

ARTHROSCOPIC SHOULDER STABILIZATION STANDARD REHAB PROTOCOL

Week 0 - 5

- Shoulder sling and swathe full time day and night.
- May have sling and swathe off four times daily for active hand, wrist, and elbow ROM.
- May shower out of sling with surgeon's ok. Isometrics all planes to maintain shoulder muscle tone (include scapular stabilization).

Week 6

Begin formal Physical Therapy:

- Initiate AROM in all planes as tolerated beginning week six.
- Gentle progressive stretches in all planes except ABD / ER.
- AVOID Abduction/external rotation combination for eight weeks to protect the Anterior Inferior Glenohumeral Ligament Complex. Isometrics all planes
- GOAL: ◦ Elevation: 140 ◦ ER: 40

Week 7 - 8

- ROM with terminal stretches all planes EXCEPT terminal abduction - external rotation. Initiate pulley and cane for home program if ROM is progressing slowly.
- ROM GOAL: Full (equal to opposite side) by 12 weeks post op.
- Begin gentle PRE's that will not stress the repair (i.e. ER to neutral)

Week 9-11

- May lift 5 lbs. in all planes

Week 12 - 16

- Progress PRE program with free weights or Theraband within limits of motion. Avoid bench press, flies, military press etc. with position of abduction-external rotation.

- NO SPORTS
- May lift 10 lbs. in all planes

Month 4 - 6

- May begin light jogging but no sprinting nor running.

Month 6

- Return to sports with surgeon's ok depending on strength, ROM, and security of repair.
- Contact sports 6 months at the earliest. Return is gauged on a case-by-case basis. Most patients allowed full return to sports by 6 months.
- Throwing sports: begin short toss at 4 months, medium toss at 5 months, long toss advance to throwing beginning at 6 months.
- Racket sports: baseline only, underhand at 4 months. Serving and overheads at 6 months.