



Anterior Shoulder Instability: Arthroscopic Protocol

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

Exercises should be initiated within the first week following surgery. The supervised rehabilitation (outpatient physiotherapy) started after 4 weeks is to be supplemented by a home fitness program where the patient performs the given exercises at home or at a gym facility.

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 shoulder surgery requires both a strenuous strengthening and range of motion program along with a period of time to allow for tissue healing.

Returning to work - Labrum tear/glenohumeral joint reconstruction

For most sedentary jobs, taking a week off work is recommended.

When you return to work your arm will be in a sling (four weeks after surgery) but you should be able to manage as long as you do no lifting, pushing, pulling or carrying.

Most patients can start light duty work involving no lifting, pushing, pulling or carrying more than one to two pounds, 6-8 weeks after surgery.

Work at waist level (5-10 pounds of lifting) and noncontact sports is started 3-4 months after surgery.

You will generally need 4-6 months of recovery before beginning occasional work at shoulder level.

Return to heavy lifting or overhead use/contact sports may require 6-12 months

Prehabilitation

- Apply ice (PolarCare if available) as much as tolerated within a 24 hour period for first week. If using ice packs, encourage icing 20-30 minutes every 3-4 hours while awake. This is also useful after therapy.
- Sling used for 4 weeks

Home Exercise Program Phase 1: (Weeks 1 - 4)

Follow pictorial exercises illustrated in **Shoulder Surgery- Initial Postoperative Exercises**

Outpatient Physiotherapy Phase 2: (Weeks 4 - 6)

Instruct in basic progression of rehabilitation program and expectations for time course to recovery

ROM

- Passive to AAROM-in scapular plane
- External rotation 0-60° by week 4. Avoid extreme end range ER or abduction
- Internal rotation as tolerated
- Flexion/Elevation as tolerated
- Wand exercise-all planes
- Rope/Pulley (flexion, abduction, scaption)
- Manual stretching and Grade I-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

Modalities

- E-stim as needed
- Ice 20 minutes after activity

GOALS OF PHASE:

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

Outpatient Physiotherapy Phase 3: (Weeks 6-12)

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

GOALS OF PHASE:

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

Outpatient Physiotherapy Phase 4: (Weeks 12-24)

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

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