MAYO CLINIC | Orthopedics and Sports Medicine

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Non-Operative Shoulder Dislocation / Instability Rehabilitation Protocol

Phase	Goals	Precautions / Restrictions	Treatment
Weeks 0 – 4	• Decrease pain and inflammation • Protect healing capsular structures • Initiate non-painful shoulder range of motion • Minimize muscle atrophy	• No excessive arm motions • Sling or immobilizer for comfort as prescribed by MD, wean out as directed • Anterior instability: Do not push into ER or horizontal abduction • Posterior instability: Avoid excessive IR or horizontal adduction	• Gentle ROM in a non-painful arc only, no stretching ○ Flexion, Scaption, ER, IR structures • Pendulums • Isometric shoulder strengthening • Rhythmic stabilization • Anterior instability: initiate modified closed kinetic chain • Cryotherapy • Cardiovascular training without arm use
Weeks 4 – 8	• Full pain-free shoulder ROM in all planes • Regain and progress strength • Normalize arthrokinematics • Enhance proprioception, dynamic stabilization, and Neuromuscular (NM) control of the shoulder	• Minimize stress to healing structures	• Progress ROM activities as able • Initiate isotonic strengthening ○ Emphasis on ER and scapular strength • Neuromuscular control of shoulder complex ○ Progress to mid and end range motions, PNF, open and closed kinetic chain • Cardiovascular with arm use and core training • Cryotherapy as needed
Weeks 8 - 12	• Progress Neuromuscular control, strength, endurance, power • Prepare for activity	• Avoid excessive stress on the joint capsule	• Initiate full range strengthening • Progress end range stabilization drills • Advance NM drills and Endurance training • Initiate plyometric training
Weeks 12 +	• Optimize strength, power, and endurance • Progress activity level for full functional return to activity / sport	• Focus on form and control during exercise performance • Use of appropriate work rest intervals • Assess tolerance to activity during, after and 24 hours after activity	• Progress isotonic strengthening • Resume normal lifting program (with MD clearance) • Consider stabilizing brace for contact sports or if deemed appropriate by patient and physician
Return To Sport **Exact Time to be Determined by MD**	• Evaluation of Participation Risk • Type of sport/activity, level of competition, ability to protect the shoulder, timing in the season • Age, gender (female higher risk), arm dominance Type of instability (subluxation or dislocation), presence of bone	• Return to Play Criteria • Full pain-free passive and active ROM • ER: IR strength > 66% on isokinetic or HHD testing • No pain or instability with provocative tests • Functional tests • Throwing performance, CKCUEXT, UEX Y-balance, Single arm shotput	

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process. Each patient's progress may vary based on specifics of their injury and procedure.