



GOLDEN STATE ORTHOPEDICS & SPINE

ARTHROSCOPIC ANTERIOR SHOULDER INSTABILITY REHABILITATION PROTOCOL

This rehabilitation program's goal is to return the patient to their normal daily activities as quickly and safely as possible, **while maintaining a stable shoulder**. This rehabilitation program is based on muscle physiology, biomechanics, anatomy and the healing process following surgery for shoulder instability.

The arthroscopic Bankart procedure, capsular shift procedure or multidirectional stability procedure is one where the orthopedic surgeon plicates (overlaps) the ligamentous capsule of the shoulder and pulls the capsule tighter and then sutures the capsule together.

The ultimate goal is a functional stable shoulder and pain free return to pre-surgery functional level.

Phase I - Protection Phase (Weeks 0-6)

Goals:

- Allow healing of sutured capsule
- Begin early protected range of motion
- Retard muscular atrophy
- Decrease pain/inflammation

A. Weeks 0-2

Precautions:

1. Sleep in immobilizer for 4 weeks
2. No overhead activities for 6 weeks
3. Wean from immobilizer and into sling as soon as possible (orthopedist or therapist will tell you when) approximately 3-4 weeks.

Exercises:

- Gripping exercises with putty
- Elbow Flex/Extension and Pronation/Supination
- Pendulum Exercises
- Rope & Pulley Active Assisted Exercises
 - Shoulder Flexion to 130 degrees
 - Shoulder External Rotation to 35 degrees

1. Shoulder Range of Motion (AAROM)
 - Flexion 140 degrees, abduction 35 degrees, ER 35 degrees
2. Minimal pain and swelling
3. "Good" Proximal and Distal muscle power

B. Weeks 2-4

Goals:

- Gradual increase in ROM
- Normalize arthrokinematics
- Improve strength
- Decrease pain/inflammation



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1. Range of Motion Exercises:

- T-bar Active Assisted Exercises
- ER to 60 degrees at 90 degrees of shoulder abduction
- IR to 65 degrees at 90 degrees of shoulder abduction
- Shoulder Flex/Ext to tolerance
- Shoulder Abduction to tolerance
- Shoulder Horizontal Abd/Add
- Rope & Pulley Flex/Ext/Abd to 90 degrees
- Isometrics-Flexors, Extensors, ER, IR, ABD

At 3 Weeks:

- Pool Exercises - PROM/AAROM within restricted limits
- Eccentric resistance exercises as tolerated

At 4 weeks:

- ER to 60 degrees at 90 degrees of shoulder abduction
- IR to 65 degrees at 90 degrees of shoulder abduction

- *All exercises performed to tolerance. Take to point of pain and/or resistance and hold Gentle Self Capsular Stretches*

2. Gentle Joint Mobilization to re-establish normal arthrokinematics:

- Scapulothoracic Joint
- Glenohumeral Joint
- Sternoclavicular Joint

3. Strengthening Exercises:

- Isometrics
- May initiate tubing for ER/IR at 0 degrees

4. Conditioning Program For:

- Trunk
- Lower Extremities
- Cardiovascular

5. Decrease Pain/Inflammation:

- Ice, NSAID, Modalities

C. Weeks 4-6

1. Continue all exercises listed above

2. Range of Motion Exercises:

- T-bar Active Assisted Exercises
- ER to 75 degrees at 90 degrees of shoulder Abd
- ER to 40 degrees at 30 degrees of shoulder Abd
- IR to 80 degrees at 90 degrees of shoulder Abd
- Continue all other to tolerance

3. Tubing exercises:

- Ext/Add to tolerance, IR/ER at 0 degrees



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Phase II - Intermediate Phase (Weeks 6-10)

Goals:

- Full Non-Painful ROM at week 8
- Normalize Arthrokinematics
- Increase Strength
- Improve Neuromuscular Control

A. Weeks 6-8

1. Range of motion Exercises:

- T-bar Active Exercises
- Continue all exercises listed above
- Gradually increase ROM to full ROM week 8
- Continue self capsular stretches
- Continue joint mobilization

2. Strengthening Exercises

Increase Strength:

Initiate isotonic exercise program/
closed and open chain

- Side lying ER
- Side lying IR
- Shoulder Abduction
- Supraspinatus
- Latissimus Dorsi
- Rhomboids
- Biceps Curls
- Triceps Curls
- Shoulder Shrugs
- Push-ups into chair/(serratus anterior)
- Continue tubing: Add, Abd plus IR/ER at 0 degrees

3. Initiate Neuromuscular

- For scapulothoracic joint

B. Weeks 8-10

1. Continue all exercises listed above
2. Initiate Tubing exercises for rhomboids, latissimus dorsi, biceps and triceps

Phase III-Dynamic Strengthening Phase (Weeks 11-16) Advanced Strengthening Phase* **

A. Weeks 11-13

Goals:

- Improve strength/power/endurance
- Improve neuromuscular control
- Prepare athlete to begin to throw

Criteria to Enter Phase III

Patient must fulfill these criteria before progressing to this phase



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A. Weeks 11-13 (cont)

1. Full non-painful ROM
2. No pain or tenderness
3. Strength 70% or better compared to contra lateral side

Emphasis of Phase III

- High speed; high energy strengthening exercises
- Eccentric exercise
- Diagonal patterns

Exercises:

- Continue tubing exercises for IR/ER at 0 degree ABD
- Tubing for rhomboid
- Tubing for latissimus dorsi
- Tubing for Diagonal Patterns D2 extension
- Tubing for Diagonal Patterns D2 flexion
- Continue dumbbell exercises for supraspinatus and deltoid
- Continue serratus anterior strengthening exercises, push-ups, floor

1. Continue Trunk/LE Strengthening Exercises
2. Continue Neuromuscular Exercises
3. Continue Self Capsular Stretches

B. Weeks 14-16

- Continue all exercises above
- Emphasis on gradual return to recreational activities

Phase IV - Return to Activity

Goals: Progressively increase activities to prepare patient for functional return

Criteria to Progress to Phase IV

1. Full ROM
2. No pain or tenderness
3. Isokinetic test that fulfills criteria to throw
4. Satisfactory clinical exam

Exercises:

- Initiate interval programs (if patient is a recreational athlete)
- Continue tubing exercises as listed in **Phase III**
- Continue ROM exercises

1. Initiate Interval Program between **weeks 20-24**