Multidirectional Instability Protocol

Name: ____________________________ Date: _________________

Diagnosis: __________________________________________________________

Date of Surgery: __________________

Frequency: _______ times per week | Duration: ___________ weeks

Weeks 0-6:
- Slingshot/Gunslinger Brace for 6 weeks
- Isometrics in brace, gentle supported Codman exercises
- PROM only for 6 weeks
- Grip strengthening, elbow ROM, wrist ROM

Weeks 6-12:
- Sling at night, can discontinue using the sling during the day
- AROM only as tolerated to increase ROM; no PT stretching or manipulation
- Restrict to 140° FF/ 40° ER at side/ IR to stomach/ 45° Abduction
- Scapular stabilization exercises avoiding anterior capsule stress
- Begin light isometrics for rotator cuff and deltoid, with arm at the side
- Can begin stationary bike

Months 3-12:
- Advance strengthening as tolerated: isometrics → bands → light weights (1-5 lbs); 8-12 reps/2-3 set per exercise for rotator cuff, deltoid, and scapular stabilizers
- Only do strengthening 3x/week to avoid rotator cuff tendinitis
- If ROM lacking, increase to full with gentle passive stretching at end ranges
- Begin eccentric motions, plyometrics (ex. Weighted ball toss), and closed chain exercises at 16 weeks
- Begin sports related rehab at 4 ½ months, including advanced conditioning
- Return to throwing at 6 months
- Throw from pitcher’s mound at 9 months
- No collision sports allowed
- MMI is usually at 12 months

Comments:

___________________________________________
Multidirectional Instability Protocol (cont’d)

Additional:
_____ Functional Capacity Evaluation  _____ Work Hardening/Work Conditioning  _____ Teach HEP

Modalities:
_____ Electric Stimulation  _____ Ultrasound  _____ Iontophoresis  _____ Phonophoresis  _____ TENS  _____ Heat before/after
_____ Ice before/after  _____ Trigger points massage  _____ Other: ________________________________
_____ Therapist’s discretion

Signature: ___________________________  Date: ___________________________