TWIN CITIES ORTHOPEDICS

Arthroscopic Anterior Shoulder Stabilization Protocol

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This protocol provides general guidance for rehabilitation. Questions regarding any specific patient are encouraged. Specific requests or deviations that fall outside the scope of this protocol will be made by the provider as appropriate for the individual patient.

Phase I	Phase II	Phase III
(Weeks 0 - 6)	(Weeks 6 - 12)	(Week 12 - 24+)
Regular therapy visits (for early PROM) is at the therapist's and surgeon's discretion, but should begin by the fourth week with Phase I guidelines. **EDUCATE** • Self Care • Home ice use • Sling – 6 weeks for arthroscopic repairs (May be removed for dressing, hygiene, and tabletop use of hand, wrist, and elbow) **PRECAUTIONS** • Sling on at all times except hygiene and therapy • External rotation and extension limited to neutral **PROM GUIDELINES (Goals)** • Forward elevation: 0-100° • ABD: 0-70° • ER: up to 30° in scapular plane • IR: limit **EXERCISES** • Pain-free gentle pendulums • AROM: elbow, wrist, hand • Scapular exercises • Gentle Isometrics, in neutral, pain-free • Modalities as needed **CRITERIA FOR PROGRESSION** • Minimal pain with PROM exercises and 90° forward elevation	**PROM GUIDELINES (Goals)** • Forward elevation: • 0-120° (week 6) • 0-160°+ (week 12) • External Rotation: 0-45° **EXERCISES** • Begin scapular stabilization • Begin wand and/or pulley assisted AAROM • Supine FF stretch **Week 6** • Begin AROM • • UBE with minimal resistance • Closed chain **Week 8** • Closed chain isometrics • Gentle and pain-free manual joint stretching may begin at 8 weeks if ROM is limited **Week 8-12** • PREs* at 8-12 weeks based on patient tolerance **Isotonic PRE Examples** *2 oz. = dinner knife *4 oz. = can of tuna *10 oz. = soup can *1 lb. Weight *2 lbs., 3lbs., etc. **Example Goals:** Overhead athlete, 3-5 lbs. General candidate, 1-3 lbs. **Progress only if pain free.**	**ROM GUIDELINES** • ROM is expected to be WNL for all planes of motion. If the patient is a high-level athlete, more than 90 degrees of ER may be needed. **EXERCISES** • Continue full upper extremity strengthening and endurance exercise program • Activity specific plyometrics program • Address core and lower extremity demands **CRITERIA FOR PROGRESSION TO SPORT SPECIFIC PROGRAM** • Pain-free full ROM, normal glenohumeral rhythm, upper extremity strength 5/5, isokinetic strength 85% of unaffected side **RETURN TO SPORTS/WORK** • The surgeon must clear "Full Force" status and Throwing Program if patient is to return to sports, heavy manual labor, etc. • Consider referral to sports specific rehab therapist if patient is returning to sport. • Maximum improvement, full-recovery, or unrestricted activity/work is anticipated at 8-12 months
General Goals: protect the surgical repair, maintain regional joint mobility, and control inflammation and pain.	**General Goals**: progress PROM, begin strengthening, and stress patient independence with home program.	**General Goals**: restore normal neuromuscular function of involved extremity for all required activities (work, sports, daily activities, etc.)

Revised 07/2026