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**MULTIDIRECTIONAL INSTABILITY SHOULDER PHYSICAL THERAPY
PRESCRIPTION**

Diagnosis: Shoulder Multidirectional Instability

UNDERLYING PROBLEM INCLUDES:

- **Weakness / fatigue of scapular stabilizers (especially retractors)**
- **Inflexibility of pectoral muscles**
- **Anterior capsular laxity**
- **Posterior capsular/Rotator cuff tightness**
- **Posterior Rotator cuff weakness**

Plan:

- Development of core strength: lumbar stabilization, abdominals, pelvic girdle
- Avoid/correct excessive anterior pelvic tilt/lumbar lordosis
- Initial phase (Acute pain): Modalities as needed – Phonophoresis / Iontophoresis / Soft tissue mobilization
- Submaximal isometrics
- Progress to isotonic exercises
- Endurance training for scapular stabilizers: focus on Serratus Anterior, Rhomboids, Lower Trapezius, and Subscapularis:
 - o Push-ups with a plus
 - o Scapular elevation (scaption)
 - o Rows
 - o Press-ups
 - o Upper body ergometry for endurance training
 - o Prone lying horizontal flys
 - o Side-lying external rotation, prone rowing into external rotation
 - o Push-ups onto a ball
- Proprioceptive Neuromuscular Facilitation (PNF) patterns to facilitate agonist / antagonist muscle contractions
- Rotator cuff (external rotation) strengthening: goal is ER:IR ratio at least 65%
- Stretching of pectoral muscles, posterior capsule, posterior rotator cuff, latissimus.
- Generally, do not need to stretch anterior shoulder