

Arthroscopic Anterior Stabilization (with or without Bankart Repair):

This protocol provides the therapists with a general guideline for patients after this type of procedure. Each patient's surgery and postoperative progress may be different, and this protocol is not intended to substitute for one's clinical decision making based on exam findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring surgeon.

Progression to the next phase is based on Clinical Criteria and/or Time Frames as Appropriate.

Phase I – Immediate Post Surgical Phase (Weeks 1-3)

- Patient education regarding avoidance of abduction / external rotation activity to avoid anterior inferior capsule stress
- No Passive Range of Motion (PROM)/Active Range of Motion (AROM) of shoulder
- No lifting of objects with operative shoulder
- Sling at all times except for showering, dressing, and elbow/wrist ROM
- PROM/AROM elbow, wrist and hand only
- Normalize scapular position, mobility, and stability
- Ball squeezes
- Sleep with sling supporting operative shoulder
- Shower with arm held at your side
- Cryotherapy for pain and inflammation
- Patient education: posture, joint protection, positioning, hygiene, etc.
- Begin pendulums and isometrics week 3

Phase II – Protection Phase/PROM (Weeks 4 and 5):

- Continue use of sling during 4th week, but wean sling week 5
- PROM (gentle), unless otherwise noted by surgeon
 - Full flexion and elevation in the plane of the scapula
 - Full Internal rotation
 - External rotation to 30 degrees at 20 degrees abduction, to 30 degrees at 90 degrees abduction
- Active ROM can begin during week 5 as sling is weaned
- Pendulums can continue
- Sub maximal pain free rotator cuff isometrics in neutral
- Continue cryotherapy as needed

Phase III – Intermediate phase/AROM (Weeks 6 and 7):

- PROM (gentle)- External rotation to 30-50 degrees at 20 degrees abduction, to 45 degrees at 90 degrees abduction
- Sling is completely weaned by beginning of week 6 and AROM has progressed; full AROM in gravity resisted positions
- Begin implementing more aggressive posterior capsular stretching
 - Cross arm stretch
 - Side lying internal rotation stretch
 - Posterior/inferior gleno-humeral joint mobilization
- Scapular retractor strengthening

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Postoperative therapy protocol

- Begin gentle isotonic and rhythmic stabilization techniques for rotator cuff musculature strengthening (open and closed chain)
- Continue cryotherapy as necessary
- No lifting with affected arm
- No strengthening activities that place a large amount of stress across the anterior aspect of the shoulder in an abducted position with external rotation (i.e. no pushups, pectoralis flys, etc.)

Phase IV - Strengthening Phase (Week 8 – 12)

- Continue stretching and PROM; all planes to tolerance. Do not stress the anterior capsule with aggressive overhead strengthening
 - External rotation to 65 degrees at 20 degrees abduction, to 75 degrees at 90 degrees abduction, unless otherwise noted by surgeon.
- Initiate strengthening in week 9.
- Avoid contact sports/activities

Phase V – Return to activity phase (Week 12 - Week 20)

- Continue progressing stretching and strengthening program
- Can begin golf, tennis (no serves until 4 mo.)
- Can begin generalized upper extremity weight lifting with low weight, and high repetitions, being sure to follow weight lifting precautions as above.
- Do not begin throwing, or overhead athletic moves until 5th month post-op
- Weight lifting:
 - Avoid wide grip bench press
 - No military press or lat pulls behind the head. Be sure to “always see your elbows”

Weeks 16-20

- May initiate interval sports program if appropriate

Criteria to return to sports and recreational activities:

- Surgeon clearance
- Pain free shoulder function without signs of instability
- Restoration of adequate ROM for desired activity
- Full strength as compared to the non operative shoulder (tested via hand held dynamometry)