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**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**
- Anterior repair: Restrict motion to 90° of Forward Flexion, 45° of Abduction, 30° of External Rotation and Internal Rotation to stomach
- Posterior repair: Range of Motion – **None for Weeks 0-3; Weeks 3-6:** Begin passive ROM - Restrict motion to 90° of Forward Flexion, 90° of Abduction, and 45° of Internal Rotation
- Pendulums permitted in sling.
- Modalities (i.e. CryoCuff) PRN.
- 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 isotonic.
- ❑ 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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