



Bruce A. Stewart, MD, MBA
Orthopaedic Surgeon/Sports Medicine Specialist
370 N. 120th Avenue
Holland MI 49424
P 616.396.5855

ANTERIOR SHOULDER INSTABILITY SURGICAL REPAIR PROTOCOL

This rehabilitation protocol has been developed for the patient following an arthroscopic anterior capsule and labral repair (ACLR) surgical procedure. This procedure is normally the result of extreme laxity in the anterior capsule requiring surgical intervention to shrink the area. 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 first week 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.

PHASE ONE: Weeks 1-3

EXERCISE GOAL

RANGE OF MOTION

Gradual Increase

Passive to AAROM-in scapular plane

External rotation 0-60° Week 3

Internal rotation as tolerated

Passive to AAROM

Flexion/Elevation as tolerated

Pendulum exercises

Wand exercises-all planes within limitations

Rope/Pulley (flex, scaption)

Active elbow flexion/extension

Manual stretching and Grade I-II joint mobs

STRENGTH

Initiate submaximal/pain free isometrics-all planes

Grip strengthening with putty or ball

BRACE

Brace for 3 weeks or as noted by Dr. Stewart

Brace removed to perform exercises above

MODALITIES

E-stim as needed



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PHASE ONE: Weeks 1-3 (cont'd)

EXERCISE GOAL

GOALS OF PHASE ONE:

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

PHASE TWO: Weeks 3-6

EXERCISE GOAL

RANGE OF MOTION:

Full Range of Motion

Continue with all ROM activities from previous phase

NO LIMITATIONS on 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

Side lying ER

Bicep and tricep strengthening

Initiate scapular stabilizer strengthening

BRACE:

Discontinue Week 3

MODALITIES:

Ice 15-20 minutes

GOALS OF PHASE TWO:

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

PHASE THREE: Weeks 6-12

EXERCISE GOAL

RANGE OF MOTION:

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



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PHASE THREE: Weeks 6-12 (cont'd)

EXERCISE GOAL

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 pull-downs and bench press

Progress PNF to high speed work

Initiate plyoball figure 8 stabilizations

MODALITIES:

Ice 15-20 minutes

GOALS OF PHASE THREE:

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

PHASE FOUR: Weeks 12-24

EXERCISE GOAL

RANGE OF MOTION:

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 FOUR:

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