HOSPITAL FOR SPECIAL SURGERY

Sports Rehabilitation & Performance Center
Anterior Shoulder Stabilization Guidelines© *

The following anterior stabilization guidelines were developed by the Sports Rehabilitation and Performance Center staff at Hospital for Special Surgery. **Progression is both criteria-based and patient specific. Phases and time frames are designed to give the clinician a general sense of progression.** The rehabilitation program following anterior shoulder stabilization emphasizes early, controlled motion to prevent contractures and to avoid excessive passive stretching later on. External rotation and extension of the shoulder are progressed slowly to protect the repair of the labrum and to avoid excessive stretching of the anterior capsule. The program should balance the aspects of tissue healing and appropriate interventions to restore ROM, strength, and function. Overhead activities are progressed last.

Follow physician's modifications as prescribed

POST – OPERATIVE PHASE I (WEEKS 0-3)
MAXIMUM PROTECTION PHASE

GOALS:

- Promote healing : reduce pain, inflammation and swelling
- Elevation in plane of scapula: to 90°
- External Rotation: Arthroscopic to Neutral; Open to 30°
- Independent home exercise program

Emphasize:

- PROTECTING SURGICAL REPAIR
- Patient compliance with sling immobilization

TREATMENT RECOMMENDATIONS:

- AAROM elevation in plane of scapular, ER to neutral, scapular mobility and stability (sidelying, progressing to manual resistance) sub-max deltoid isometrics in neutral, modalities for pain and edema
- Emphasize patient compliance to HEP and protection during ADLs
- Other: _____

PRECAUTIONS:

- Immobilizer at all times when not exercising
- External Rotation and Extension limited to neutral (30° for Open)

MINIMUM CRITERIA FOR ADVANCEMENT:

- External Rotation to neutral (30° for Open)
- Elevation in plane of scapula: to 90°
- Minimal pain or inflammation

* Developed by the HSS Rehabilitation Department Sports Rehabilitation and Performance Center
525 East 71st Street Belaire Building, Ground Floor Tel: 212.606.1005 Fax: 212.774.2089

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POST – OPERATIVE PHASE II (WEEKS 3-6)

GOALS:

- Continue to promote healing
- Arthroscopic: External rotation to 45°; Elevation to 120°
- Open: External Rotation to 60°; Elevation to 145°
- Begin to restore scapula and rotator cuff strength

Emphasize:

- PROTECTING SURGICAL REPAIR
- Avoiding excessive stretch to anterior capsule
- Avoiding inflammation of rotator cuff

TREATMENT RECOMMENDATIONS:

- D/C immobilizer (MD directed), AAROM FF and ER, scapular stabilization, sub-maximal isometrics ER/IR, modalities for pain and edema, progress HEP

PRECAUTIONS:

- Limit External rotation to 45° (arthrosopic)
- Avoid excessive stretch to anterior capsule
- Avoid rotator cuff inflammation

MINIMUM CRITERIA FOR ADVANCEMENT:

- Minimal pain and inflammation
- Arthroscopic: External rotation to 45°; Forward flexion to120°
- Open: External rotation to 60°; Forward flexion to145°
- Internal rotation/ external rotation strength 4/5

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POST – OPERATIVE PHASE III (WEEKS 6-12)

GOALS:

- Restore full shoulder range of motion
- Restore normal scapulohumeral rhythm
- Upper extremity strength 5/5
- Restore normal flexibility
- Begin to restore upper extremity endurance
- Isokinetic IR/ER strength 85% of unaffected side

Emphasize:
- PROTECTING SURGICAL REPAIR
- Avoiding excessive passive stretching
- Avoiding inflammation of rotator cuff
- Establishing normal strength base

TREATMENT RECOMMENDATIONS:

- Initiate AAROM IR, progress isotonic and stabilization exercises for periscapular and RC muscles, humeral head rhythmic stabilization, PNF patterns as tolerated, UE endurance (UBE), initiate flexibility exercises as needed, modalities prn, modify HEP

PRECAUTIONS:

- Avoid rotator cuff inflammation
- Continue to protect anterior capsule
- Avoid excessive passive stretching

MINIMUM CRITERIA FOR ADVANCEMENT:

- Normal scapulohumeral rhythm
- Minimal pain and inflammation
- IR/ER strength 5/5
- Full upper extremity range of motion
- Isokinetic IR strength 85% of unaffected side

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POST – OPERATIVE PHASE 4 (WEEKS 14-18)

GOALS:

- Restore normal neuromuscular function
- Maintain strength and flexibility
- Isokinetic IR/ER strength at least equal to the unaffected side
- > 66% Isokinetic ER/IR strength ratio
- Prevent Re-injury

PRECAUTIONS:

- Pain free plyometrics
- Significant pain with a specific activity
- Feeling of instability

TREATMENT RECOMMENDATIONS:

- Full UE strengthening, ER/IR in 90/90 position (overhead athlete), initiate plyometrics, sport and activity related program, modify HEP

CRITERIA FOR DISCHARGE:

- Pain free Sport or Activity specific program
- Isokinetic IR/ER strength at least equal to unaffected side
- > 66% Isokinetic ER/IR strength ratio
- Independent Home Exercise Program
- Independent Sport or Activity specific program

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