



NON-SURGICAL ANTERIOR GLENOHUMERAL DISLOCATION REHABILITATION GUIDE

PHASE	SUGGESTED INTERVENTIONS	TO ADVANCE TO NEXT PHASE
<p>PHASE I EDUCATIONAL & INITIAL PHASE 0-3 WEEKS <i>(Immobilization Period)</i></p> <p>7-4 EXPECTED VISITS</p>	<p>Goal: -Discuss Anatomy and Existing Pathology - Understanding the anatomical structures and any pre-existing pathology is crucial for tailoring the rehabilitation plan. Discuss Rehab Schedule and Expected Progressions - Outlining a rehabilitation schedule and anticipated progressions helps set realistic expectations for the recovery journey.</p> <p>ROM: -Initiate pain-free passive ROM exercises in the plane of the scapula (30:30 position). -Progress to pain-free active-assist range of motion in internal rotation, external rotation, and flexion. -Gradually advance to active range of motion as symptoms allow, beginning in the plane of scapula for internal rotation, external rotation, and flexion.</p> <p>Suggested Treatments: -Modalities for Pain and Inflammation Reduction: - Utilize modalities such as Transcutaneous Electrical Stimulation (TENS) and cold packs for pain and inflammation reduction. -Manual Therapy: - Implement Grade I-II posterior joint mobilizations to control pain in the scapular plane.</p>	<p>Criteria:</p> <ol style="list-style-type: none">1. Alleviate pain, inflammation, and muscle guarding.2. Safeguard the anterior joint capsule.3. Mitigate the adverse effects of immobilization, including muscle atrophy, reduced neuromuscular recruitment, and loss of range of motion (ROM).4. Enhance flexibility and range of motion.5. Improve muscle control, activation, and proprioception.
<p>PHASE II INTERMEDIATE PHASE 3-5 WEEKS</p> <p>5-8 EXPECTED VISITS</p>	<p>Goal: -It's crucial to maintain the continuity of the exercises outlined above. During this phase, it's advised to abstain from lifting weights overhead to ensure the safety and efficacy of your rehabilitation. Instead, focus on gradual advancements in External Rotation (ER) starting at the 30:30 position, with the goal of progressing steadily to the 90:90 position over the course of this phase. This deliberate approach aims to foster a controlled and progressive development strength and range of motion.</p> <p>ROM: -Advance Range of Motion (ROM) exercises progressively to the pain-free end range as symptoms allow.</p> <p>Other Therapies: -Utilize modalities as indicated, such as Transcutaneous Electrical Stimulation (TENS) and cold packs. -Implement Grade I-II joint mobilizations with a posterior glide for pain control in the scapular plane.</p>	<p>Criteria:</p> <ol style="list-style-type: none">1. Attain full Passive Range of Motion (PROM) and Active Range of Motion (AROM) with caution in External Rotation (ER) at 90 degrees.2. Re-establish muscle balance between internal and external rotation, aiming for External Rotation (ER) at 65% of Internal Rotation (IR).3. Improve total-body proprioception and control.4. Increase muscular strength and endurance.

PHASE	SUGGESTED INTERVENTIONS	TO ADVANCE TO NEXT PHASE
<p>PHASE III PROGRESSED STRENGTH TRAINING PHASE 6+ WEEKS</p> <p>9-12 EXPECTED VISITS</p>	<p>Goal:</p> <ul style="list-style-type: none"> -Sustain the momentum by adhering to the established exercise program. Progress towards honing <i>sport-specific skills</i> while considering the initiation of <i>light throwing activities</i> based on symptom tolerance. Integrate an <i>active warm-up routine</i> before exercises and stretching to optimize readiness. Additionally, craft a personalized maintenance program tailored to individual needs. -As a guideline, contemplate a return to sport approximately 10 weeks or thereafter, aligning with the progress and readiness indicators observed during the rehabilitation process. -Implement modalities as indicated, with the use of Electrical Stimulation (E-stim) as needed for pain relief. <p><i>* Some exercises may not be suitable until 8-12 weeks, consult physician for recommended exercises during this phase based on individual performance.</i></p>	<p>Criteria:</p> <ol style="list-style-type: none"> 1. Achieve a pain-free status. 2. Sustain full shoulder motion. 3. Progress neuromuscular control. 4. Reintroduce strength training with appropriate modifications. 5. Enhance muscular power, speed, agility, and endurance. 6. Ensure proper throwing mechanics if applicable. 7. Prepare for a return to activity.

