyond 0deg • No combination of abduction/ external rotation movements 	<ol style="list-style-type: none"> 1. Manual therapy to address muscular tightness, pain and function 2. Ice therapy for pain relief (GameReady in clinic or ice-bath at home) 3. AAROM with stick 4. Activation and strengthening of RC muscles. 5. Closed chain stabilisation exercises 6. Fitness maintenance: Gym-based exercises for upper body, bike 	<ul style="list-style-type: none"> <input type="checkbox"/> Full active range of motion in shoulder <input type="checkbox"/> Minimal pain and inflammation <input type="checkbox"/> 4/5 strength in rotator cuff and deltoid <input type="checkbox"/> Minimal winging of scapula with wall push up <input type="checkbox"/> No evidence of instability <input type="checkbox"/> Good understanding of normal posture

PHASE 2 – STRENGTH PHASE (4-6 WEEKS)

GOALS	PRECAUTIONS	RECOMMENDED PROGRAM	CRITERIA TO PROGRESS TO NEXT PHASE <i>(TICK WHEN COMPLETE)</i>
<ul style="list-style-type: none"> • Full AROM • Normal scapulohumeral rhythm at faster speeds • Regain shoulder stability into flexion range 90° and above • Decrease pain and inflammation • Increase shoulder strength 	<ul style="list-style-type: none"> • Avoid exercise that causes more than moderate pain (>3/10) • No overhead movements with weights • No combination of abduction/external rotation movements 	<ol style="list-style-type: none"> 1. Mobility exercises 2. Reformer Pilates based rehabilitation 3. Strengthening program for upper body 4. Stability and perturbation ex's 5. Aerobic/endurance activity 6. Manual therapy to address muscular tightness, pain and function 	<ul style="list-style-type: none"> <input type="checkbox"/> No swelling <input type="checkbox"/> Pain free AROM and normalised scapulohumeral rhythm <input type="checkbox"/> Strength within 95% of the other side

PHASE 3 – FUNCTIONAL STRENGTHENING (7-12 WEEKS)

GOALS	PRECAUTIONS	RECOMMENDED PROGRAM	CRITERIA TO PROGRESS TO NEXT PHASE
<ul style="list-style-type: none"> • Pain free functional weight-bearing activity • Advanced strengthening • Initiate sport specific exercise rehab 	<ul style="list-style-type: none"> • Avoid activity that causes pain greater than 3/10 on VAS • Slow progression towards combined abd/ER 	<ol style="list-style-type: none"> 1. Advanced proprioception/perturbation exercises 2. Advanced strengthening for shoulder and full kinetic chain 3. Continue aerobic activity 4. Sport Specific Drills individualised to the client 5. Functional taping if needed for sport/work 	<ul style="list-style-type: none"> • Upper extremity test passed (95% in comparison to other side) • Full functional strength, stability and proprioception • Specific movement screen for your sport • Pain free return to sport • Knowledge of dislocation prevention <p>NB: It is recommended to continue program for 6 weeks after full return to your normal activities/sport.</p>



PHASE 4 – DYNAMIC STRENGTH AND STABILITY PHASE (5 MONTHS- 1 YEAR)

GOALS	PRECAUTIONS	RECOMMENDED PROGRAM	CRITERIA TO PROGRESS TO NEXT PHASE
<ul style="list-style-type: none"> • Continue to improve muscular strength and stability • Return to desired activities • Prevention of recurrence 	<ul style="list-style-type: none"> • Avoid ER above 90deg until after 6 months 	<ol style="list-style-type: none"> 1. Manual therapy to improve ROM, alignment and reduce mm tone 2. Graded strengthening program : isotonic movements (see videos) 3. Fitness maintenance: Stationary bike, xtrainer 4. Biomechanical retraining 5. Plyometrics 6. Proprioception training 	<p>Surgeon and physio will clear for return to sport once sports/activity-specific criteria are met (usually at 6months + for contact sports)</p>



RETURN TO SPORT TESTING

This is a general return to sport test and an individualised testing routine should be used for each client and their relevant goals and sport.

EXERCISES	DESCRIPTION	CRITERIA TO PROGRESS BACK TO SPORT
Timed push up test	How many push ups can be completed in 1 minute	<ul style="list-style-type: none">• Males >18• Females > 12
Hand held dynamometer	Testing internal and external rotation strength against the dynamometer.	95% within each other Also aim to have Internal rotation strength no more than 1.6x external rotation strength on the same side.
Seated Medicine Ball throw	Sitting with the back against a wall with legs extended. Bring ball to chest and throw whilst keeping back against the wall. Males 6lbs females 4lbs ball	Best of 3 trials <ul style="list-style-type: none">• Excellent 5.76m+• Good 5 - 5.75m• Average 4.25 - 4.99m• Below average 3.5 - 4.24m• Poor 0 - 3.49m
Closed Kinetic Chain Upper Extremity Stability Test	In push up or modified push up position with hands 36 inches apart. Count how many times one hand can touch the other in 15 seconds 3 attempts with 45 seconds rest	Males 24 Females 27 Usually get improvement of 3-4 between tests.

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EXERCISES	DESCRIPTION	CRITERIA TO PROGRESS BACK TO SPORT
Timed push up test	How many push ups can be completed in 1 minute	<ul style="list-style-type: none">• No pain• 95-100% function of the uninjured side• Good form/technique
Hand held dynamometer	Testing internal and external rotation strength against the dynamometer.	<ul style="list-style-type: none">• No pain• 95-100% function of the uninjured side• Good form/technique
Seated Medicine Ball throw	Sitting with the back against a wall with legs extended. Bring ball to chest and throw whilst keeping back against the wall. Males 6lbs females 4lbs ball	<ul style="list-style-type: none">• No pain• 95-100% function of the uninjured side• Good form/technique
Closed Kinetic Chain Upper Extremity Stability Test	In push up or modified push up position with hands 36 inches apart. Count how many times one hand can touch the other in 15 seconds 3 attempts with 45 seconds rest	<ul style="list-style-type: none">• No pain• 95-100% function of the uninjured side• Good form/technique

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