

Winston Salem Shoulder

Dr. S. Bradley Winter, MD • OrthoCarolina

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Shoulder Instability — Conservative Rehabilitation Protocol

Non-Operative Management of Anterior / Multidirectional Instability • Dr. S. Bradley Winter, MD

PHASE 1: ACUTE PHASE | Weeks 0–3

GOALS

- Reduce acute pain
- Protect healing structures
- Patient education

EXERCISES / ACTIVITIES

- Rest and sling (1–3 weeks)
- Cryotherapy
- Gentle pendulums
- Elbow/wrist ROM

PRECAUTIONS

- Avoid provocative positions: abduction + ER
- No overhead reaching
- No throwing

PHASE 2: STABILIZATION | Weeks 3–8

GOALS

- Restore pain-free AROM
- Rotator cuff activation
- Proprioception

EXERCISES / ACTIVITIES

- AROM in safe planes
- Isometric IR/ER in neutral
- Closed-chain rhythmic stabilization
- Proprioceptive training
- Scapular stability

PRECAUTIONS

- Avoid combined abduction + ER
- No contact sports

PHASE 3: STRENGTHENING | Weeks 8–16

GOALS

- Progressive resistance
- Dynamic shoulder stability
- Kinetic chain integration

EXERCISES / ACTIVITIES

- Theraband IR/ER progression
- D1/D2 PNF
- Core and hip strengthening
- Perturbation training
- Sport-specific prep

PRECAUTIONS

- Contact sports still restricted
- Discontinue if dislocation occurs — surgical consult

PHASE 4: RETURN TO SPORT | Months 4–6

GOALS

- Sport-specific readiness
- Confidence and function
- Surgeon clearance

EXERCISES / ACTIVITIES

- Sport-specific drills
- Plyometric program
- Functional testing
- Bracing consideration for contact sports

PRECAUTIONS

- Recurrent dislocation is indication for surgical consultation

This protocol is a general guideline and may be modified by Dr. Winter based on intraoperative findings, tissue quality, and individual patient factors. Do not progress through phases without clearance from your surgeon or physical therapist. Questions? Contact OrthoCarolina at (336) 765-5400.

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