



## Standard Anterior Shoulder Stabilization Rehabilitation Protocol

Phase	Goals	Precautions / Restrictions	Treatment
<b>Weeks 0 – 4</b>	<ul style="list-style-type: none"><li>• Protect surgical site and repair</li><li>• Decrease pain and inflammation</li><li>• PRICE principles</li><li>• Minimize muscle atrophy</li><li>• Maintain elbow, wrist and hand function</li></ul>	<ul style="list-style-type: none"><li>• No shoulder motion</li><li>• No lifting</li><li>• Arm to be touching abdomen when out of immobilizer</li><li>• Wear sling with pillow except for hygiene and exercise performance</li></ul>	<ul style="list-style-type: none"><li>• Shoulder arm hang exercises</li><li>• AAROM to AROM of elbow, wrist and hand with arm in plane of body</li><li>• Scapular retraction isometrics w/ immobilizer</li><li>• Core activation with immobilizer on</li><li>• Cryotherapy: 5-7 times per day</li><li>• May initiate cardiovascular exercise (bike) beginning week 2</li><li>• Initial visit: FOTO, QuickDASH</li></ul>
<b>Weeks 4 – 16</b>	<ul style="list-style-type: none"><li>• Maintain integrity of repair</li><li>• Initiate PROM and slowly advance to AAROM to AROM</li><li>• Functional AROM of shoulder by week 16</li><li>• Functional scapular mechanics by week 16</li><li>• Improve motor control</li><li>• Improve total arm strength</li></ul>	<ul style="list-style-type: none"><li>• Discontinue pillow at week 4, but continue sling</li><li>• <b>Discontinue sling at week 6</b></li><li>• Do not force motion</li><li>• No anterior shoulder stretching or subscapularis stretching until week 8</li><li>• No weight bearing through shoulder until week 12</li><li>• Avoid RTC pain with strengthening</li></ul>	<ul style="list-style-type: none"><li>• Week 4: PROM-AAROM-AROM of shoulder ER/IR, flexion, &amp; abduction shoulder flexion/scapular plane/ abduction as tolerated<ul style="list-style-type: none"><li>○ Avoid compensation</li></ul></li><li>• Week 6:<ul style="list-style-type: none"><li>○ Initiate IR/ER isometrics</li><li>○ No limits with ROM and scapular stabilizer strengthening</li></ul></li><li>• Week 8: Progress strength of scapular stabilizers, RTC, forearm and core</li><li>• Week 12:<ul style="list-style-type: none"><li>○ Initiation of plyometric exercise</li><li>○ May begin jogging/running</li><li>○ FOTO, QuickDASH</li></ul></li></ul>
<b>Weeks 16 – 20</b>  <b>(Months 4 – 5)</b>	<ul style="list-style-type: none"><li>• Maintain integrity of repair</li><li>• Progress RTC exercises</li><li>• Progress scapular stabilizer strengthening</li><li>• Full AROM compared bilaterally without compensation</li></ul>	<ul style="list-style-type: none"><li>• Do not force motion</li><li>• Avoid RTC pain with strengthening</li></ul>	<ul style="list-style-type: none"><li>• Week 16: Functional testing including HHD for IR/ER/Flexion and UE Y-balance</li><li>• Advancement to isotonic exercise per tolerance in all planes, including multiplane exercises provided:<ul style="list-style-type: none"><li>○ No compensations during exercise performance</li></ul></li><li>• Week 16: FOTO, QuickDASH</li></ul>
<b>Weeks 20 +</b>  <b>(Months 5+)</b>	<ul style="list-style-type: none"><li>• Initiate return to sport progression</li><li>• Initiate higher level impact activity</li><li>• General goal for full return to sport at 6 months, depending on progression and sport demands</li></ul>	<ul style="list-style-type: none"><li>• Focus on form and control during exercise performance</li><li>• Use of appropriate work rest intervals</li><li>• Assess tolerance to activity during, after and at 24 hours after activity</li></ul>	<ul style="list-style-type: none"><li>• Low level sport specific activity, progressing to higher demand activity</li><li>• Continue with Anaerobic and aerobic interval training</li><li>• Continue with core stability per tolerance<ul style="list-style-type: none"><li>○ Multiple planes</li><li>○ Stability in all 3 planes of motion</li><li>○ Sport specific movements</li></ul></li><li>• Plyometric activities progressing from simple to complex, less load to more load</li><li>• Week 24: FOTO, QuickDASH</li></ul>

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process.

Each patient's progress may vary based on specifics of their injury and procedure.