OSF HEALTHCARE

ARTHROSCOPIC ANTERIOR STABILIZATION

Postop	Goals	Precautions	Exercises
Week 0-4 PT 1-2x per week Starting at week 2 HEP daily	Edema and pain control. Initiate ROM within precautions.	Sling at all times except exercises & shower (arm at side) Protect anterior/posterior capsule from stretch ROM limits: Begin PROM 2 weeks Supine flexion in scapular plane to 90 deg No IR/ER ROM	Elbow, wrist, hand ROM Grip exercises ROM pain free Education to avoid exceeding ROM limits even if they are performed pain free for duration of protocol
Week 4-8 PT 1-2x per week HEP Daily **Week 6-7**	Edema and pain control. Improve ROM within precautions	Discharge sling at 4-6 weeks per MD (**4 weeks for Dr. Below)** ROM limits: AA/PROM Flexion/scaption: 145 deg. Gentle gradual ER: 0 deg abduction: max 30 deg 90 deg abduction: max 50 deg IR at side: as tolerated, gentle stretch only. No backward extension Avoid anterior capsule stretch Implement posterior capsular stretches	Scapular ROM/Stabilization. PROM/AAROM/within limits for flexion and external rotation Begin supine and progress. Do not force ROM with substitution patterns Submaximal biceps/triceps/IR/ER isometrics Posture training No resisted exercise No joint mobilization

Week 8-12 PT 1-2x per week HEP daily	Advance to full painless ROM Initiate strength training	Avoid painful ADL's Avoid rotator cuff inflammation Avoid excessive passive stretching (**Dr. Below – progress ROM slowly)** All strengthening exercises below horizontal with light resistance, 5# maximum Avoid wide grip bench press No military press or lat pull behind head	PROM/AAROM/AROM with avoiding excessive stretching AROM within pain limits Humeral head rhythmic stabilization Rotator cuff/periscapular stabilization Resistance training with minimal discomfort, elevation in scapular plane prior to pure flexion or abduction. Low weight, high reps
Week 12-18 PT 1x per week HEP daily	ROM WNL Progress strength training and sport specific training. Prevent re-injury	Avoid painful activities Avoid extremes of ROM OK to cycle/run at 12 weeks No contact/racket/throwing sports	Progress UE strengthening as tolerated ER/IR in 90/90 position Initiate plyometrics UBE Sport specific activities *Throwing/racquet program 4-5 months
Week 18+ **HEP daily**	Return to play	No restrictions Return to sport MD directed (**Dr. Below: 5-6 months, short toss 5-5.5 months then progress)**	Maintain ROM, strength, and endurance

Degrees= deg.

*Protocol designed to indicate full weeks completed, i.e. 4 weeks means end of the 4th week, not beginning

*-For bony repair, recurrent remplissage, global hypermobility or complex cases modify the following:

**-Maintain sling except shoulder and exercise through protocol week 6

**-No submaximal rotator cuff isometrics until week 6

**-No ROM through week 3 then resume ROM limits, no painful ROM

**-Anticipate slower ROM progression

Physician-Specific

Scheduling decision tree: When to begin therapy

- Schedule within 2 weeks

  OR

- As Otherwise indicated in the patient's referral

Typical Schedule of follow-up visits with physician after surgery:

Dr. Below: 1, 6, 12, 18, and 24 weeks

Typical Medications:

TED hose:

Dr. Below: 3 weeks

Dressings:

Dr. Below: Usually removed around 1 week by **ORTHO ONLY** – do not remove in rehab (shower only until then)

Telehealth: