

(PROTOCOL #8) NON-OPERATIVE INSTABILITY PROTOCOL

Jackson Orthopedic Specialists, P.L.L.C.
Robert M. Doane, M.D., P.C.
956 Cooper Street; Jackson, MI 49202
Phone: (517)787-3900 Fax: (517)787-4318
www.jacksonorthopedicspecialists.com
info@jacksonorthopedics.com

The following is a set of general guidelines. It is important to remember that each patient is different. The progression of the patient depends on many factors including age and medical health of the patient and physician preferences.

PHASE	FUNCTIONAL PROGRESSION/ACTIVITIES	GOALS/RESTRICTIONS
Injury to 2 weeks	OT for ADL modifications Isometrics: deltoid (anterior, middle, posterior); biceps/triceps, internal/external rotation Supine stick external rotation Pulley flexion and abduction Pendulums	DASH questionnaire at time of evaluation and every 4 weeks Decrease pain Increase ROM to WFL No Stretching
2 weeks	Start theraband strengthening all 5 planes Periscapular strengthening Rowing exercises, shrugs, retraction/protraction Customize therapy program according to type of instability, i.e. anterior, posterior multidirectional.	45° arc after 2 weeks can do daily then progress to full arc, as comfort allows

Refer to enclosed table for suggested exercises which optimize muscle function based on EMG activity.

Approved By:

Physician reserves the right to adjust these protocols for each patient.

Signature: _____ Date: _____

Robert Doane, M.D., P.C.

Signature: _____ Date: _____

Balu Pisupati, PT

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