Arthroscopic Glenohumeral Stabilization Rehab Protocol

Phase One (Weeks 0-2)

GOALS

- Protect surgical repair by avoiding unwarranted positions. [1,2,3]
- Control edema, pain, and inflammation. [1,2]
- Familiarize with operation performed & anatomic structures involved [2,4]
    - Anterior Bankart Repair
    - Latarjet Repair
    - Hill-Sach Remplissage
- Prevent negative effects of immobilization. [1,2,3,5]
- Increase dynamic stability and proprioception. [1,5]

Days 0-7

- Sling education and proper use for 6 weeks post-op to address GOAL 1 & 3. [5,6]
- Cryotherapy and modalities as needed to address GOAL 2. [1,2,6]
- Non-involved joint ROM: C-spine, elbow, wrist, and hand to address GOAL 4. [1,2,6]
    - Gripping exercises @ neutral
- Submax and PAIN FREE isometrics @ neutral position to address GOAL 4 & 5. [1,2,3,5]

Weeks 2-3

- Continue sling use for sleep and daily use to address GOAL 1 & 2. [5,6]
- Continue cryotherapy and modalities as needed to address GOAL 2. [1,2,6]
- AROM for C-spine, elbow, wrist, hand, and gripping to address GOAL 4. [1,2,6]
- Continue submax PAIN FREE isometrics to address GOAL 4 & 5. [1,2,3,5]
- Begin scapular proprioceptive progression program to address GOAL 5. [1,3,5,7]

Phase Two (Weeks 4-6)

GOALS

- Protect surgical repair by avoiding unwarranted positions.
- Control edema, pain, and inflammation.
- Prevent negative effects of immobilization.
- Increase dynamic stability and proprioception.
- Begin therapist guided restricted ROM. [1,2,3,5]

Weeks 4-5

- Continue sling use for sleep and daily use to address GOAL 1 & 2.
- Continue cryotherpy and modalities as needed to address GOAL 2.
- Continue submax PAIN FREE isometrics to address GOAL 3 & 4.
- Scapular propriocepive progression with PNF resistance to address GOAL 3 & 4. [1,2,5,7]
- Begin therapist guided restricted PROM [1,2,5]
    - FLEX to 90 deg
    - ABD to 45 deg
    - ER to 5-20 deg @ neutral
    - IR to 45 @ neutral
    - *NO ABDUCTION + ER @ THIS TIME*

Week 6

- Follow up with Dr. Cox with discontinue of sling / immobilizer
- Begin normalized PT regime according to therapist examination

Phase 3 (Weeks 6-12)

GOALS

- Protect surgical repair by avoiding unwarranted positions.
- Discontinue use of sling.
- Regain full shoulder, elbow, wrist, and hand ROM.
- Increase proprioceptive stability and dynamic scapular strength.

- Improve neuromuscular control. [1,2,5,7]
- Prevent movement compensations and unwanted cervical influence. [2,5]

Exercises

- Full active and active assistive shoulder motion without restriction.
- Passive IR and ER allowed with arm at side [6]
- PNF rhythmic stabilization ER / IR @ neutral [1,2,5]
- Scapular stabilization / setting exercises [6]
- Aquatic therapy for ROM if available [6]
- PNF manually guided movements [1,2,3,5]

Phase Four (Weeks 12-24)

GOALS

- Protect surgical repair until strength and motion is full.
- Begin gradual progressive strengthening.
- Begin sport / work specific exercise progression. [6,8]
- Progressive work / sport hardening with gradual return to work / sport. [6,8]
- *RETURN TO PLAY INDIVIDUALY DETERMINED*

EXERCISES [1,2,3,5]

- Continue flexibility exercises.
- Continue isotonic strengthening progression.
- Progress neuromuscular control drills
- Progress interval sport program
- Plyometric strengthening

Summary / General guiding principles

- No shoulder strengthening until week 12.
- No shoulder motion, except pendulums, until weeks 4-5.
- Regaining shoulder motion should be primarily accomplished through active and active assist exercises after week 6. Passive range of motion

has an appropriately limited role in the rehabilitation following arthroscopic stabilization.

- Modalities, as appropriate, are fine. However, stimulation should remain in a sensory level and motoric response shoulder be avoided until week 6.
- Though protocols may be altered on an individual basis, in general, protecting the repair is the primary goal for the first 3 months. Stiffness is not typically a problem with arthroscopic stabilizations. All capsular shifts and ligamentous repairs will stretch over time. Regaining "normal" motion too soon will likely lead to laxity in the future.
- If there are any questions, please call my office. I am happy to discuss the progress of all my patients. Undoubtedly, when the patient, therapist, and surgeon are all on the same page, patients have greater success.

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