



Arthroscopic Anterior Shoulder Stabilization Rehabilitation Protocol for Physical Therapy

Week 1-2:

- Sling immobilization
- Elbow A/AAROM: flexion, extension, supination, pronation
- Protect anterior capsule from stretch
- Flexion to 70 degrees by week 1 and 90 degrees by week 2
- ER /IR with arm at 30 degrees abduction
 - ER to 5-10 degrees
 - IR to 45 degrees
- No active external rotation or extension or abduction
- Submaximal isometrics for shoulder musculature
- Rhythmic stabilization drills
- Proprioception drills
- Cryotherapy and modalities

Week 3-4:

- Sling immobilization
- Continue gentle ROM exercises (passive and AA)
- Flexion to 90 degrees, Abduction to 90 degrees
- ER / IR at 45 degrees abduction in scapular plane
 - ER to 15-20 degrees
 - IR to 55-60 degrees
- No excessive ER, extension or elevation
- Continue isometrics and rhythmic stabilization
- Initiate Scapular Strengthening
- Continue Cryotherapy

Week 5-6:

- Start to wean out of the sling
- Gradually improve range of motion
- Flexion to 145 degrees
- ER at 45 degrees abduction: 55-60 degrees
- IR at 45 degrees abduction: 55-60 degrees
- Initiate stretching exercise
- Initiate exercise tubing ER/IR
- Scapular strengthening
- Proprioceptive neuromuscular facilitation manual resistance

Week 7-14:

- Push flexion to 160 degrees
- ER / IR at 90 degrees abduction:
 - ER to 70-80 degrees at week 7, 90 degrees by week 8-9
 - IR to 70-75 degrees
- Isotonic strengthening
- Continue Proprioceptive neuromuscular facilitation
- By week 10, initiate more aggressive strengthening. Progress overhead activity.

Week 15-20:

- Must have full non-painful range of motion
- Muscle strength must be good or better
- Should not have pain
- Continue all stretching and strengthening exercises
- Begin endurance training and restricted sport activities including light swimming and half golf swings. Wean up functional activities.