Post-Operative Rehabilitation Prescription for 
**Arthroscopic Anterior/Posterior Shoulder Stabilization** (M24.819)

Patient Name: ____________________________  Date: __________

*Treatment Frequency: 2 – 3 times per week  Duration of Therapy Prescription: 8 weeks*

**Phase I  MAXIMAL PROTECTION (0 - 4 Weeks Post-Op)**

- **Immobilization** for 4 weeks using sling.
- Elbow A/AAROM: flexion and extension.
- **Protect anterior/posterior capsule from stretch**
- Limit FE (forward elevation in the scapular plane) to 110 degrees
- Limit ER (external rotation) to neutral 0 degrees
- Pendulums permitted in sling.
- Modalities (i.e. CryoCuff) PRN(as needed).
- Wrist and gripping exercises.
- Sub-maximal / Deltoid *isometrics* (Except internal rotation secondary to subscapularis reattachment.)
- Removal of sling for showering: **maintain arm in sling position.**

**Phase II  MODERATE PROTECTION (4 - 6 Weeks Post-Op)**

- At 4 weeks PROM: pulley for flexion, pendulum exercises. **Progress as tolerated.**
- A/AAROM Limit FE (forward elevation in the scapular plane) to 140 degrees
- A/AAROM Limit ER (external rotation) to 45 degrees
- Progress from AAROM to AROM:
  1) Quality movement only-avoid forcing active motion with substitution patterns.
  2) Remember the effects of gravity on the limb, do gravity eliminated motions first i.e. Supine flexion.
- Deltoid isometrics.
- Lightly resisted *elbow* flexion.
- Continue with wrist exercises
- Modalities PRN.
- Discontinue sling at 4-6 weeks.
Phase III  MINIMAL PROTECTION/MILD STRENGTHENING (6 - 12 Weeks)

- A/AAROM No Limit FE (forward elevation in the scapular plane)
- A/AAROM No Limit ER (external rotation)
- 10-12 weeks, AIAA/PROM to improve ER with arm in 45 degree abduction.
- AROM all directions below horizontal, light resisted motions in all planes.
- AROM activities to restore flexion, IR, horiz ADD.
- Deltoid, Rotator Cuff isometrics progressing to isotonics.
- PRE’s for scapular muscles, latissimus, biceps, triceps.
- PRE’s work rotators in isolation (use modified neutral).
- Joint mobilization (posterior glides).
- Emphasize posterior cuff, latissimus, and scapular muscle strengthening, stressing eccentrics.
- Utilize exercise arcs that protect anterior capsule from stress during PRE’s.
- Keep all strength exercises below the horizontal plane in this phase.

Phase IV STRENGTHENING (12 - 16 Weeks Post-Op)

- CRITERIA:
  1) Pain-free AROM
  2) Pain-free with manual muscle test
  3) Progress by response to treatment
- AROM activities to restore full ROM.
- Restore scapulohumeral rhythm.
- Joint mobilization.
- Aggressive scapular stabilization and eccentric strengthening program.
- Initiate isotonic shoulder strengthening exercises including: side lying ER, prone arm raises at 0, 90, 120 degrees, elevation in the plane of the scapula with IR and ER, lat pulldown close grip, and prone ER.
- Dynamic stabilization WB and NWB.
- PRE’s for all upper quarter musculature (begin to integrate upper extremity patterns). Continue to emphasize eccentrics and glenohumeral stabilization.
- All PRE’s are below the horizontal plane for non-throwers.
  1) Begin isokinetics.
  2) Begin muscle endurance activities (UBE).
     - High seat and low resistance
     - Must be able to do active shoulder flexion to 90 degrees without substitution
  3) Continue with agility exercises.
  4) Advanced functional exercises.
  5) Isokinetic test.
  6) Functional test assessment.
  7) Full return to sporting activities.

Please send progress notes.

Physician’s Signature: ____________________________
(I have medically prescribed the above treatments)

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