

Arthroscopic Anterior Stabilization (with or without Bankart Repair)

The intent of this protocol is to provide the clinician with a guideline of the post-operative rehabilitation course of a patient that has undergone an arthroscopic anterior stabilization procedure. It is not intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring surgeon.

Progression to the next phase is based on Clinical Criteria and/or Time Frames as Appropriate.

Phase I – Immediate Post Surgical Phase (Day 1-21):

Goals:

- Protect the surgical repair
- Diminish pain and inflammation
- Enhance scapular function
- Achieve appropriate range of motion (ROM)

Precautions:

- Remain in sling, only removing for showering and elbow/wrist ROM
- Patient education regarding avoidance of abduction / external rotation activity to avoid anterior inferior capsule stress
- No Passive Range of Motion (PROM)/Active Range of Motion (AROM) of shoulder
- No pendulum exercises
- No lifting of objects with operative shoulder
- Keep incisions clean and dry

Weeks 1-3:

- Sling at all times except where indicated above
- PROM/AROM elbow, wrist and hand only
- Normalize scapular position, mobility, and stability
- Ball squeezes
- Sleep with slings supporting operative shoulder
- Shower with arm held at your side
- Cryotherapy for pain and inflammation

- Patient education: posture, joint protection, positioning, hygiene, etc.
- Begin isometrics week 3
- Begin gentle PROM shoulder at 3 weeks post-op
- Begin gentle passive shoulder ER with a mat to the side but no passive stretching

Phase II – Protection Phase/PROM (Weeks 4 and 5):

Goals:

- Gradually restore PROM of shoulder
- Do not overstress healing tissue

Precautions:

- Follow surgeon's specific PROM restrictions- primarily for external rotation
- No shoulder AROM or lifting

Criteria for progression to the next phase:

- Full flexion and internal rotation PROM
- PROM 30 degrees of external rotation at the side
- Can begin gentle external rotation stretching in the 90/90 position

Weeks 4-5

- Continue use of sling
- PROM (gentle), unless otherwise noted by surgeon
 - Full flexion and elevation in the plane of the scapula
 - Full Internal rotation
 - External rotation to 30 degrees at 20 degrees abduction, to 30 degrees at 90 degrees abduction
- Pendulums
- Sub maximal pain free rotator cuff isometrics in neutral
- Continue cryotherapy as needed
- Continue all precautions and joint protection

Phase III – Intermediate phase/AROM (Weeks 6 and 7):

Goals:

- Continue to gradually increase external rotation PROM Full AROM
- Independence with ADL's
- Enhance strength and endurance

Precautions:

- Wean from Sling
- No aggressive ROM / stretching
- No lifting with affected arm

- No strengthening activities that place a large amount of stress across the anterior aspect of the shoulder in an abducted position with external rotation (i.e. no pushups, pectoralis flys, etc.)

Weeks 6 and 7

- PROM (gentle), unless otherwise noted by surgeon
 - External rotation to 30-50 degrees at 20 degrees abduction, to 45 degrees at 90 degrees abduction
- Begin AROM of shoulder
 - Progress to full AROM in gravity resisted positions
- Begin implementing more aggressive posterior capsular stretching
 - Cross arm stretch
 - Side lying internal rotation stretch
 - Posterior/inferior gleno-humeral joint mobilization
- Enhance pectoralis minor length
- Scapular retractor strengthening
- Begin gentle isotonic and rhythmic stabilization techniques for rotator cuff musculature strengthening (open and closed chain)
- Continue cryotherapy as necessary

Phase IV- Strengthening Phase (Week 8 – Week 12)

Goals:

- Continue to increase external rotation PROM gradually
- Maintain full non-painful AROM
- Normalize muscular strength, stability and endurance
- Gradually progressed activities with ultimate return to full functional activities

Precautions:

- Do not stress the anterior capsule with aggressive overhead strengthening
- Avoid contact sports/activities

Weeks 8-10

- Continue stretching and PROM
 - External rotation to 65 degrees at 20 degrees abduction, to 75 degrees at 90 degrees abduction, unless otherwise noted by surgeon.

- Progress above strengthening program

Weeks 10-12

- Continue stretching and PROM
 - All planes to tolerance.
- Continue strengthening progression program

Phase V – Return to activity phase (Week 12 - Week 20)

Goals:

- Gradual return to strenuous work activities
- Gradual return to recreational activities
- Gradual return to sports activities
- Precautions:
 - Do not begin throwing, or overhead athletic moves until 4 months post-op
 - Weightlifting:
 - Avoid wide grip bench press
 - No military press or lat pulls behind the head. Be sure to “always see your elbows”

Weeks 12-16

- Continue progressing stretching and strengthening program
- Can begin golf, tennis (no serves until 4 mo.), etc.
- Can begin generalized upper extremity weight lifting with low weight, and high repetitions, being sure to follow weightlifting precautions as above.

Weeks 16-20

- May initiate interval sports program if appropriate

Criteria to return to sports and recreational activities:

- Surgeon clearance
- Pain free shoulder function without signs of instability
- Restoration of adequate ROM for desired activity
- Full strength as compared to the non-operative shoulder (tested via hand held dynamometry)