



Anterior Stabilization

Precautions:

- Avoid combined ER/Abduction at 10 weeks if the patient needs combined ER/Abduction call MD for permission to start this activity. Avoid resisted ER. All advanced exercises need to follow the phase ROM restrictions.

Phase I (s/p 1 – 5 days)

Goals:

- Maintain the integrity of the repair
- Gradually increase passive range of motion
- Diminish pain and inflammation
- Prevent muscular inhibition
- Wound: Monitor surgical site.
- Edema: Edema control interventions
- Sling: Ultra sling to be worn continuously, except in therapy or during exercise sessions.
- AROM: Elbow, wrist and hand
- PROM: None
- Modalities: prn

Phase II (5 days – 4 wks)

- Wound: Monitor site/Scar management techniques
- Edema: Edema control interventions
- Sling: Ultrasling worn continuously, except in therapy or during exercise sessions, until s/p 4 weeks. Sling must continue to be worn outdoors or in public settings for an additional 2 weeks.

At Week 2:

- Pendulum exercises 4 – 8 times daily (flexion and circles)
- Scapular retraction (no resistance)
- AROM/PROM restrictions
 - Flexion to 120
 - Abduction to 90
 - ER/IR in scapular plane (no pain or resistance)
 - ER/IR to 30 degrees (0 degrees of abduction)
- Strengthening:
 - Elbow, Wrist and hand AROM
 - Fitness exercises limited to recumbent bike
 - Sub maximal & pain free isometrics (elbow bent) at 25% effort
 - UBE at low resistance
- Joint Mobs: Glenohumeral joint mobilization grade I/II for pain control
- Modalities: PRN for pain and inflammation

Phase III (s/p 4 – 10 weeks)

Goals:

- Allow healing of soft tissue
- Do not overstress healing tissue
- Gradually restore full PROM (week 4 – 10) and AROM (week 6 – 10)

Initiation Date: 6/7/04 Revised Date: 04/01/07, 11/14/08

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- Decrease pain and inflammation
- Sling: D/C sling use at home. Sling must continue to be worn outdoors or in public settings for an additional 2 weeks. D/C sling at 6 weeks.
- ROM: (4 – 6 weeks)
 - Gradually progress A/PROM to WNL's for patient by 10 weeks.
- Strengthening (begin at week 4):
 - 50% effort for Isometric exercises. With elbow at 90 degrees perform rotator cuff isometric strengthening with arm at side.
 - Progress AROM of shoulder and periscapular strengthening.
- Strengthening: (6 – 10 weeks)
 - Progress to resisted strengthening and light Theraband (Avoid combined Abduction/ER).
 - Initiate body blade and rhythmic stabilization (week 8)
- Modalities: prn

Phase IV (10 + weeks)

- Goals
 - Full AROM in all planes
 - Full strength to enable return to work/sport
 - Good scapular- humeral rhythm (may use biofeedback)
 - 80-90% normal strength
- ROM:
 - Avoid combined external rotation and abduction unless athlete needs this specific ROM for sport or patient lags significantly behind ROM goal for the stage (please contact MD before beginning external rotation and abduction)
- Strengthening: Advance as tolerated all shoulder musculature.
 - Can include plyometric and proprioceptive training routines. (2 handed plyometrics at 10 weeks and progress to single handed at 12 weeks)

16 + weeks

- Athletes can begin a return to throwing program (contact MD before beginning throwing program)
- Gradual resumption of supervised sport specific exercise (contact MD before beginning throwing program)
- Return to non-contact sports possible for some athletes by 3 months
- Contact/collision sport after 6 months if athlete is compliant
- Max medical improvement for athletic activities by 12 months post op
- No weight training until s/p 8 months

- 1.) Brotzman SB, Wilk KE. Clinical Orthopedic Rehabilitation Second Edition. Philadelphia: Mosby; 2003
- 2.) Wilk KE, Reinold MM, Andrews, JR. Rehabilitation Following Arthroscopic Anterior Shoulder Plication in the Overhead Athlete. Winchester MA: Advanced Continuing Education Institute, 2004.