Connecticut Orthopaedics

Megan R. Wolf, MD
Sports Medicine/Foot & Ankle

Acute Glenohumeral Joint Dislocation
Non-Operative Protocol

Phase I: Protection Phase
Weeks 0-4

- Goals:
  - Minimize pain and inflammation
  - Regain passive motion
- Ancillary Measures:
  - Use pain medications as needed
  - Use the shoulder (cold pack) as needed
  - Wear shoulder immobilizer at all times (except during exercises)
    - Patient <20 years old, immobilize 4 weeks
    - Patients 20-30 years old, immobilize 2-3 weeks
    - Patients >30 years old, immobilize 10 days to 2 weeks
- Exercises:
  - **Codman's Pendulum:**
    - Stand adjacent to a chair or table and bend slightly at the waist. Support your body weight by leaning on the chair or table with the opposite arm. Let the full weight of the affected arm hang freely. Gently swing the affected arm forward and back, side to side as tolerated for 15 seconds. Progress to 3-5 minutes. Repeat 4-6 times each day.
  - **Passive Forward Flexion:**
    - Use a therapy helper or your opposite arm to gently raise the affected arm up in front. Start with affected arm at side and passively bring your hand to mouth, then forehead, then top of head. Repeat 4-6 times per day, 10-15 repetitions. Passive shoulder abduction is also permitted
  - **Elbow/Wrist ROM:**
    - Active ROM of the elbow, wrist and fingers on the affected side is encouraged. Ball squeezes are allowed. Table top activities (dining, writing computer use) are allowed.
- Precautions
  - Avoid provocative positions of the shoulder that risk recurrent instability
  - Avoid shoulder abduction and external rotation
  - Avoid extension of the shoulder
  - If signs or symptoms of glenohumeral subluxation or frank dislocation occur, the therapist should suspend treatment and send the patient back to our office.

Phase II: Motion Phase
Weeks 5-8

- Goals:
  - Regain full active ROM
  - Avoid shoulder reinjury
  - Re-establish shoulder stability
- Ancillary Measures:
  - Use pain medications only as needed
  - Ice shoulder when painful
  - Discontinue use of shoulder immobilizer

- Exercises:
  - **Continue all Phase I exercises** as described above. Add the following exercises which should be supervised by a physical therapist.
  - **Active-Assisted ROM:**
    - Begin active-assisted forward flexion and abduction and progress to active range of motion as tolerated
  - **Active Range of Motion:**
    - Begin progressive active forward flexion and abduction in pain free range. Repeat 4-6 times per day, 10-15 repetitions
  - **Overhead Pulley:**
    - Secure overhead pulley in doorway. Grasp both handles. At first, pull down on the normal or unaffected side while the affected shoulder is relaxed (passive motion). Progress to active motion of the affected shoulder as tolerated. Repeat 4-6 times per day, 10-15 repetitions.
  - **Isometrics:**
    - Shoulder flexion, abduction and internal rotation isometrics are encouraged. Shoulder shrug exercise as tolerated. Elbow flexion isometrics may be initiated.
- Precautions
  - Avoid provocative positions of the shoulder that risk recurrent instability
  - Avoid shoulder abduction and external rotation
  - Avoid extension of the shoulder
  - If signs or symptoms of glenohumeral subluxation or frank dislocation occur, the therapist should suspend treatment and send the patient back to our office

Phase III: Strengthening Phase
Weeks 9-12

- Goals:
  - Maintain full, painless range of motion
  - Continue strengthening rotator cuff, scapular stabilizers, and deltoid
- Ancillary Measures:
  - Use pain medications only as needed
  - Ice shoulder if needed

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- Exercises:
  - **Isometrics:**
    - Shoulder flexion, extension, abduction, internal rotation and external rotation isometrics are encouraged
  - **Isotonic Strengthening with Therabands:**
    - Secure the theraband to a doorknob or hook so that you may stretch the band until you feel resistance. Start using low resistive theraband, low repetitions, 5 times per day. Gradullay increase repetitions to achieve goal 50-100 repetitions per exercise per day. Then graduate to more resistive theraband, begin with 10 repetitions and repeat process, gradually increasing the repetitions per exercise per day. Strengthening exercises should include shoulder flexion, extension, and abduction. However, resisted external rotation and internal rotation strengthening exercises are particularly important.
  - **Isotonic Strengthening with Free Weights:**
    - Progress to light free weights (not more than 3 pounds) after therabands have been used
  - **Shoulder Shrug Exercise:**
    - Start with simple shoulder shrug, lifting the top of your shoulders as high as they will go, 20 repetitions. When the shrug becomes easy, hold a one pound weight in each hand and repeat the shrug, 20 repetitions. Weight may be gradually increased, but should not exceed 3 pounds.
  - **Pushups:**
    - Start with modified pushups against a wall from a standing position, 20 repetitions per exercise session. Progress to more difficult pushups with hands on a table, then semi-prone pushups from kneeling position, then standard prone pushups from the floor. Seated pushups, pushin off from a seated position with arms outstretched and elbows locked, may also be added.
  - **Additional Strengthening Exercises** for rotator cuff and scapular stabilizer muscles may be added at the discretion of the physical therapist.
- Precautions
  - Avoid provocative shoulder positions
  - Avoid shouder re-injury
  - No heavy lifting or sports activity

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