TWIN CITIES ORTHOPEDICS

Arthroscopic Anterior Shoulder Stabilization

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Post-Operative Protocol

Maximum Protection (Week 0 to 2)

Goals

- Reduce inflammation
- Decrease pain
- Postural education

Restrictions/Exercise Progression

- Sling x 4-6 weeks.
- No GHJ ROM x 2 weeks.
- Ice and modalities to reduce pain and inflammation.
- Cervical ROM and basic deep neck flexor activation (chin tucks).
- Active hand and wrist range of motion.
- Passive elbow flexion.
- Active shoulder retraction.
- Encourage walks and low intensity cardiovascular exercise to promote healing.

Manual Intervention

- UT, parascapular STM as needed. Effleurage massage to forearm and upper arm as needed.

Phase I – Passive Range of Motion (Weeks 2 to 4)

Goals

- Postural education with cervical spine and neutral scapular positioning.
- Shoulder flexion to 120° by week 4.
- Shoulder external rotation 30-45° at 45° abduction by week 4.

Exercise Progression

- Supine flexion using contralateral arm for ROM at least 3x/day.
- Supine ER using T-bar.
- Shoulder pendulums.
- DNF and proper postural positioning with shoulder retraction exercises.
- Cervical ROM.
- Low to moderate cardiovascular work. May add elliptical but no running.

Manual Intervention

- STM – global shoulder and CT junction.
- Scar tissue mobilization when incisions are healed.
- Graded GH mobilizations.
- ST mobilizations.
- Gentle sub-maximal therapist directed isometrics to achieve ROM goals.

Phase II – AROM (Weeks 4 to 6)

Goals

- Discontinue sling as instructed.
- Shoulder flexion to 150° + by week 6.
- Shoulder external rotation 45°-60° at 75° abduction. Patient should approach full ROM by week 10.
- Internal rotation to belt line.

Exercise Progression

- Serratus activation; Ceiling punch (weight of arm) many initially need assistance.
- Manual perturbations supine with arm in 90° flexion and ER/IR at 0°.
- Scapular strengthening – prone scapular series (rows and I's). Emphasize scapular strengthening under 90°.
- External rotation on side (no resistance).
- Cervical ROM as needed to maintain full mobility.
- DNF and proper postural positioning with all RC/SS exercises.
- Low to moderate cardiovascular work. May add elliptical but no running.
- Continue with combined passive and active program to push full flexion and external rotation achieving ROM goals outlined above.
- Stick off the back progressing to internal rotation with thumb up back and sleeper stretch.
- Sub-maximal 6 direction rotator cuff isometrics (no pain).

Manual Intervention

- STM – global shoulder and CT junction.
- Scar tissue mobilization.
- Graded GH mobilizations.
- ST mobilizations.
- Gentle CR/RS to gain ROM while respecting repaired tissue.

Phase III – Progressive ROM and Strengthening (6-12 weeks)

Goals

- Gradual progression to full P/AROM by week 10-12
- Normalize GH/ST arthrokinematics.
- Activate RC/SS with isometric and isotonic progression.

Exercise Progression

- Continue with combined passive and active program to push full flexion and external rotation.
- Internal rotation with thumb up back and sleeper stretch.
- Continue with ceiling punch adding weight as tolerated.
- Advance intensity of sub-maximal rotator cuff isometrics. May discontinue once isotonic RC/SS program is fully implemented.
- Advance prone series to include T's and Y's adding resistance as tolerated.
- Resisted ER in side-lying or with bands.
- Gym: rows, front lat pulls, biceps and triceps.
- Scaption; normalize ST arthrokinematics.
- Supine progressing to standing PNF patterns, adding resistance as tolerated. Protect end range 90/90.
- CKC progression – Quadruped, ball compression, counter weight shift, knee scapular push-ups, knee push-ups; all as tolerated. 1/2 to 3/4 ROM protecting the anterior shoulder capsule.
- Therapist directed RS and perturbations in quadruped – bilateral progressing to unilateral-tri pod position.

Manual Intervention

- STM and Joint mobilization to CT junction, GHJ and STJ as needed.
- CR/RS to gain ROM while respecting repaired tissue.
- Manual perturbations.
- PNF patterns.

Phase IV – Advanced Strengthening and Plyometric Drills (12-24 weeks)

Goals

- Gradual progression to full ROM with protection at end range 90/90.
- Normalize GH/ST arthrokinematics.
- Advance gym strengthening program.
- Begin RTS progression.
- Evaluation with physician for clearance to full activity.

PRE/PSE

- Full range of motion all planes – protecting end range 90/90.
- Begin strengthening at or above 90° with prone or standing Y's, D2 flexion pattern and 90/90 as scapular control and ROM permit. Patient goals/objectives will determine if strengthening above 90° is appropriate.
- Continue to progress RC and scapular strengthening program.
- Continue with closed chain quadruped perturbations; add open chain as strength permits.
- Advance gym strengthening program maintaining anterior shoulder precautions with pressing and chest fly exercises.
- Initiate plyometric and rebounder drills as appropriate.
- RTS testing for interval programs (golf, tennis etc.).
- Follow-up examination with the physician (6 months) for release to full activity.

Manual Intervention

- STM and Joint mobilization to CT junction, GHJ and STJ as needed.
- CR/RS to gain ROM while respecting repaired tissue.
- Manual perturbations.
- PNF patterns.

Criteria for return to play/discharge

1. Full, pain-free ROM
2. Normal GH/ST arthrokinimatics
3. >90% MMT using handheld dynamometer
4. Full progression through interval program
5. Anticipated return to play for contact athlete is 4 months
6. Anticipated return to play for throwing athlete, swimmer and volleyball is 6-9 months.

Please have Physical Therapist call Dr. Eggert with any questions.
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