Chicago Orthopaedics & SPORTS MEDICINE, S.C.

# ANTERIOR SHOULDER INSTABILITY SURGICAL REPAIR PROTOCOL

**Dr. David R. Guelich**

This rehabilitation protocol has been developed for the patient following an arthroscopic ACLR (anterior capsular-labral repair) surgical procedure. The protocol is divided into phases. Each phase is adaptable based on the individual and special circumstances. Following an ACLR, the patient should avoid placing stress on the anterior joint capsule.

Early passive range of motion is highly beneficial to enhance circulation within the joint to promote healing. The **overall goals** of the surgical procedure and rehabilitation are to:

- Control pain and inflammation
- Regain normal upper extremity strength and endurance
- Regain normal shoulder range of motion
- Achieve the level of function based on the orthopedic and patient goals

The physical therapy should be initiated within the 3 to 4 weeks following surgery. The supervised rehabilitation is to be supplemented by a home fitness program where the patient performs the given exercises at home or at a gym facility.

**Important post-operative signs** to monitor include:

- Swelling of the shoulder and surrounding soft tissue
- Abnormal pain, hypersensitive—an increase in night pain
- Severe range of motion limitations
- Weakness in the upper extremity musculature

**Return to activity** requires both time and clinical evaluation. To most safely and efficiently return to normal or high level functional activity, the patient requires adequate strength, flexibility, and endurance. Functional evaluation including strength and range of motion testing is one method of evaluating a patient's readiness to return to activity. Return to intense activities following an arthroscopic ACLR requires both a strenuous strengthening and range of motion program along with a period of time to allow for tissue healing.

Symptoms such as pain, swelling, or instability should be closely monitored by the patient.

**Dr. David R. Guelich**
**Phase 1: Week 1-4**
**Anterior Stabilization Protocol**

| WEEK | EXERCISE | GOAL |
|---|---|---|
| 1-4 | ROM | Gradual ↑ |
| | Will be assessed at week 2 postop | |
| | If increased stiffness will begin gentle ROM gravity assisted rotation (Codman Exercises) | |
| | If not stiff, no motion and continue sling immobilization except for ADL's | |
| | STRENGTH | |
| | Initiate submaximal/pain free isometrics-all planes | |
| | BRACE | |
| | Sling for 4 weeks or as noted by Dr. Guelich | |
| | Sling removed to perform exercises above | |
| | MODALITIES | |
| | E-stim as needed | |
| | Ice 15-20 minutes | |

**GOALS OF PHASE:**

- Promote healing of tissue
- Gradual increase in ROM
- Control pain and inflammation
- Independent in HEP
- Initiate light muscle contraction

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**Phase 2: Week 3-6**
**Anterior Stabilization Protocol**

| WEEK | EXERCISE | GOAL |
|---|---|---|
| 4-6 | ROM | 0 – 130 FE |
| | Begin ROM activities | 0 – 30 ER |
| | ER-avoid extreme end range ER or abduction | |
| | Wand exercise-all planes | |
| | Rope/Pulley (flex, abd, scaption) | |
| | Manual stretching and Grade II-III joint mobs | |
| | STRENGTH | |
| | Initiate UBE for warm-up activity | |
| | Initiate IR/ER at neutral with tubing | |
| | Initiate forward flexion, scaption, empty can | |
| | Prone horizontal abduction, extension to neutral | |
| | Sidelying ER | |
| | Bicep and tricep strengthening | |
| | Initiate scapular stabilizer strengthening | |
| | BRACE | D/C wk 3 |
| | Discharge brace at week 3 | |
| | MODALITIES | |
| | Ice 15-20 minutes | |

**GOALS OF PHASE:**

- Gradual increase to full ROM
- Improve upper extremity strength and endurance
- Control pain and inflammation
- Normalize arthrokinematics

## Phase 3: Week 6-12
## Anterior Stabilization Protocol

| WEEK | EXERCISE |
|---|---|
| 6 – 8 | ROM |
| | Continue all ROM activities from previous phases |
| | Posterior capsule stretch |
| | Towel internal rotation stretch |
| | Manual stretching and Grade II-III joint mobs to reach goal of FROM by end of 8 weeks |
| | STRENGTH |
| | Continue all strengthening from previous phases increasing resistance and repetitions |
| | UBE for strength and endurance |
| | Initiate isokinetic IR/ER at 45° abduction at high speeds |
| | Progress push-up from wall, to table, to floor |
| | Initiate ER with 90° abduction with tubing |
| | Progress overhead plyotoss for dynamic stabilization |
| | Progress rhythmic stabilization throughout range of motion |
| | Initiate lat pulldowns and bench press |
| | Progress PNF to high speed work |
| | Initiate plyoball figure 8 stabilizations |
| | MODALITIES |
| | Ice 15-20 minutes |

**GOALS OF PHASE:**

- Full painless ROM
- Maximize upper extremity strength and endurance
- Maximize neuromuscular control
- Normalize arthrokinematics
- Clinical examination with **no** impingement signs

## Phase 4: Week 12-24
## Anterior Stabilization Protocol

| WEEK | EXERCISE |
|---|---|
| 8 - 12 | ROM |
| | Continue all ROM activities from previous phases |
| | Posterior capsule stretch |
| | Towel internal rotation stretch |
| | Grade III-IV joint mobs as needed to reach goal |
| | STRENGTH |
| | Continue with all strengthening exercises from previous phases increasing weight and repetitions |
| | Continue total body work out for overall strength |
| | Initiate light plyometric program |
| | Initiate military presses in front of neck |
| | Initiate and progress sport specific and functional drills |
| | Initiate interval throwing program |
| | MODALITIES |
| | Ice 15-20 minutes as needed |

**GOALS OF PHASE:**

- Return to activity upper extremity strength and endurance
- Return to activity neuromuscular control and arthrokinematics
- Return to sports specific training/functional training