

Physical Therapist's Guide to Shoulder Dislocation: Treatment After Surgery

Because the shoulder is the most mobile joint in the body and has such a wide range of motion, it is more likely to dislocate than any other joint in the body. Dislocations are among the most common traumatic injuries affecting the shoulder. Athletes, non-athletes, children, and adults can all dislocate their shoulders. They can occur during contact sports *and* everyday accidents, such as falls.

Depending on the severity of your injury, your age, and your activity level—or, if physical therapy doesn't help—shoulder surgery may be needed to address the damage to the shoulder.

How Can a Physical Therapist Help?

Following shoulder stabilization surgery, your arm will be placed in a sling, usually for 4 to 6 weeks. Right after surgery, your shoulder will be painful and stiff, and it might swell. You will be given pain medication to help control your pain; icing your shoulder will help reduce both the pain and the swelling.

Your physical therapist will guide you through your postsurgical rehabilitation, which will progress from gentle range-of-motion and strengthening exercises and ultimately to activity- or sport-specific exercises. The timeline for your recovery will vary depending on the surgical procedure and your general state of health, but full return to sports, heavy lifting, and other strenuous activities might not begin until 4 months after surgery. **Your shoulder will be very susceptible to reinjury, so it is extremely important to follow the postoperative instructions provided by your surgeon and therapist.**

Physical therapy after your shoulder surgery is essential to restore your shoulder's function. Your rehabilitation typically will be divided into 4 phases:

- **Phase I (maximal protection).** This phase lasts for the first few weeks after your surgery, when your shoulder is at the greatest risk of reinjury. Your arm will be in a sling, and you likely will need assistance or some special strategies to accomplish everyday tasks such as bathing and dressing. Your physical therapist will teach you gentle range-of-motion and strengthening exercises, will provide hands-on techniques such as gentle massage, will offer advice on how you can reduce your pain, and might use cold compression or electrical stimulation to relieve pain.
- **Phase II (moderate protection).** This phase typically begins 1 month following surgery, with the goal of restoring mobility to the shoulder. You will reduce the use of your sling, and your range-of-motion and strengthening exercises will become more challenging. Your therapist will add exercises to strengthen the "core" muscles of your trunk and shoulder blade (scapula) and "rotator cuff" muscles—those are the muscles that provide additional support and stability to your shoulder. You will be able to begin using your arm for daily activities, but you'll still avoid any heavy lifting with your arm. Your therapist may use special joint mobilization techniques during this phase to help restore your shoulder's range of motion.

- **Phase III (return to activity).** This phase will typically begin about 3 months after surgery, with the goal of restoring your strength and joint awareness to equal that of your other shoulder. At this point, you should have full use of your arm for daily activities, but you will still be unable to participate in activities such as sports, yard work, or physically strenuous work-related tasks. Your physical therapist will increase the difficulty of your exercises by adding more weight or by having you use more challenging movement patterns. You might be able to start a modified weight-lifting or gym-based program during this phase.
- **Phase IV (return to occupation/sport).** This phase will typically begin 4 months after surgery with the goal of helping you return to sports, work, and other higher-level activities. Your physical therapist will instruct you in activity-specific exercises to meet your needs. For certain athletes, this may include throwing and catching drills. For others, it may include practice in lifting heavier items onto shelves or instruction in raking, shoveling, or housework. Your therapist also might recommend a shoulder brace to allow you to gradually and safely return to your activity level without reinjury.

Can this Injury or Condition be Prevented?

Shoulder dislocation **may** be preventable. See your physical therapist if you:

- Have pain in your shoulder, especially when doing forceful activities
- Feel as though your shoulder is “slipping” or “moving”
- Hear a popping sound in your shoulder

Your physical therapist can help you by guiding you through strengthening exercises and special drills to improve the ability of your shoulder muscles to respond to forceful physical demands when needed. If you are at risk for shoulder dislocation, your physical therapist can show you positions to avoid to help prevent injury. The most important position to avoid is having the arm overhead while it’s rotated outward, as happens with overhand throwing.

Real Life Experiences

While playing football, James reaches high to catch a pass just as he is tackled. He hears a "pop" and feels a stab of pain in his right shoulder. The team’s physical therapist suspects the shoulder has dislocated and takes James to the local ER.

After a thorough examination, the orthopedic surgeon recommends shoulder stabilization surgery, due to the damage to James's shoulder and his risk of reinjury.

After a successful surgery, and over the next 4 months, James's physical therapist guides him through rehabilitation. The therapist applies pain-relieving interventions and gentle range-of-motion exercises and progresses to strengthening and stretching exercises. The therapist also works with him to establish a series of exercises that he can perform at home. Designed to improve coordination, endurance, and shoulder control, these exercises help James meet the physical requirements of his position on the football team.

The following season, James returns to playing football with full shoulder strength, movement, and stability.

What Kind of Physical Therapist Do I Need?

All physical therapists are prepared through education and experience to treat patients who have had surgery on a dislocated shoulder, but you may want to consider:

- A physical therapist who is experienced in treating people with musculoskeletal problems. Some physical therapists have a practice with an orthopedic focus.
- A physical therapist who is a board-certified clinical specialist or who completed a residency or fellowship in orthopedics physical therapy has advanced knowledge, experience, and skills that may apply to your condition.

You can find physical therapists who have these and other credentials by using [Find a PT](#), the online tool built by the American Physical Therapy Association [www.APTA.org] to help you search for physical therapists with specific clinical expertise in your geographic area.

General tips when you're looking for a physical therapist (or any other health care provider):

- Get recommendations from family and friends or from other health care providers.
- When you contact a physical therapy clinic for an appointment, ask about the physical therapists' experience in helping people after shoulder surgery.
- During your first visit with the physical therapist, be prepared to describe your symptoms in as much detail as possible, and say what makes your symptoms worse.

Further Reading

The American Physical Therapy Association (APTA) believes that consumers should have access to information that could help them make health care decisions and also prepare them for their visit with their health care provider.

APTA has determined that the following articles provide some of the **best scientific evidence on how to treat shoulder dislocation after surgery**. The articles report recent research and give an overview of the standards of practice for treatment both in the United States and internationally. The article titles are linked either to a PubMed* abstract of the article or to free access of the full article, so that you can read it or print out a copy to bring with you to your health care provider.

Gaunt BW, Shaffer MA, Sauers EL, et al. The American Society of Shoulder and Elbow Therapists' consensus rehabilitation guideline for arthroscopic anterior capsulolabral repair of the shoulder. *J Orthop Sports Phys Ther.* 2010;40:155–168. [Article Summary on PubMed.](#)

Godin J, Sekiya JK. Systematic review of rehabilitation versus operative stabilization for the treatment of first-time anterior shoulder dislocations. *Sports Health.* 2010;2:156–165. [Article Summary.](#)

Sullivan JA, Hoffman MA, Harter RA. Shoulder joint position sense after thermal, open, and arthroscopic capsulorrhaphy for recurrent anterior instability. *J Shoulder Elbow Surg.* 2008;17:389–394. [Article Summary on PubMed.](#)

Robinson CM, Howes J, Murdoch H, et al. Functional outcome and risk of recurrent instability after primary traumatic anterior shoulder dislocation in young patients. *J Bone Joint Surg Am.* 2006;88:2326–2336. [Article Summary on PubMed.](#)

Kim SH, Ha KI, Jung MW, et al. Accelerated rehabilitation after arthroscopic Bankart repair for selected cases: a prospective randomized clinical study. *Arthroscopy.* 2003;19:722–731. [Article Summary on PubMed.](#)

Bottoni CR, Wilckens JH, DeBerardino TM, et al. A prospective, randomized evaluation of arthroscopic stabilization versus nonoperative treatment in patients with acute, traumatic, first-time shoulder dislocations. *Am J Sports Med.* 2002;30:576–580. [Article Summary on PubMed.](#)

Acknowledgement: Jason Lunden, PT, DPT, SCS