

Open Anterior Shoulder Stabilization Protocol

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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+)
<p>Regular therapy visits (for early PROM) is at the therapist's and surgeon's discretion, but should begin by the end of the second week with Phase I guidelines.</p> <p style="text-align: center;">EDUCATE</p> <ul style="list-style-type: none"> • Self Care • Home ice use • Sling – 4-6 weeks for open repairs (May be removed for dressing, hygiene, and tabletop use of hand, wrist, and elbow) <p style="text-align: center;">PRECAUTIONS</p> <ul style="list-style-type: none"> • Sling on at all times except hygiene and therapy • External rotation limited to 30 degrees • Extension limited to neutral <p style="text-align: center;">PROM GUIDELINES (Goals)</p> <ul style="list-style-type: none"> • Forward elevation: 0-100° • ABD: 0-70° • ER: up to 45° in scapular plane • IR: limit <p style="text-align: center;">EXERCISES</p> <ul style="list-style-type: none"> • Pain-free gentle pendulums • AROM: elbow, wrist, hand • Scapular exercises • Isometrics, in neutral, pain-free • Modalities as needed <p style="text-align: center;">CRITERIA FOR PROGRESSION</p> <ul style="list-style-type: none"> • Minimal pain with PROM exercises and 90° forward elevation 	<p style="text-align: center;">PROM GUIDELINES (Goals)</p> <ul style="list-style-type: none"> • Forward elevation: • 0-120° (week 6) • 0-160°+ (week 12) • ER: 0-90° <p style="text-align: center;">EXERCISES</p> <ul style="list-style-type: none"> • Begin scapular stabilization • Begin wand and/or pulley assisted AAROM • Supine FF stretch <p style="text-align: center;">Week 6</p> <ul style="list-style-type: none"> • Begin AROM • UBE with minimal resistance • Closed chain <p style="text-align: center;">Week 8</p> <ul style="list-style-type: none"> • Closed chain isometrics • Gentle and pain-free manual joint stretching may begin at 8 weeks if ROM is limited <p style="text-align: center;">Week 8-12</p> <ul style="list-style-type: none"> • PREs* at 8-12 weeks based on patient tolerance <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;"><u>Isotonic PRE Examples</u></p> <p>*2 oz. = dinner knife *4 oz. = can of tuna *10 oz. = soup can *1 lb. Weight *2 lbs., 3lbs., etc.</p> <p style="text-align: center;"><u>Example Goals:</u></p> <p>Overhead athlete, 3-5 lbs. General candidate, 1-3 lbs. Progress only if pain free.</p> </div>	<p style="text-align: center;">ROM GUIDELINES</p> <ul style="list-style-type: none"> • 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. <p style="text-align: center;">EXERCISES</p> <ul style="list-style-type: none"> • Continue full upper extremity strengthening and endurance exercise program • Activity specific plyometrics program • Address core and lower extremity demands <p style="text-align: center;">CRITERIA FOR PROGRESSION TO SPORT SPECIFIC PROGRAM</p> <ul style="list-style-type: none"> • Pain-free full ROM, normal glenohumeral rhythm, upper extremity strength 5/5, isokinetic strength 85% of unaffected side <p style="text-align: center;">RETURN TO SPORTS/WORK</p> <ul style="list-style-type: none"> • 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
<p>General Goals: protect the surgical repair, maintain regional joint mobility, and control swelling and pain.</p>	<p>General Goals: progress PROM, begin strengthening, and stress patient independence with home program.</p>	<p>General Goals: restore normal neuromuscular functional of involved extremity for all required activities (work, sports, daily activities, etc.)</p>

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