

ANTERIOR SHOULDER INSTABILITY SURGICAL REPAIR PROTOCOL Dr. David R. Guelich

This rehabilitation protocol has been developed for the patient following an arthroscopic ACLR (anterior capsular-labral repair) surgical procedure. The protocol is divided into phases. Each phase is adaptable based on the individual and special circumstances. Following an ACLR, the patient should avoid placing stress on the anterior joint capsule.

Early passive range of motion is highly beneficial to enhance circulation within the joint to promote healing. The **overall goals** of the surgical procedure and rehabilitation are to:

- Control pain and inflammation
- Regain normal upper extremity strength and endurance
- Regain normal shoulder range of motion
- Achieve the level of function based on the orthopedic and patient goals

The physical therapy should be initiated within the 3 to 4 weeks following surgery. The supervised rehabilitation is to be supplemented by a home fitness program where the patient performs the given exercises at home or at a gym facility.

Important post-operative signs to monitor include:

- Swelling of the shoulder and surrounding soft tissue
- Abnormal pain, hypersensitive—an increase in night pain
- Severe range of motion limitations
- Weakness in the upper extremity musculature

Return to activity requires both time and clinical evaluation. To most safely and efficiently return to normal or high level functional activity, the patient requires adequate strength, flexibility, and endurance. Functional evaluation including strength and range of motion testing is one method of evaluating a patient's readiness to return to activity. Return to intense activities following an arthroscopic ACLR requires both a strenuous strengthening and range of motion program along with a period of time to allow for tissue healing. Symptoms such as pain, swelling, or instability should be closely monitored by the patient.

Dr. David R. Guelich
Phase 1: Week 1-4
Anterior Stabilization Protocol

WEEK	EXERCISE	GOAL
1-4	<p>ROM</p> <p>Will be assessed at week 2 postop If increased stiffness will begin gentle ROM gravity assisted rotation (Codman Exercises) If not stiff, no motion and continue sling immobilization except for ADL's</p> <p>STRENGTH</p> <p>Initiate submaximal/pain free isometrics-all planes</p> <p>BRACE</p> <p>Sling for 4 weeks or as noted by Dr. Guelich Sling removed to perform exercises above</p> <p>MODALITIES</p> <p>E-stim as needed Ice 15-20 minutes</p>	Gradual ↑

GOALS OF PHASE:

- Promote healing of tissue
- Gradual increase in ROM
- Control pain and inflammation
- Independent in HEP
- Initiate light muscle contraction

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Phase 2: Week 3-6
Anterior Stabilization Protocol

WEEK	EXERCISE	GOAL
4-6	<p>ROM</p> <p>Begin ROM activities</p> <p>ER-avoid extreme end range ER or abduction</p> <p>Wand exercise-all planes</p> <p>Rope/Pulley (flex, abd, scaption)</p> <p>Manual stretching and Grade II-III joint mobs</p> <p>STRENGTH</p> <p>Initiate UBE for warm-up activity</p> <p>Initiate IR/ER at neutral with tubing</p> <p>Initiate forward flexion, scaption, empty can</p> <p>Prone horizontal abduction, extension to neutral</p> <p>Sidelying ER</p> <p>Bicep and tricep strengthening</p> <p>Initiate scapular stabilizer strengthening</p> <p>BRACE</p> <p>Discharge brace at week 3</p> <p>MODALITIES</p> <p>Ice 15-20 minutes</p>	<p>0 – 130 FE</p> <p>0 – 30 ER</p> <p>D/C wk 3</p>

GOALS OF PHASE:

- Gradual increase to full ROM
- Improve upper extremity strength and endurance
- Control pain and inflammation
- Normalize arthrokinematics

Phase 3: Week 6-12 Anterior Stabilization Protocol

WEEK
6 – 8

EXERCISE

ROM

Continue all ROM activities from previous phases
 Posterior capsule stretch
 Towel internal rotation stretch
 Manual stretching and Grade II-III joint mobs to reach goal of FROM by end of 8 weeks

STRENGTH

Continue all strengthening from previous phases increasing resistance and repetitions
 UBE for strength and endurance
 Initiate isokinetic IR/ER at 45° abduction at high speeds
 Progress push-up from wall, to table, to floor
 Initiate ER with 90° abduction with tubing
 Progress overhead plyotoss for dynamic stabilization
 Progress rhythmic stabilization throughout range of motion
 Initiate lat pulldowns and bench press
 Progress PNF to high speed work
 Initiate plyoball figure 8 stabilizations

MODALITIES

Ice 15-20 minutes

GOALS OF PHASE:

- Full painless ROM
- Maximize upper extremity strength and endurance
- Maximize neuromuscular control
- Normalize arthrokinematics
- Clinical examination with **no** impingement signs

Phase 4: Week 12-24
Anterior Stabilization Protocol

WEEK
8 - 12

EXERCISE

ROM

Continue all ROM activities from previous phases
Posterior capsule stretch
Towel internal rotation stretch
Grade III-IV joint mobs as needed to reach goal

STRENGTH

Continue with all strengthening exercises from previous phases increasing weight and repetitions
Continue total body work out for overall strength
Initiate light plyometric program
Initiate military presses in front of neck
Initiate and progress sport specific and functional drills
Initiate interval throwing program

MODALITIES

Ice 15-20 minutes as needed

GOALS OF PHASE:

- Return to activity upper extremity strength and endurance
- Return to activity neuromuscular control and arthrokinematics
- Return to sports specific training/functional training