



OPEN ANTERIOR STABILIZATION (WITH OR WITHOUT BANKART) PROTOCOL

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The intent of this protocol is to provide the clinician with a guideline of the post-operative rehabilitation course of a patient that has undergone an open anterior stabilization. It 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 call our office at any time to help optimize patient progression during the post-operative recovery.

(These time frames are just examples and can be adjusted based on the given procedure:)

Progression to the next phase based on Clinical Criteria and/or Time Frames as Appropriate.

PHASE 1 – IMMEDIATE POST SURGICAL PHASE/PROM (DAY 1-21)

Goals:

- Passive Range of Motion (PROM) per orders
- Diminish pain and inflammation
- Do not overstress healing tissue

Precautions:

- Remain in sling, only removing for showering or physical therapy
- No lifting of objects with operative shoulder
- Keep incisions clean and dry

DAY 1-14

- Sling when not doing physical therapy
- PROM
 - Flexion to 90 degrees
 - Internal rotation to posterior belt line
 - External rotation to 0 degrees
- PROM/Active Range of Motion (AROM) elbow and wrist
- Ball squeeze
- Sleep with sling supporting operative shoulder
- Shower with arm held at your side
- Cryotherapy for pain and inflammation
- Patient education: posture, joint protection, positioning, hygiene, etc.

Day 15-21:

- Same as Day 1-14 with the exception of advanced PROM parameters
- PROM
 - Full flexion
 - Full internal rotation
 - External rotation to 30 degrees

PHASE II – INTERMEDIATE PHASE/AROM (WEEK 4 AND 5)

Goals:

- Continue to increase external rotation PROM to 45 degrees
- Full AROM to PROM parameters

Precautions:

- Wean from Sling
- Can begin **gentle** external rotation stretching in the 90/90 position
- No lifting with affected arm

Week 4 and 5

- AROM, full flexion and internal rotation and external rotation to 45 degrees
 - Progress to full AROM in the against gravity position
- Begin incorporating more aggressive posterior capsular stretching
 - Cross arm stretch
 - Side lying internal rotation stretch
 - Posterior/inferior gleno-humeral joint mobilization
- Begin gentle rhythmic stabilization techniques for rotator cuff musculature strength
- Continue cryotherapy as necessary

PHASE III – STRENGTHENING PHASE (WEEK 6- WEEK 10)

Goals:

- Continue to increase external rotation PROM to full gradually
- Maintain full non-painful AROM
- Improve muscular strength, stability and endurance
- Gradual return to full functional activities

Precautions:

- Be sure not to stress the anterior capsule with aggressive overhead strengthening
- Avoid contact sports/activities

Week 6-8

- Continue stretching and PROM as needed/indicated
- Continue rhythmic stabilization exercises
- Initiate strengthening program (elastic resistance)
 - ER/IR with elbow at the side of the body
 - Forward punch
 - Seated row
 - Shoulder shrug
 - Seated row
 - Bicep curls
 - Lat pulls
 - Tricep extensions
 - Push-up plus

Week 8-10

- Continue stretching and PROM as needed/indicated
- Continue all exercises listed above
- Begin gentle strengthening overhead, avoiding excessive anterior capsule stress
 - ER/IR in the 90/90 position
 - D1/D2 flexion and extension diagonals

PHASE IV – RETURN TO ACTIVITY PHASE (WEEK 10- WEEK 20)

Goals:

- Gradual return to strenuous work activities
- Gradual return to recreational activities
- Gradual return to sports activities

Precautions:

- With weight lifting, avoid wide grip bench press, and no military press or lat pulls

- behind the head. Be sure to “always see your elbows”
- Do not begin throwing, or overhead athletic moves until 4 months post-op

Week 10-16

- Continue stretching and strengthening
- Can begin golf, tennis (no serves until 4 mo.), etc.
- Can begin weight lifting with low weight, and high repetitions, being sure to follow weight lifting precautions.

Week 16-20

- May initiate interval sports program if appropriate and as directed by surgeon