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# Shoulder Arthroscopy: Anterior Instability Repair Protocol

### 0-4 weeks post op

- Arm in sling/immobilizer for 4 weeks, removing for exercises
- Modalities as needed
- Pendulum exercises
- PROM with ATC or PT, no shoulder pulleys
  - Flexion to 90°, Abduction to 90°, Internal Rotation to 30° in scapular plane, External Rotation to 0°, And Extension to neutral
  - Isometric strengthening and ROM of the hand, wrist, and elbow

### 4 weeks post op $\rightarrow$ begin formal physical therapy

- Discontinue sling/immobilizer
- No IR or ER resistance exercises
- Periscapular isometrics
- PROM with shoulder pulleys
   Flexion to 120°, Extension to 30°, Abduction to 120°, Internal Rotation to 60° in
   plane of scapula, And External Rotation 0°
- Progress from AAROM to AROM:
  - Quality movement only; avoid forcing active motion with substitution patterns.
  - Remember the effects of gravity on the limb, do gravity-eliminated motions first ie. Supine flexion.
- Deltoid isometrics.
- Lightly resisted elbow flexion

### 6 weeks post op

- Advance ROM to 80% of normal except for ER (limit to 30°)
- Begin standing isotonic RC exercises with arm in neutral, below 90°
- Continue periscapular isometrics
- Joint mobilization (posterior glides)

#### 10 weeks post op

- Full A/PROM in all directions (EXCEPT ABDUCTION/EXTERNAL ROTATION) with normal ratio of movement between GH joint and SC joint
  - Do not crank on ER
- Advance Rotator cuff strengthening to 8-10lbs on all motions
- Advance proprioception ex's as tolerated



# Shoulder Arthroscopy: Anterior Instability Repair Protocol (page 2)

# 12 weeks post op

- Add Eccentric ex's to posterior cuff with T-band in standing simulating follow through in throwing or sidelying ER
- Full ROM isokinetics
- May begin conventional weight lifting using machines and progressing to free weights if desired as tolerated

### 16 weeks post op

• Begin light tennis ball tossing at 20-30ft. max at 60% velocity, work on mechanics of wind up, early cocking phase, late cocking phase, acceleration, and follow through

## 16-24 weeks post op

- Throwers must pass strength test to begin throwing
- Retest monthly till strength test passed
- Continue with maintenance strengthening

## Return to Sport/Activity

- When cleared by physician
- Pass strength test
- Throwers complete throwing program
- No pain with all desired level of activities
- 4-6 months