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Arthroscopic Anterior Stabilization

This information and protocol is a guideline, individual variations and changes will apply

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
Weeks 0-4 HEP daily	Edema and pain control Protect surgical repair Sling immobilization	Sling at all times including sleep Remove to shower (arm at side) ER to neutral	Elbow, wrist, hand ROM Gripping exercises
Weeks 4-8 PT 2-3x/week HEP daily	Protect surgical repair FF 145°, ER 30°	Sling except shower & exercises DC sling at 6 weeks No ER >30° No backward extension Avoid anterior capsule stretch	AAROM FF and ER Scapular stabilization Submaximal biceps, triceps, deltoid ER, and IR isometrics Gentle gradual ER: 0° abduction → max 30° 90° abduction → max 50° Posture training
Weeks 8-12 PT 2-3x/week HEP daily	Full ROM Scapulohumeral rhythm Restore strength 5/5	No sling Avoid painful ADL's Avoid rotator cuff inflammation Avoid excessive passive stretching	AAROM IR Rotator cuff/periscapular stabilization Humeral head rhythmic stabilization Resistive exercise for scapula, biceps, triceps, and rotator cuff below horizontal plane
Weeks 12-18 PT 1x/week HEP daily	Full ROM and strength Improve endurance Prevent re-injury	No sling Avoid painful activities OK to cycle/run at 12 weeks No contact/racket/throwing sports	Advance UE strengthening as tolerated ER/IR in 90/90 position Begin upper body ergometer (UBE) Initiate plyometrics Sport specific activities Throwing/racquet program 4-5 months
Weeks 18+ HEP daily	Return to play	No restrictions Return to sport (MD directed)	Maintain ROM, strength, and endurance