NAME	DATE

Washington Orthopaedics & Sports Medicine

ORTHOPAEDIC SURGERY, SHOULDER SURGERY & SPORTS MEDICINE

2021 K st., n.w. Washington. DC 20006 5454 WISCONSIN AVE. SUITE 1000 CHEVY CHASE, MD 20815

Post-Operative Protocol: Arthroscopic Anterior Shoulder Stabilization Diagnosis: (Left) / (Right) Shoulder Arthroscopic Anterior Stabilization / SLAP Repair PHASE 1: Initial Recovery / Recuperation Phase: WEEKS 1 - 4

- Immobilization in sling x3-4 weeks except for exercises; Elbow A/AAROM: flexion and extension.
- Protect anterior capsule from stretch. Limit ER to neutral, abduction or forward elevation to 90° and only in scapular plane. **No active ER**.
- Modalities (i.e. CryoCuff) PRN; Wrist and gripping exercises; Deltoid isometrics.

PHASE 2: Initial Rehab / Motion Phase: WEEKS 4 - 6

- At 4 weeks, begin supine PROM and pendulum exercises in plane of scapula with limit of 90° of forward elevation/abduction; supine PROM ER to 15° with broomstick; No active ER
- Pool exercises: A/AAROM flexion, extension, horiz. add, elbow flex & extension; Modalities PRN.
- Deltoid isometrics; light wrist flexion/extension exercises with forearm neutral or in pronation.
- Begin to wean sling at home during week 5 and discontinue use of sling during week 6.

PHASE 3: Motion Restoration Phase: WEEKS 6 - 12

- 6-10 weeks, gradual A/AA/PROM to improve ER with arm at side
 - \rightarrow Goals = 30° ER at 8 wks; 50° ER at 10-12 wks; 75° ER at 12-14 wks
- Progress forward elevation to tolerance by emphasizing passive supine forward elevation; progressive to active assist forward elevation in plane of scapula with shoulder/proximal humerus in neutral rotation.
- At 10-12 weeks, initiate A/AA/PROM to improve ER with arm in 45° abduction.
 - \rightarrow Goal at 10 wks = ~45° ER in 45° Abduction
- At 10-12 weeks, incorporate pulley use to gradually facilitate PROM forward elevation to full in neutral
- Pool exercises AROM all directions below horizontal, light resisted motions in all planes.
- AROM activities to restore flexion, IR, horiz ADD.
- Deltoid isometrics progressing to isotonics.
- Joint mobilization (posterior glides).

Rotator Cuff – begin isometrics

- PRE's work rotators in isolation (use modified neutral).
- PRE's for scapular muscles, latissimus, biceps, triceps.
- Emphasize posterior cuff, latissimus, & scapular muscle strengthen, stress eccentrics.
- Utilize exercise arcs that protect anterior capsule from stress during PRE's.
- Keep all strength exercises below the horizontal plane in this phase.

PHASE 4: Progressive Motion & Initial Strengthening Phase: WEEKS 12 - 16

AAROM activities to restore full ROM.

- Restore scapulohumeral rhythm.
- Aggressive scapular stabilization & eccentric strengthening.
- Joint mobilization.
- → PRE's for all upper quarter musculature (begin to integrate upper extremity patterns). Continue to emphasize eccentrics and glenohumeral stabilization. All PRE's are below the horizontal plane for non-throwers.
- Begin isokinetics.

PHASE 5: Progressive Strengthening Phase: WEEKS 16 - 24

- Begin muscle endurance activities (UBE).
- Continue with agility exercises.

Advanced functional exercises.

• Full return to sporting activities with MD clearance.

Physician: <u>J.R. Rudzki, M.D.</u>	Signature:	
•	<u> </u>	