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Postoperative Instability Repair Rehabilitation Protocol

Therapy is often started at 3-4 weeks post-op to insure good early capsulolabral healing.

Phase I: 0-4 weeks – exercise 4-5 times per days

Goals

1. Patient education
2. Permit capsular healing
3. Control pain and inflammation
4. Initiate range of motion exercises depending on surgeon's preference.
5. Certain patients may be permitted to start pendulum exercises with the first few weeks. (25 times in each direction).

Postoperative day 1-7

1. Educate patient on precautions
2. Elbow AROM, hand squeeze exercises
3. Ice (Instruct patient on use of ice at home)

Phase I

- Patients are discharged the day of surgery. Most patients will have an interscalene block that wears off in the 24 hours following surgery.
- Ice should be encouraged as often as possible in order to reduce pain and inflammation.
- Rehab begins on post-op day 1. Patients should expect swelling and discoloration in the affected arm and occasionally the chest wall as a result of the surgery.
- Patients are expected to wear their arm immobilizer with the abduction pillow for 6 weeks post op unless specifically directed to do otherwise by the operating surgeon.
- Patients may often use their hand for waist level activities when tolerated.
- They should be cautioned against using the shoulder for any active motion, sleeping on the surgical side, leaning on the elbow, and sudden movements.
- Therapists should document distal neurovascular exam, passive arcs of forward elevation and external rotation.
- Exercises should be performed for 20 repetitions 4-5 times per day. When the patient is performing home exercises, frequent shorter periods of exercises are preferred over one longer session.

Phase I (continued)

- Hand squeezes and active elbow ROM without weights) are encouraged.
- Pendulums in tolerable ranges should be performed 25 times in each direction 5 times per day.
- External rotation exercises should not exceed 30 degrees.
- After 3-4 weeks, AAROM using a stick is permitted limiting forward elevation to 90 degrees.
- After 3-4 weeks, AAROM wand extension and internal rotation exercises can be started.
- Submaximal isometrics may be started for ER, flexion, extensors, elbow flexors and extensors.
- IR isometrics should be avoided due to the subscapularis repair.
- ***If a hyperelastic patient presents with 150 degrees of elevation, 45 degrees of external rotation at 3 weeks post op, further ROM exercises are discouraged.***

Phase II: 4 - 6 weeks

Goals

1. Decreased pain and inflammation
2. Begin to improve ROM
3. Improve neuromuscular control and strength
4. Emphasize normal scapulohumeral rhythm

Treatment

1. Phase I stretching limiting external rotation to 45 degrees.
2. Review all exercises and precautions
3. Add phase II stretching (internal rotation and cross body abduction)
4. AAROM is initiated (Pulley, ladder, cane).
5. Periscapular strengthening (Shoulder shrugs, scapular retraction)
6. Phase I strengthening: submaximal strengthening for ER, FE, extension.
7. Avoid IR strengthening for at least 6 weeks.

Phase II

- Depending on the status of the patient and the quality of the repair, phase I and II exercises may be initiated at 4-6 weeks post op.
- Elastic band exercises are preferred to free weights.
- If the patient is being supervised, manual resistance at 45 degrees in the POS can be initiated using alternating isometrics. If pain occurs, the position is changed and the resistance modified or the exercise is delayed until another session
- Periscapular muscular strengthening should be incorporated into the program.

Phase III: 6-12 weeks

Goals

1. Increase strength of rotator cuff and deltoid
2. Increase strength of scapular stabilizers
3. Increase total arm strength (biceps, triceps, forearm)
4. Initiate strengthening in provocative positions
5. PROM full and pain free
6. Improve endurance

Treatment

1. Continue with above (decrease frequency of stretches)
2. Add phase II strengthening, progress to strengthening in more provocative positions
3. Variable resistance
4. Body blade in nonprovocative progressing to functional positions (FE to 90 degrees in scapular plane)
5. Plyoball progression (begin with chest pass)

Phase III

- Progress to light weight isotonics using variable resistance.
- Strengthen biceps and triceps.
- Rowing exercise
- Diagonal patterns
- Bodyblade progressed to functional positions and increased time up to 60 seconds.
- Plyoball progression
- Stretching should be continued. May be lacking ~20 degrees of ER. Since collagen remodels up to one year, further gains will be achieved over time.

Phase IV: 12-16 weeks

Goals

1. Full functional activities
2. Initiate return to work or sports
3. Promote concept of prevention

Treatment

1. Work or sport specific training for laborers or athletes
2. Plyoball throwing
3. Body blade in overhead positions

Phase IV

- Gradually progress on their home strengthening program.
- May participate in their particular activity. Swimmers should be encouraged to perform slow strokes.
- Basketball player can begin shooting.
- Thrower can begin light throwing of a tennis ball. The patient moves into an interval program over 14 to 20 weeks.
- Bench pressing can be initiated at 14 weeks. Horizontal abduction should be limited and weight should be gradually added.