



## 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.

