



Orthopaedic Protocols

Anterior Shoulder Dislocation (Conservation Management)

1-2 Day Post Injury:

- Icing can be effective in minimizing pain & edema. Frequent applications for short periods of time to both the anterior & posterior shoulder are recommended. To ice for 5 minutes should prove to be adequate.
- TENS may be helpful in decreasing the pain. Electrode placements should be placed strategically along the area of the anterior & posterior capsule of the shoulder.
- Active scapular elevation, depression, traction and protraction are emphasized. Active & PROM exercises are initiated to the elbow, forearm wrist & hand in order to prevent limitation distally.
- For gentle distraction & mobilization of the glenohumeral joint, the referring physician may permit pendulum exercises to quiet the pain & provide gentle mobilization of the shoulder. To perform pendulum exercises, the patient leans forward, placing the unaffected hand on a tabletop or chair for support. By gently rocking the knees & hips in a back & forth manner, the affected arm begins to swing in a pendulum-like fashion. It should be stressed to the patient that momentum, not AROM is what generates the movement. It is recommended the patient perform the pendulum exercises for 5 minutes session, 3 times a day as pain permits. A sling or shoulder immobilizer is worn continuously.
- For traumatic dislocations in individuals less than 35 years of age, the shoulder is typically immobilized for 3 weeks. Individuals older than 35 years of age are typically immobilized for 2 weeks to minimize the risk of significant shoulder stiffness.
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2-3 Week Post Injury:

- The sling or shoulder immobilizer is discontinued except during periods of activity. The pendulum exercises are initiated if not initiated primarily. A small weight can be attached at the wrist to offer gentle distraction with this exercise.
- Active assistive & PROM exercises may be initiated to the shoulder in all planes of motion. Note: Combined external rotation & abduction is the most stressful position. Therefore, avoid combined external rotation for 3 months following the injury. In addition, advise the patient to avoid activities that require this combination of motion.
- Exercises that stretch the posterior capsule and restore internal rotation are emphasized. Exercises that restore external rotation will undoubtedly be uncomfortable and should be performed with caution. Encourage the patient to stretch to the point that they feel a pulling sensation, but to stop when they feel pain.