



REHABILITATION PROTOCOL: MULTIDIRECTIONAL INSTABILITY - NON-OPERATIVE

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Watson Program Rehab protocol for Multidirectional Shoulder Instability

- Focus: Retraining specific scapular motor control before any rotator cuff/deltoid strengthening.
- Exercises must be pain free. Progression through the components of a particular stage or to the next stage is dependent on achieving scapular and glenohumeral joint motor control without the presence of pain for a full set of any one exercise
- Typically start with motor training (3 sets x 20 reps, 2x/day)
 - Followed by endurance training (3 sets x 10-15 reps, 2x/day)
 - Strengthening in later stages (4 sets x 8-12 reps, every other day)
 - For most exercises, repetitions are held for 3 seconds.

Aims / exercises

1. Stage 1

1. Stage 1a: Retrain scapular motor control
Load: 0-1 kg
 - Patient standing- Scapular upward rotation/elevation drills
- b. Stage 1b: Controlling arcs of motion (0-45° elevation)
Load: yellow-red Theraband
 - Patient standing
 - Extension rows (from 45° flexion to neutral)
 - ER (0°-45° ER) at 0° abduction
 - IR (0°-45° IR) at 0° abduction

2. Stage 2: Building posterior GHJ muscle bulk Load: green Theraband/1-2 kg

- Standing straight and bent over rows
- Side-lying ER

3. Stage 3: Sagittal plane (flexion motor control) Load: yellow-green Therabands/1-3 kg

- Patient standing - Flexion with Therabands and weights

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4. **Stage 4: Controlling arcs of motion (45°-90° elevation)**
Load: yellow-green Therabands/2-5 kg
 - Patient standing
 - ER at 90°
 - IR at 90°
 - Flexion at 90°

5. **Stage 5: Specific deltoid strengthening**
Load: 1-4 kg+
 - Patient standing - Bent-over rows
 - Supine and sitting flexion
 - Short-lever abduction 45°-60°

6. **Stage 6: Sports specific and functional stage.**
Load: depends on participant's requirements.
 - Drills mimic specific sport or functional activities; Progress to partial, then to full practice