BONE & JOINT SPECIALISTS
of Chesterfield

From the office of:

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St. Luke's MEDICAL GROUP

PHYSICAL THERAPY PROTOCOL
PROCEDURE: ANTERIOR SHOULDER INSTABILITY REPAIR

Stage I (Weeks 1-4):

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 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):

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. **<u>Week 5:</u>**
    a. Brace use:
        i. Immobilizer will be used while sleeping until 6 weeks post-op.
        ii. Sling is worn during the day for comfort. Wean as comfort improves.
    b. Range of motion:
        i. External rotation:
            1. Passive to active assisted to active range of motion as able.
            2. **Limited to 20 degrees maximum until 6 weeks from surgery.**
            3. **No subscapularis or anterior shoulder stretching until week 7**
        ii. Internal rotation:
            1. Passive to active assisted to active range of motion as able.
                a. Begin in supine with scapula stabilized, and progress to other postures as tolerated.
        iii. Flexion/Scaption/Abduction:
            1. Passive to active assisted to active range of motion as able.
                a. Supine with scapula stabilized.
        iv. Gleno-humeral mobilizations:
            1. No anterior glides until 10 weeks from surgical date.
    c. Balance training
    d. Strengthening:
        i. Isometric strengthening:
            a. Internal/external rotation:
                i. **If open surgical procedure, NO internal rotation strengthening until six weeks post-op.**
        ii. Core training

2. **<u>Week 7:</u>**
    a. Immobilizer use at night can be discontinued.
    b. Range of motion:
        i. As tolerated no limits.
    c. Strengthening:
        i. Scapular stabilizer strengthening
        ii. Core training

3. **<u>Week 9:</u>.**

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