

POST-OPERATIVE INSTRUCTIONS:
ANTERIOR SHOULDER STABILIZATION PROTOCOL FOR THERAPIST

Detailed Protocol

WEEK 0-2

1. Change dressing on day 2, apply band aides, daily underarm hygiene
2. Shoulder immobilizer at all times except bathing, dressing and exercises
3. Patient HEP (3x daily): AROM elbow, wrist grip, standing pendulum exercises
4. Therapy PROM flexion to tolerance (120 max), abduction to tolerance with neutral rotation (no max)
5. Ice after exercise

WEEK 2-3

1. Wean from shoulder immobilizer during the day (continue to wear at night) light ADLs
2. Gentle AAROM with T-bar:
 - a. Flexion to tolerance (max 120 degrees)
 - b. ER at 20 degrees abduction to max 20 degrees
 - c. IR at 20 degrees abduction to max 45 degrees
3. Isometric shoulder exercises: IR, ER, Abduction and flexion all with elbow at side
4. Scapular strengthening: Rhomboids, Trapezius, and Serratus anterior
5. Ice after exercise

WEEK 4-5

1. Wean from shoulder immobilizer at night
2. Wall climbing
3. AAROM with T-bar:
 - a. Flexion to tolerance (max 140 degrees)
 - b. ER at 45 degrees abduction to max 30 degrees
 - c. IR at 45 degrees abduction to max 60 degrees
4. Continue isometrics start PREs for abduction (neutral rotation), IR (arm at side)
5. Upper body ergometer, if appropriate

WEEK 6-8

1. AAROM with T-bar:
 - a. Flexion to tolerance (max 160 degrees)
 - b. ER at 90 degrees abduction to max 60 degrees
 - c. IR at 90 degrees abduction to max 90 degrees
2. Diagonal patterns, manual resistance
3. PRE all motions
4. Isokinetic strengthening when can appropriately isolate ER and IR

WEEK 9-10

1. Progress to full ROM
2. Isokinetic strengthening in ER/IR increasing abduction
3. Isotonic ER/IR strengthening

WEEK 11-12

1. Plyoball
2. Isokinetic testing
3. Begin throwers program (if appropriate)