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**Combined Anterior & Posterior 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>
<b>Weeks 0-4</b> HEP daily	Edema and pain control Protect surgical repair Sling immobilization	Sling at all times including sleep Remove to shower (arm at side) Limit ER to neutral Limit IR to 30°	Elbow, wrist, hand ROM Gripping exercises
<b>Weeks 4-8</b> 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 IR >45° No backward extension Avoid posterior capsule stretch	AAROM FF and ER Scapular stabilization Submaximal biceps, triceps, deltoid ER, and IR isometrics Gentle gradual ER/IR: 0° abduction → max 30°/45° 90° abduction → max 50°/30° Posture training
<b>Weeks 8-12</b> 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
<b>Weeks 12-18</b> 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
<b>Weeks 18+</b> HEP daily	Return to play	No restrictions Return to sport (MD directed)	Maintain ROM, strength, and endurance