

ANTERIOR SHOULDER INSTABILITY SURGICAL REPAIR PROTOCOL

This rehabilitation protocol has been developed for the patient following an arthroscopic anterior labral repair 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 arthroscopic anterior labral repair, 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 anterior labral repair 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 1: Week 1-3

WEEK	EXERCISE	GOAL
1-3	ROM Passive to AAROM-in scapular plane External rotation Internal rotation Passive to AAROM Flexion/Elevation 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. Grimshaw Brace removed to perform exercises above MODALITIES E-stim as needed Ice 15-20 minutes	Gradual ↑ 0-60° wk 3 as tolerated as tolerated

GOALS OF PHASE:

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

Phase 2: Week 3-6

WEEK	EXERCISE	GOAL
3-6	ROM 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	Full ROM 8 wks
	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	
	SLING Discontinue at week 3	D/C wk 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 6-16

WEEK	EXERCISE
6-16	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 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 16-24

WEEK	EXERCISE
16-24	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