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PHYSICAL THERAPY PROTOCOL PROCEDURE: ANTERIOR SHOULDER INSTABILITY REPAIR

Stage I (Weeks 1-4):

Single visit with Physical Therapist around post-op day 14

Key Goals:

- Protect the newly repaired shoulder.
- Allow for decreased inflammation and healing.
- Maintain elbow, wrist and hand function.
- Maintain scapular control.

1. Immobilizer use:

- a. The immobilizer will be placed on patient's shoulder in surgery.
- b. The patient may remove the immobilizer for dressing and hygiene.
- c. The patient should wear the immobilizer at all other times for four weeks.

2. Restrictions:

- a. No shoulder elevation or external rotation.
 - i. The capsular repair is stressed with movement into external rotation. Since the repair is performed with the shoulder in a neutral position external rotation must be limited for six weeks following the repair.
- b. When arm is out of the immobilizer, forearm must be touching abdomen.
- c. Acceleration of rehabilitation for "fast healers" may reduce results and lead to long-term problems.

3. Exercises:

- a. Pendulum exercises.
- b. AAROM of the involved elbow, wrist and hand in the plane of the body. The patient may progress to AROM as comfort improves.
- c. Scapular control exercises (Immobilizer on)
- d. Core training (Immobilizer on)

Stage II (Week 5-16):

Begin Physical Therapy visits 1-2 times per week

Key Goals:

- Full active elevation at 12 weeks from surgery.

- Surgical shoulder external rotation of 80% of uninvolved shoulder.
- Normal scapular mechanics 12 weeks from surgery.
 - Scapular mechanics should be evaluated on a regular basis.
- Normal scapular stabilizer, rotator cuff and core strength at 16 weeks from surgery.

1. Week 5:

- Brace use:
 - Immobilizer will be used while sleeping until 6 weeks post-op.
 - Sling is worn during the day for comfort. Wean as comfort improves.
- Range of motion:
 - External rotation:
 - Passive to active assisted to active range of motion as able.
 - Limited to 20 degrees maximum until 6 weeks from surgery.**
 - No subscapularis or anterior shoulder stretching until week 7**
 - Internal rotation:
 - Passive to active assisted to active range of motion as able.
 - Begin in supine with scapula stabilized, and progress to other postures as tolerated.
 - Flexion/Scaption/Abduction:
 - Passive to active assisted to active range of motion as able.
 - Supine with scapula stabilized.
 - Gleno-humeral mobilizations:
 - No anterior glides until 10 weeks from surgical date.
- Balance training
- Strengthening:
 - Isometric strengthening:
 - Internal/external rotation:
 - If open surgical procedure, NO internal rotation strengthening until six weeks post-op.**
 - Core training

2. Week 7:

- Immobilizer use at night can be discontinued.
- Range of motion:
 - As tolerated no limits.
- Strengthening:
 - Scapular stabilizer strengthening
 - Core training

3. Week 9:

- **The program must be modified to avoid cuff aggravation.**
 - Balance training:
 - Range of motion:
 - No anterior apprehension or impingement.
 - Scapular mechanics need to be functioning properly and if not need to be addressed.**

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- c. Strengthening:
 - i. Scapular mechanics
 - ii. Forearm strengthening
 - iii. Rotator cuff strengthening
 - iv. Core training

4. **Week 13:**

- a. **Goals:**

- i. Full pain free active range of motion for elevation and internal rotation.
 - 1. A 20 degree difference in shoulder external rotation is acceptable.
- ii. Normal scapular mechanics.
- iii. TROM is within 10 degrees of other side.
 - 1. TROM should be within 5 degrees or less by 16 weeks.
- iv. IR difference is less than 20 degrees or 2 spinal levels.

- b. Range of motion:

- i. Any flexibility deficits need to be addressed before return to sport program begins at 16 weeks.
 - 1. **Begin external rotation/pectoral stretching.**

- c. Strengthening:

- i. Scapular stabilizer
- ii. Rotator cuff
- iii. Plyometric training
 - 1. Upper extremity.
 - 2. Lower extremity.
- iv. Core training
- v. Endurance training

Stage III (Weeks 17+)

Initiation of Interval Sport Program for Baseball, Tennis, and Golf:

- Return-to-sport activities after injury that include attention to the entire body.
- A gradual progression of applied forces to lessen the chance of re-injury.
- Proper warm-up and maintenance exercises.
- Proper biomechanics to minimize the chance of re-injury.
- Variability is based on each athlete's skill, level, goals and injury.
- Program should be supplemented with a high-repetition, low intensity weight training program focusing on the posterior rotator cuff and scapular musculature.