

Shoulder Arthroscopy with Anterior Stabilization

General Notes

As tolerated should be understood to include with safety for the surgical procedure; a sudden increase in pain, swelling, or other undesirable factors are indicators that you are doing too much too soon. If any of these occur, decrease activity level and ice.

During rehabilitation if there are any neurovascular findings please call the office.

Ice should be applied to the shoulder for 15-20 minutes following each exercise, therapy, or training session. Return to sport is based on provider team (physician, physician assistant, athletic trainer, and therapist) input and appropriate testing.

All times and exercises are to serve as guidelines. Progression through the protocol should be based upon criteria as opposed to dates listed and will vary depending on each individual patient. Progress should be agreed upon by the patient and his/her team of providers

Post-Operative Phase I: Healing Phase - (Day 1 - Week 2)

Goals:

- Minimize shoulder pain and inflammatory response
- Protect the integrity of the surgical repair
- Gradually restore pain free passive range of motion (PROM)
- Enhance/ensure adequate scapular function

Sling:

- To be worn at all times except when bathing or performing therapy

PROM:

- Glenohumeral (GH) flexion to 90 degrees
- Abduction in the plane of the scapula to 60 degrees
- Internal rotation (IR) to 45 degrees at 30 degrees of abduction
- External rotation (ER) to 10 degrees at 30-40 degrees of abduction; respect anterior capsule tissue integrity with ER ROM.
- AROM of the Elbow, wrist and fingers

Therapeutic Exercises:

- Pendulum exercises
- Gentle Scapular stabilization exercises
- Ball squeezes

Modalities/Education

- Frequent cryotherapy for pain and inflammation
- Pre-modulated electrical stimulation to shoulder for pain reduction
- Patient education regarding posture, joint protection, positioning, hygiene, etc.

Manual

- Scar and soft tissue mobilization as needed

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Post-Operative Phase II: Protective Phase - (Week 2 - Week 4)

Goals:

- Minimize shoulder pain and inflammatory response
- Protect the integrity of the surgical repair
- Gradually restore pain free passive range of motion (PROM)
- Enhance/ensure adequate scapular function

Sling:

- To be worn at all times except when bathing or performing therapy

PROM:

- Glenohumeral (GH) flexion to 140 degrees
- Abduction in the plane of the scapula to 90 degrees
- Internal rotation (IR) to 45 degrees
- External rotation (ER) to 30 degrees at 30-40 degrees of abduction

Therapeutic Exercises:

- Pendulum exercises
- Scapular stabilization exercises without resistance
- Ball squeezes
- Submaximal isometrics for shoulder musculature
- Lower body strength training while seated

Cardio:

- Stationary bike

Modalities/Education:

- Frequent cryotherapy for pain and inflammation
- Pre-modulated electrical stimulation to shoulder for pain reduction
- Patient education regarding posture, joint protection, positioning, hygiene, etc.

Manual:

- Scar and soft tissue mobilization as needed
- Joint mobilizations as needed

Post-Operative Phase III: Motion Phase - (Week 4 – Week 8)

Goals:

- Minimize shoulder pain and inflammatory response
- Protect the integrity of the surgical repair
- Progress ROM
- Begin light waist level activities

Sling:

- Discontinue use of pillow as directed by physician after week 4.
- Begin to wean from sling between weeks 6 as directed by MD.
- Discontinue sling as directed by physician after week 8

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PROM:

- Glenohumeral (GH) flexion to Full
- Abduction in the plane of the scapula to 120 degrees
- Internal rotation (IR) to Full
- External rotation (ER) to 60 degrees at 30-40 degrees of abduction

Therapeutic Exercises:

- Sub-maximal rotator cuff isometrics
- Progress to AAROM/AROM exercises of the shoulder with proper GH rhythm
- Upper body isotonic (arm by side)
- Scapular stabilization exercises with resistance

Cardio:

- Stationary bike, elliptical with light upper body, treadmill walking

Modalities:

- Continue cyrotherapy for pain and inflammation

Manual:

- Scar and soft tissue mobilization as needed
- Joint mobilizations as needed

Post-Operative Phase IV: Strengthening Phase - (Week 8 – Week 12)

Goals:

- Achieve normal GH and scapular rhythm
- Progress A/PROM
- Remain pain free for all exercises

ROM

- Glenohumeral (GH) flexion to Full
- Abduction in the plane of the scapula to Full
- Internal rotation (IR) to Full
- External rotation (ER) progress slowly to 90 degrees (Full by Week 12)

Therapeutic Exercises:

- Progress scapular stabilization exercises
- Progress isotonic rotator cuff exercises
- Isotonic shoulder strengthening in functional ROM
- Core strength and stability
- Shoulder Strengthening @ 90-90 position after week 10
- Closed chain activities after week 10

Proprioception:

- PNF strengthening
- Progress rhythmic stabilizations

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Manual:

- Scar and soft tissue mobilizations as needed
- Joint mobilizations as needed

Cardio:

- Stationary bike, elliptical, treadmill running

Modalities:

- Continue cyotherapy for pain and inflammation
- Continued patient education: posture, joint protection, positioning, hygiene, etc.

Post-Operative Phase V: Return to Sport Phase (Week 12+)

Goals:

- Progress strength, endurance, neuromuscular control
- Begin shoulder height functional activities
- Gradual and planned buildup of stress to anterior joint capsule

Therapeutic Exercises:

- Rotator Cuff Strengthening - ER/IR strengthening Side lying ER with towel roll Manual resistance to ER in supine in scapular plane ER/IR with exercise tubing at 0 degrees of abduction (towel roll)
- Prone rowing at 30/45/90 degrees of abduction to neutral arm position
- Progress rhythmic stabilization drills ER/IR in the scapular plane Flexion/extension and adduction/abduction at various angles of elevation
- Progress AROM to isotonic: flexion, scaption, abduction
- Continue A/PROM as needed
- Progress strengthening to focus on both upper and lower segments: PNF patterns IR resistive band at 45, 90 degrees of abduction
- Increase resistance for UBE
- Progress isotonic strengthening if patient demonstrates no compensatory strategies, is not painful, and has no residual soreness
- Plyometrics

Cardio:

- Stationary bike, elliptical, treadmill running, return to running outside

Manual:

As needed

Milestones for return to sport activities and clearance:

- Completion and passing of shoulder functional test at MD PT clinic
- No complaints of pain or instability
- Adequate ROM for task completion bilaterally
- Full strength and endurance of rotator cuff and scapular musculature for task completion bilaterally
- Regular completion of home exercise program