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Posterior Shoulder Dislocation/Subluxation Conservative Rehabilitation Program

The physical therapy rehabilitation for posterior shoulder dislocation/subluxation is outlined in three phases, which may overlap depending on the progress of the individual, and that will vary in length depending on factors such as:

1. Degree of shoulder instability / laxity.
2. Acute versus Chronic condition.
3. Length of time immobilized.
4. Strength / ROM status
5. Performance / Activity demands

In all exercises during Phase I and Phase II, caution must be applied in placing undue stress on the posterior joint capsule as dynamic joint stability is restored.

PHASE I:

1. Apply modalities as needed (heat, ice, electrotherapy, etc.)
2. Perform range of motion exercises (passive, active-assistive) avoid adduction, flexion, and internal rotation.
 - a. Rope and Pulley
 - b. Wand
 - c. Finger Walk
3. Mobilization of anterior cuff / capsule stretch (as needed).
4. Elastic resistance for IR/ER with arm at side and elbow at 90 degrees (pain free ROM): and scapular strengthening
5. UBE
6. DB exercises for:
 - a. Supraspinatus – full/empty can in the scapular plane below shoulder level
 - b. Shoulder flexion
 - c. Shoulder abduction
 - d. Shoulder extension
 - e. Shoulder rows in supine
 - f. Serratus punch in supine (push up plus program)
 - g. Shoulder shrugs
 - h. Forearm/elbow strengthening
7. Rhythmic stabilization exercises (begin in the supine position progressing to the functional planes of motion)
8. PNF patterns with gentle manual resistance (progress by working into the dysfunctional plane of motion)

PHASE II:

1. Continue anterior cuff/capsule stretch, mobilization, and range of motion exercises (as needed).
2. Continue shoulder strengthening exercises with free weights and elastic resistance (emphasize eccentric work on the rotator cuff) and posterior deltoid, progress planes of motion to the 90/90 position
3. Progress push up plus program by adding wall push up plus
4. Add lower trap pull downs with pulley system if available
5. Progress prone DB program by adding:
 - a. horizontal abduction
 - b. retraction with ER
 - c. extension with palm forward
6. Plytoss chest pass (progress to overhead and single arm)
7. Begin progressive throwing program as advised by MD
8. Begin total body conditioning including a well organized core stability program for overhead athletes
9. Begin skill development at a low intensity level
10. Continue with rhythmic stabilization exercises with resistance and in the functional planes of motion.
11. Continue PNF patterns
12. Utilize manual resisted techniques or elastic resistance to emphasize eccentric loading for the posterior cuff.

PHASE III:

Focus on progressive exercises in preparation for returning to the prior activity level.

1. Progress push up plus program (modified floor, to floor)
2. Continue progressive throwing program
3. Continue with strengthening
4. May add overhead strengthening (military press)
5. May progress to bench program with light resistance. Use safety stops to avoid stress to the posterior capsule
6. Continue UBE
7. Continue total body conditioning program with emphasis on the shoulder (rotator cuff, posterior deltoid).
8. Progress skill development. Begin practicing skills specific to the activity (work, recreational activity, sport, etc.).

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