

Open Anterior Shoulder Stabilization Rehab

General Information

- This procedure is performed to prevent recurrent anterior instability of the shoulder.
- Time required for return to athletic activities is expected to be no sooner than 6 months but complete recovery can take as long as 9-12 months
- Accelerating rehab may worsen results and lead to recurrent problems

Phase I – Immediate Post-Surgical phase (Days 1 – 14)



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Pendulums, Circular - Bend forward 90 degrees at the waist, using a table for support. Rock body in a circular pattern to move arm clockwise 10 times, then counterclockwise 10 times. Do 3 sessions a day.

*From the American Academy of Orthopaedics

Goals:

1. Maintain integrity of the repair
2. Diminish pain and inflammation
3. Prevent muscular inhibition

Days 1-14

- Sling
- Elbow/ hand gripping & ROM exercises
- Ice for pain and inflammation – 15-20 minutes per hour
- Sleeping – sleep in sling or brace

Precautions to be maintained through Week 6:

1. Maintain arm in brace, remove only for exercise
2. No lifting of objects
3. No excessive shoulder extension or external rotation
4. No excessive or aggressive stretching or sudden movements

5. No supporting of body weight by hands.
 6. No bimanual activities (pulling on pants/socks, etc.)
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Phase II – Protection Phase (Weeks 3-6)

Goals:

1. Allow healing of soft tissue, protect repair
2. Gradually restore full PROM by weeks 4-6
3. Reestablish dynamic shoulder stability
4. Decrease pain and inflammation
5. To achieve near full PROM by week 7

Weeks 3-4

- Continue pendulum exercises
- Continue use of ice as needed, if still swollen
- Depending upon repair/tissue/pathology, may begin gentle PT
- Scapula Contraction – “Rows” without weight
- Staged Passive Range of Motion (PROM)
 - Passive Forward Elevation (PFE): 90°
 - Passive External Rotation (PER) @20° abd: 10-30°
 - Passive External Rotation (PER) @90° abd: Contraindicated
 - Active Forward Elevation (AFE): N/A

Weeks 5-6

- May remove sling at home but should keep on while sleeping or in community
- May begin formal PT around weeks 5-6 if not already started
- Pendulum exercises
- PROM/AAROM exercises:
 - PFE: 135°
 - PER @20° abd: 30°
 - PER @90° abd: 45°
 - AFE: N/A
- Submaximal rotator cuff (RTC) isometrics

Phase III – Intermediate Phase (Weeks 7-12)

Goals:

1. Maintain staged ROM goals to normalize PROM/AROM. **DO NOT EXCEED!**
2. Minimize pain
3. Increase strength and endurance
4. Increase functional activities

Weeks 7-8

- Discontinue sling
- Continue PROM/AAROM/AROM (as needed to maintain staged ROM)
 - PFE: 135°
 - PER @ 20° abd: 30-45°
 - PER @ 90° abd: 45°
 - AFE: 115°
- Work on scapulo-humeral rhythm, peri-scapular strengthening (no push-ups plus)
- May use arm for light activities of daily living (ADL's)
- May begin gentle AROM
- Gentle core strengthening

Weeks 9-12

- Continue PROM/AAROM/AROM (as needed to maintain staged ROM)
 - PFE: 155°
 - PER @ 20° abd: 45°
 - PER @ 90° abd: 75°
 - AFE: 145°

Phase IV – Advanced Strengthening Phase (Weeks 13-24)

Goals:

1. Maintain full, non-painful ROM
2. Enhance functional use of upper extremity
3. Improve muscular strength and power
4. Gradual return to functional activities

Weeks 13-19

- Continue ROM and gentle stretching to maintain full ROM
- Self capsular stretches
- Progress shoulder strengthening exercises

Phase V – Return to Activity Phase

Goals:

1. Gradual return to strenuous work activities
2. Gradual return to recreational sport activities

Week 24

- Continue stretching, if motion is tight
- May initiate interval sport program (i.e., golf, etc.)

Reference: *American Society of Shoulder and Elbow Therapists*, CONSENSUS REHABILITATION GUIDELINES, Arthroscopic Anterior Stabilization with or without Bankart Repair. Rev. July 2007.

http://www.asset-usa.org/Guidelines/Arthroscopic_Anterior_Stabilization.pdf