

REHABILITATION PROTOCOL (INFORMATION FOR PHYSIOTHERAPISTS)

SHOULDER INSTABILITY REPAIR

1. General Guidelines

- This is a GENERAL rehabilitation protocol. Any SPECIFIC instructions that differ from this protocol should be followed (see below). For revision surgery or larger repairs, this protocol will often be delayed.
- Timelines are approximate. If the physiotherapist feels the patient is not ready for progression (due to pain, swelling, inadequate ROM or strength), the time line should be extended to suit the patient.
- In general, regaining ROM is the first (and most important) priority, followed by strengthening.
- Supervised physiotherapy begins 1-2 weeks post-op and continues for 3-6 months, as necessary, depending on patient's progress, activity level and goals.
- Patients are to be discharged after completion of all appropriate functional progressions and adequate performance on strength and functional tests.
- In addition to formal physiotherapy, patients should be encouraged to exercise independently 3-5 times/day during Phases I and II and 3-5 times per week during Phases III and IV.
- Functional Milestones – common functional activities the patient is expected to perform during each rehabilitation phase.
- Advancement Criteria – objective criteria used to judge whether or not a patient is ready for progression to the next phase of rehabilitation (see Rehabilitation Progression below).

2. General Precautions

- The sling should be worn at all times for at least 4 weeks, except during physiotherapy treatment.
- **No forward elevation beyond 90° or external rotation beyond 0° – for 2 weeks.**
- **No passive ROM anytime.**
- **No external rotation in 90° abduction (throwing position) – for 12 weeks.**
- No pushing, pulling, or heavy lifting for at least 6 weeks.
- Surgery Specific Precautions:
 - Open Repair: Avoid resisted **Internal Rotation** for 12 weeks (involves subscapularis repair).
 - Biceps Tenodesis or Tenotomy: Avoid resisted **Elbow Flexion** for 6 weeks.
 - Revision Surgery: Delay entire protocol 4 weeks (i.e. NO shoulder PT until 4 weeks post-op).

3. Rehabilitation Progression

- The following is a guideline for progression through the rehabilitation process.
- Progression is based on achieving advancement criteria for the next phase of rehabilitation and should take into account the patient's status and the surgeon's advisement.
- If the patient achieves the advancement criteria early, the physiotherapist may choose to advance the patient only AFTER 6 weeks post-op.
- If the patient does NOT meet the advancement criteria, extend the time in the current phase.
- If there is ANY uncertainty concerning the patient, please contact the surgeon.

4. Specific Instructions

PHASE I: Immediate Post-Op → 2 Weeks Post-Op

1. Objectives

- Protect the shoulder repair.
- Decrease post-op pain and swelling (can utilize Cryo-cuff for 8-12 hours/day x 2 weeks).
- Begin general activities of daily living (ADL's) (i.e. feeding, bathing, and dressing).
- Educate patient on rehabilitation progression.

2. Sling

- Worn at all times, except when under the supervision of the physiotherapist and when bathing.
- Should be worn for sleeping.
- Patient to be taught proper removal and reapplication of sling.

3. Therapeutic Exercises

- Ice after exercise program x 15 min.
- Pendulum shoulder ROM exercises
- No passive ROM
- Begin active-assisted ROM exercises (i.e. supine, pulleys, wall crawls, and cane exercises) – limits of forward elevation of 90° and external rotation of 0°.
- General fitness – may use stationary bike (arm MUST be kept in sling . . . NO weight bearing through arm).
- Wrist/elbow ROM.

4. Functional Milestones

- Proper removal and reapplication of sling.
- No pain with exercises.

5. Advancement Criteria for Phase II

- No active signs of inflammation.

PHASE II: 2 Weeks Post Op → 6 Weeks Post-Op

1. Objectives

- Protect the shoulder repair.
- Achieve active ROM within limits.
- Begin cross-training to maintain general fitness.
- Return to work: modified duties (avoid heavy lifting and overhead activity).

2. Sling

- May discontinue when sitting with arm at the side.
- Otherwise, should be worn at all times, except when under the supervision of the physiotherapist and when bathing.
- Should be worn for sleeping.

3. Therapeutic Exercises

- Begin active and progressive active-assisted ROM exercises (i.e. pulleys, wall crawls, and cane exercises) (NO passive ROM) – limits of forward elevation of 140° and external rotation of 40°.
- Begin GENTLE isometric strengthening exercises (throughout range).
- Begin manual glenohumeral and scapular mobilization.
- May begin aquatic shoulder therapy.
- General fitness - may use stationary bike (arm MUST be kept in sling . . . NO weight bearing through arm).
- Begin peri-scapular muscle strengthening: postural work, scapular retraction, protraction, elevation and depression.
- Continue wrist/elbow ROM (as necessary).

4. Functional Milestones

- Active ROM – forward elevation of 140° and external rotation of 40° (these are BOTH goals and limits).
- Full use of shoulder for all general activity without pain.
- Light bimanual or modified occupational duties.

5. Advancement Criteria for Phase III

- Active ROM – forward elevation of 140° and external rotation of 40°.

PHASE III: 6 Weeks Post Op → 12 Weeks Post-Op

1. Objectives

- Achieve full ROM in forward elevation, abduction, internal rotation and adduction.
- Achieve 80-90% ROM in external rotation (elbow at side).
- Increase shoulder strength.
- Return to work: for manual and overhead occupations.

2. Sling

- May discontinue.

3. Therapeutic Exercises

- Continue active and active-assisted (i.e. pulleys, wall crawls, and cane exercises) ROM exercises - forward elevation, abduction, external rotation, internal rotation (behind back) and internal rotation in abduction (NO passive ROM) – no restrictions.
- **No external rotation in 90° abduction (throwing position).**
- Begin Theraband strengthening exercises for RTC, progressing to strengthening exercises with free weights for all planes (except IR). Increase repetitions before increasing weight (↑ endurance > ↑ strength).
 - If open repair - Avoid resisted **Internal Rotation** for 12 weeks.
- Begin overhead activity.
- Begin swimming to increase shoulder strength at low resistance.
- Begin putting and chipping for golf.
- General fitness – may begin running.
- May begin driving.

4. Functional Milestones

- Comfortable ROM.
- Full use of shoulder for sporting activity.

5. Advancement Criteria for Phase IV

- Full use of shoulder for all general activity without pain.

PHASE IV: 12 Weeks Post-Op → 6 months Post Op

1. Objectives

- Maintain/improve shoulder ROM.
- Increase shoulder strength.
- Progressive return to sport.

2. Sling

- Already discontinued.

3. Therapeutic Exercises

- Begin activities involving external rotation in 90° abduction (throwing position).
- Begin internal rotation strengthening.
- Begin sport-specific strengthening exercises.
- Begin low speed throwing / controlled racket sports / non-contact hockey at 3 months.
- Progress to competitive throwing / racket sports / contact sports at 6 months.
- Progressive return to golf: begin with irons progressing to full swings with all clubs at 6 months.

4. Functional Milestones

- Full ROM.
- Full use of shoulder for sporting activity.

References

- Bardana D, Rehabilitation Protocols, Queen's University Sports Medicine.
- General Rehabilitation Guidelines, Bone and Joint Center, University of Washington Medical Center.