

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



Physical Therapy for Anterior Shoulder Instability

The following is a basic framework from which to work during rehabilitation for anterior shoulder instability. We encourage patients and therapists to communicate with Dr. Brusalis and his staff with any questions.

Instructions:

Range of motion:

- Begin range of motion immediately progressing from passive to active-assist to active ROM.
- Begin with supine range of motion.
- No restrictions, but avoid rotation in abduction or flexion until three months post-injury.
- When not performing exercises, patient should wear sling for no more than one week post-injury.

Strengthening:

- Incorporate trunk stability: Increase reps, frequency, and weight as fit per patient.
- Begin strengthening once range of motion is painless, progressing from isometrics to bands to weights with a focus on the rotator cuff, deltoid, and scapular stabilizers.
- As strengthening progresses, focus on achieving voluntary control of the scapula in increasing degrees of abduction. Prioritize restoration of scapular rhythm and tracking.
- As strength returns with weights, incorporate eccentrics, plyometrics, proprioceptive exercises.

Incorporate into sport specific or function specific exercises Please provide with a home exercise program.

Progress as tolerated

Frequency: 2-3 times/week

Duration: 6 Weeks