



Arthroscopic Anterior Stabilization

Post-Operative Rehabilitation Protocol

Lake Cook Orthopedics

The intent of this protocol is to provide the clinician with a guideline for the postoperative rehabilitation course of a patient that has undergone arthroscopic anterior shoulder stabilization. This protocol is no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring surgeon.

Phase 1: **Time Frame:** 0-4 weeks

Immobilization: Shoulder immobilizer or brace x 4 weeks

Restrictions: ROM limitations: ER 20°, FF 120°, ABD 90°, IR as tolerated. Avoid at risk position - abduction, extension, ER. Note that ROM exercises should not be forceful but a slow progressive stretch.

Exercises: Gripping exercises, elbow, wrist and finger ROM. Shoulder ROM (active and passive) within permissible range. Use modalities as needed. Instruct on HEP to perform for 15-30 minute sessions twice daily.

Phase 2: **Time Frame:** 4-8 weeks

Immobilization: None.

Restrictions: Patient instructed to avoid at risk position - abduction, extension, ER.

Exercises: Gradually advance ROM (active and passive) as tolerated. At 4 weeks begin shoulder isometric strengthening, initially performed with arms at side (IR, ER, scapular stabilization). Advance to exercises with arms away from body

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as recovery improves. Add resistive strengthening at 6 weeks. Modalities used as needed.

Phase 3: **Time Frame:** 8-12 weeks

Immobilization: None

Restrictions: Exercise advancement should continue for ROM and strengthening with no specific restriction; however, advancement should be gradual and in slow increments while avoiding pain. If patient develops pain, drop back to early phase of rehabilitation, until pain free.

Exercises: Continue with shoulder PROM and AROM (Goal is 85% or greater of normal ROM by 12 weeks). Continue rotator cuff and peri-scapular muscle strengthening.

Phase 4: **Time Frame:** 12+ weeks

Immobilization: None

Restrictions: No specific restrictions. Patients ROM, strength and endurance should be advanced progressively while avoiding pain.

Exercises: ROM should be returning to normal; if not, continue to address with stretching and a HEP. Progressive upper-body strengthening may be more aggressive after 12 weeks. Add plyometric training for athletes at 16 weeks. Add exercises simulating sport or work requirements at 16 weeks.

Phase 5: **Time Frame:** 16+ weeks

Goal: Restore normal shoulder function and progress to return to sport or return to work.

Restrictions: No specific restrictions. Advance progressively while avoiding pain. If the patient develops pain they are to return to earlier stage of rehabilitation.

Exercises: Aggressive upper-body strengthening and with initiation of plyometric training and sports or work specific training.



For weight training, may start controlled weight lifting with light weights to include bench press and flies at 16 weeks. Exercises should be performed in a controlled manner and gradually advanced.

Consider work conditioning program based on patients job requirements and patient motivation at 18 weeks.

For the overhead athlete a return to throwing program may be started at 16 weeks. Begin light toss from 30-40 feet for 10-15 minutes during 2-3 sessions weekly. The distance is increased to 60 feet at 6 months after surgery with an easy wind-up added at months. At 7-8 months pitchers can return to the mound and effort progresses from 50% to 70% velocity by the eighth or ninth month. Competitive throwing is permitted at 9 months if upper-body range of motion and strength are normal and the arm is pain-free.