

**Christopher M. Brusalis, MD**  
 Phone: (516)-743-3036  
 Fax: (516)-743-3576  
 Email: [DrBrusalisOffice@hss.edu](mailto:DrBrusalisOffice@hss.edu)  
 Website: [www.BrusalisMD.com](http://www.BrusalisMD.com)



## Physical Therapy for Multidirectional Shoulder Instability

The following is a basic framework from which to work during rehabilitation for multidirectional shoulder instability. Physical therapists may employ specific exercises at their discretion within these guidelines. We encourage patients and therapists to communicate with Dr. Brusalis and his staff with any questions.

Muscles to focus upon: *Rhomboids, Trapezius, Levator, and Deltoid.*

Please provide with a home exercise program to be perform throughout rehabilitation.

**Frequency:** 2-3 times per week      **Duration:** 12 weeks

Phase	Goals	Exercises
I	Initiate voluntary control of scapula and humeral head position in 0° to 45° of abduction	Scapular upward rotation, 1-3x 20 reps for 5 sec hold If unable to perform 5 reps, do side-lying scapular upward rotation
II	Improve strength of the posterior musculature involved in flexion	Scapular upward rotation, 1-3x 20 reps for 5 sec hold  External rotation with Thera band (do side lying if necessary)  Bent over row progress from 0.5kg ot 2kg. Keep in neutral extension.  Extension row with Thera band at 45° of abduction. Keep in neutral rotation.
III	Achieve scapular control in the sagittal plane	Scapular upward rotation standing, work from coronal to sagittal plane <ul style="list-style-type: none"> <li>• 1-3x 20 reps, progress from 0-2 kg</li> </ul> 0° -45° flexion in the scapular plane <ul style="list-style-type: none"> <li>• 1-3x 20 reps</li> </ul> <i>**During flexion, palpate the humeral head to assess unwanted posterior translation. If the patient is unable to maintain humeral head control, return to stage II.</i>

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Phase	Goals	Exercises
<b>IV</b>	Achieve scapular control at 90° abduction	External rotation standing from 45° to 90° abduction External rotation drills at 90° abduction, Internal rotation drills at 90° abduction, flexion to 90° abduction, External row standing at 90° abduction <ul style="list-style-type: none"> <li>• <i>Perform all the above 1-3x 20 reps 2x/day, progressing weight resistance</i></li> </ul>
<b>V</b>	Strengthen anterior, middle, and posterior deltoid	Posterior: bent over row from 0° to 45° to 90° abduction  Anterior: flexion with Thera Band (sitting/standing) short lever flexion with weight <ul style="list-style-type: none"> <li>• 1-3 x 8-20 reps at 0-4 kg</li> </ul> Perform posterior deltoid drills then progress to anterior and then to middle.
<b>VI</b>	Scapular control over 90° of abduction/elevation	Progress ER from 90° to full ROM Progress IR from 90° to full ROM Progress flexion from 90° to full ROM Progress deltoid drill in phase V to exceed 90° Incorporate trunk stability: Increase reps, frequency, and weight as fit per patient